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Form **990-EZ**

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Reversue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

2009

Open to Public Inspection

Interr	nal Revenue S	ervice I he organization may have to use a copy of this return to satisfy state reporting	requirements		
A F	or the 2009	calendar year, or tax year beginning , 2009, and endi	ng		, 20
Вс	heck if applica		D Emplo	yer ider	tification number
A	ddress chang	Please useIRS Intl Order of the Rainbow 11 Colorado	84	-60225	348
□ N	ame change	label or Number and street (or P O box, if mail is not delivered to street address) Room/	suite E Teleph	one nun	nber
_ In	ntıal return	type.			
□ το	erminated	See Specific 9247 W Arizona Ave	(3)3)985	5-8184
□ A	mended retur	Indiana i Oddana tanan atau ana atau a	F Group	Exempt	ion
□ A	pplication pen		Numbe	er ▶	5329
	• Section	501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting M	ethod	🛚 Cash 🗌 Accrual
		a completed Schedule A (Form 990 or 990-EZ).	Other (specify	·) >	
			H Check ▶ 🛚	ıf the o	rganization is not
I W	Vebsite: ▶	www.coloradorainbow.org	required to at	ach Sch	nedule B (Form 990,
JT	ax-exempt	status (check only one) - ∑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	990-EZ, or 99	0-PF)	
		if the organization is not a section 509(a)(3) supporting organization and its gross recei	pts are normally no	t more ti	han \$25,000 A
		or Form 990 return is not required, but if the organization chooses to file a return, be su	•		
		6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 inst			63,591
		evenue, Expenses, and Changes in Net Assets or Fund Balances			
		itributions, gifts, grants, and similar amounts received		1	7,746
		gram service revenue including government fees and contracts		2	53,491
		nbership dues and assessments		3	
		stment income		4	2,354
	5a Gro	ss amount from sale of assets other than inventory			
		s cost or other basis and sales expenses		1 1	
R		n or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
e		cial events and activities (complete applicable parts of Schedule G). If any amount is from gaming , check h			
ě	,	ss revenue (not including \$ of contributions			
n		orted on line 1)			
u e		s direct expenses other than fundraising expenses		1	
		income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
		ss sales of inventory, less returns and allowances			
		s cost of goods sold		1	
		ss profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7 _C	
		er revenue (describe >)	8	
,		al revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	· · · · · · · · ·	9	63,591
9		nto and similar amounts naid (attach schodule)	1	10	03,332
	11 Ben	efits and similar amounts paid (attach schedule)		11	
E	12 Sala	efits paid to or for members		12	
p	13 Pro	essional fees and other navments to independent contractors		13	
e n	14 Occ	upancy rent utilities and maintenance		14	
n s	15 Prin	upancy, rent, utilities, and maintenance]	15	877
e s		av avraga (december & GMM) 3.0)	16	43,260
		al expenses. Add lines 10 through 16		17	44,137
		ess or (deficit) for the year (Subtract line 17 from line 9)		18	
Α				10	19,454
A NS es		assets or fund balances at beginning of year (from line 27, column (A)) (must agree with -of-year figure reported on prior year's return)		19	164,599
t e		er changes in net assets or fund balances (attach explanation)		20	104,333
s		assets or fund balances at end of year Combine lines 18 through 20		21	184,053
Ba		alance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file			
ra	11 11 1				
22	Cools	(See the instructions for Part II)	(A) Beginning of ye		(B) End of year
22 22		ings, and investments	164,	599 22 23	184,053
23				24	
24	Other ass	ets (describe >)	100		104 053
25 26		ets	164,	599 25	184,053
26		s or fund balances (line 27 of column (B) must agree with line 21)	1.55		104 053
27	net asset	s or rung palances (line 2/ or column (b) must agree with line 21)	1 164,	599 27	184,053

Form 990-EZ (2009) Intl Order of the Ra				0225	48 Page 2
Part III Statement of Program Service Acco	mplishments (See the	instructions for Part III)]_	Expenses
What is the organization's primary exempt purpose? CHARITA	ABLE, EDUCATIONAL,	SOCIAL ORG		(Requ	ured for section
Describe what was achieved in carrying out the organization's	exempt purposes In a clea	r and concise		organ)(3) and 501(c)(4) izations and section
manner, describe the services provided, the number of persons benefited, or other relevant information for 4947(a					
each program title				for otl	ners)
28 CHARITABLE, EDUCATIONAL, SOCIAL ORGANI	ZATION FOR YOUNG	GIRLS			
(Grants \$) If this amo	ount includes foreign grants	s, check here	▶ 🔲	28a	44,137
29					
(Grants \$) If this amo	ount includes foreign grants	s, check here	🕨 🗌	29a	
30			<u> </u>		
			-		
(Grants \$) If this amo	ount includes foreign grants	s, check here	▶ □	30a	
31 Other program services (attach schedule)	······································				
·	ount includes foreign grants			31a	
32 Total program service expenses (add lines 28a through				32	44,137
Part IV List of Officers, Directors, Trustees, and Key					
-	(b) Title and average	(c) Compensation	(d) Contribution	ns to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit p deferred compen		account and other allowances
Debby Kier	Supreme Inspect				
9247 W Arizona Ave Lakewood, CO, 80232	20	o		0	0
Pamela Jones	Grand Deputy				
117 Falcon Circle Mead, CO, 80542	20	o		0	0
Mike Jones	Secy, Exec Comm	0		-	
	20	o		0	0
117 Falcon Circle Mead, CO, 80542	20	U		U	
			-		
			_		

Pa	TV Other Information (Note the statement requirements in the instructions for Part V)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	33		Х
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of			
	the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but			
	not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	1		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		_X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		1	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-	ļ	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		F	
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶		 -	
ь	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior	44.		٠,,
_	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40Ь		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
ىد	4955, and 4958			
a	reimbursed by the organization			
_	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
е	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed CO	700	L	<u> </u>
	The organization's books are in care of ▶ Supreme Inspector in Colorado Telephone no ▶ 303-9	85 - 8	184	
7£ a	Located at ▶ 9247 W Arizona Ave Lakewood, CO ZIP + 4 ▶ 80232			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
Ī	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes,' enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.		ŧ	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	ĺ	Х
_	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
	•			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		<u> </u>	
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			Γ_
_	"Yes," Form 990 must be completed instead of Form 990-EZ	45		X
_	FFA F	orm 99	10-F7	(2009)

Part	501(c)(3) organizations and section 4947(a)(•	-	All section		
	and complete the tables for lines 50 and 51						
46 D	id the organization engage in direct or indirect pol	itical campaign activities or	behalf of or in opp	osition to	Y	es No	
c	andidates for public office? If "Yes," complete Sch	edule C, Part I			46	X	
47 D	7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II						
48 Is	the organization a school as described in section	170(b)(1)(A)(II)? If "Yes," ce	omplete Schedule E		48	X	
49 a D	id the organization make any transfers to an exem	pt non-charitable related o	rganization?		49a	X	
b If	"Yes," was the related organization a section 527 of	organization?			49b		
50 C	omplete this table for the organization's five higher	st compensated employees	(other than officers	s, directors, trustees and key		· · · · · · · · · · · · · · · · · · ·	
е	mployees) who each received more than \$100,000	of compensation from the	organization If the	ere is none, enter "None"			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expe	and	
	111411 \$ 100,000	devoted to position		deferred compensation	other alloy	varices	
NONE							
NONE							
			-			· 	
			<u>i</u>				
	otal number of other employees paid over \$100,00						
	omplete this table for the organization's five higher	•		each received more than			
\$	100,000 of compensation from the organization If	there is none, enter "None	, "				
	(a) Name and address of each independent contractor p	paid more than \$100,000	(b) Ty	ype of service	(c) Compensa	tion	
NONE							
d T	otal number of other independent contractors each	receiving over \$100,000	· · · •				
	Under penalties of perjury, I declare that I have						
	and belief, it is true, correct, and complete De	claration of preparer (other than	officer) is based on all i	nformation of which preparer has	any knowledge	9	
Sign	Alexander Kier			18-13-10			
Here	Signature of officer			Date			
	Debby Kier, Supreme Inspec	tor in Colorado					
	Type or print name and title		-			 	
			Date	Chack if Preparer's Id	lentifying No. (9	See inst)	
Paid	Preparer's signature		08-13-2010 self- employed ▶		lentifying No (S	see mat j	
	.	μ					
Prepare	Firm s name (or yours			EIN >			
Use On	ly if self-employed), address, and ZIP + 4						
				Phone no ▶	T 12 5	(Z) A1	
May the	IRS discuss this return with the preparer shown a	bove / See instructions .		· · · · · · · · · · · · · · · · · · ·		No No	
			FFΔ		Form 990-	EZ (2009)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Intl Order of the Rainbow 11 Colorado Grand Assmby 84-6022548 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 🛛 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I c Type III-Functionally integrated d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) 11g(ii) 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your US? support? (see instructions)) Yes No Yes No Yes No

Total

ra	(Complete only if you checked the	_		ections 1/0(k	o)(1)(A)(IV) and	i i/U(D)(1)(A)(V	1)
Sec	tion A. Public Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		1				1
6	Public support. Subtract line 5 from In 4						
Sec	tion B. Total Support		•	•			
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc (see instructions)				. 12	
13	First five years. If the Form 990 is for the organization, check this box and stop here						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6,	column (f) divide	ed by line 11, colui	mn (f))		. 14	%
15	Public support percentage from 2008 Sche	dule A, Part II, III	ne 14				%
16a	33 1/3% support test - 2009. If the organiz	zation did not ch	eck the box on line	13, and line 14 is	33 1/3% or more	check this box	
	and stop here. The organization qualifies a						▶ [
b	33 1/3% support test - 2008. If the organiz	zation did not ch	eck a box on line 1	3 or 16a, and line	15 is 33 1/3% or	more, check this	
	box and stop here. The organization qualif						▶ □
17a	10%-facts-and-circumstances test - 200		_				
	more, and if the organization meets the "fac						
	organization meets the "facts-and-circums						▶ [
ь	10%-facts-and-circumstances test - 200						
-	more, and if the organization meets the "fac	-					
	organization meets the "facts-and-circums						▶ [
18	Private foundation. If the organization did		-				
	and the second s			, ,	· · · · · · ·		

Intl Order of the Rainbow 11 Colorado Grand Assmby

* Schedule A (Form 990 or 990-EZ) 2009

84-6022548

Page 2

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked the	box on line 9 of P	art I)				
Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,398	12,598	6,665	5,625	7,746	38,032
2							
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			_	`		
6	Total. Add lines 1 through 5	5,398	12,598	6,665	5,625	7,746	38,032
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						38,032
	ction B. Total Support	77 :	(1)		7.3	()	(a) =
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6	5,398	12,598	6,665	5,625	7,746	38,032
	sources	6,181	4,089	3,328	3,921	2,354	19,873
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	6,181	4,089	3,328	3,921	2,354	19,873
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						57,905
	First five years. If the Form 990 is for the or organization, check this box and stop here.	<u> </u>					▶ 🏻
Sec	ction C. Computation of Public Su						
15	Public support percentage for 2009 (line 8, c				· · · · · · · · · · · · · · · · · · ·	15	%
16	Public support percentage from 2008 Sched			<u> </u>		16	%
<u>Sec</u>	Investment income percentage for 2009 (line			column (f))		17	%
18	Investment income percentage from 2008 Se					18	%
19a	33 1/3% support tests - 2009. If the organia 17 is not more than 33 1/3%, check this box	zation did not ched and stop here. Th	ck the box on line 1 he organization qu	14, and line 15 is n alifies as a publicly	nore than 33 1/3% supported organ	, and line ization	▶ □
	33 1/3% support tests - 2008. If the organization and line 18 is not more than 33 1/3%, check this Private Foundation: If the organization did	box and stop her	e. The organization	n qualifies as a pul	blicly supported or	ganization	_

EEA

Page 3

,	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN
INTL ORDER OF	THE RAINBOW 11 COLORADO	84-6022548

Form 990EZ, Part I, Line 16 Other Expenses Schedule 2

<u>Description</u> Donations	<u>Amount</u> 4,500
Grand Assembly Dress Expenses	2,574
Grand Assembly Hotel Expenses	28,628
Grand Assembly Other Expenses	800
GWA Stipend & Other Expenses	1,347
GWAA Expenses	270
Insurance	1,040
Rainbow Promotion	1,963
Rent	100
Office Supplies Expense	61
Supreme Officer Expenses	582
Trailer Expenses	871
Continuing Service ProjectROTC	175
Meals Expense	39
Travel Fund Disbursements	100
State Filing Fees	10
Education	200
Total	43,260