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# OMB No 1545-0052

Department of the Treasury Internal Revenue Service

#### **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

 $\textbf{Not e.} \ \text{The foundation may be able to use a copy of this return to satisfy state reporting requirements}$ 

2009

For	cale	ndar year 2009, or tax year beginning 07-	01-2009 , and	d end	ding 06-30-	2010		
G	Che	ck all that apply	eturn of a former publ		•	al return		
		Name of foundation	ngo , nam	3 311411	A Employer id	lentification numb	er	
Us	e the ] label.	, ,			84-1474982			
Ot	herwi		B Telephone number (see page 10 of the instruction					
	print or type	104 South Cascade Avenue	sur		(719) 578-200:	1		
See	e Spec	if ic			C If everntion	application is pendin	g check bere	
Ins	tructio	City or town, state, and ZIP code Colorado Springs, CO 809035102			•	rganizations, check h	·	
					D 1. Toleigh o	iganizations, check in	F 1	
_		ype of organization Section 501(c)(3) exempt priva				rganizations meeting re and attach comput		
		(4947(a)(1) nonexempt charitable trust Other taxa (set value of all assets at end J Accounting method			<b>E</b> If private fo	undation status was t	erminated	
		rom Part II, col. (c),  Accounting method  Other (specify)	1º Cash   Acci	ruai	under sectio	n 507(b)(1)(A), chec	k here	
		\$ 1,414,695 (Part I, column (d) must	_ t be on cash basıs.)			ation is in a 60-mont in 507(b)(1)(B), chec		
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions)	(a) Revenue and expenses per books	<b>(b)</b> N	let investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)						
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch. B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	113,746		113,746			
	5a	Gross rents						
	ь	Net rental income or (loss)						
Φ	6a	Net gain or (loss) from sale of assets not on line 10						
Reveirue	ь	Gross sales price for all assets on line 6a						
ě	7	Capital gain net income (from Part IV, line 2)						
~	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	C	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	112 746		112 746			
	12	Total. Add lines 1 through 11	113,746		113,746			
	13	Compensation of officers, directors, trustees, etc  Other employee salaries and wages	0					
Ą	14 15	Pension plans, employee benefits						
Expenses	16a	Legal fees (attach schedule)						
×	ь	Accounting fees (attach schedule)	1,900		0	0	1,900	
	ء ا	Other professional fees (attach schedule)	· ·				<u>,                                      </u>	
and Administrative	17	Interest						
¥	18	Taxes (attach schedule) (see page 14 of the instructions)						
	19	Depreciation (attach schedule) and depletion						
Ē	20	Occupancy						
4	21	Travel, conferences, and meetings						
an	22	Printing and publications						
Ē	23	Other expenses (attach schedule)						
Operating	24	Total operating and administrative expenses.						
₹.		Add lines 13 through 23	1,900		0	0	1,900	
O	25	Contributions, gifts, grants paid	75,300				75,300	
	26	Total expenses and disbursements. Add lines 24 and 25	77,200		0	0	77,200	
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements	36,546					
	Ь	Net investment income (If negative, enter -0-)			113,746			
	c	Adjusted net income (If negative, enter -0-)						

Da.	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		nd of year
		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	
	1	Cash—non-interest-bearing	83,376	119,	,922 119,922
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts 🟲			
	4	Pledges receivable 🟲			
		Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the			
		ınstructions)			
	7	Other notes and loans receivable (attach schedule) 🟲			
		Less allowance for doubtful accounts ►			
<b>₽</b>		Inventories for sale or use			
Ž	8	Prepaid expenses and deferred charges			
<b>┸</b> │	9	•			
	10a	Investments—U S and state government obligations (attach schedule)	1,597,509	<b>65</b> 1 507	F00 1 204 772
	Ь	Investments—corporate stock (attach schedule)	1,597,509	1,597,	,509 1,294,773
		Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe 🟲)			
	16	<b>Total assets</b> (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	1,680,885	1,717,	,431 1,414,695
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0		0
ſ.	19	Deferred revenue			
<u> </u>	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
╛╽	22	Other liabilities (describe 🟲)			
	23	Total liabilities (add lines 17 through 22)	0		0
		Foundations that follow SFAS 117, check here 🕨 🦵			
اہ		and complete lines 24 through 26 and lines 30 and 31.			
or Fund Balances	24	Unrestricted			
티	25	Temporarily restricted			
ន	26	Permanently restricted			
딛		Foundations that do not follow SFAS 117, check here 🕨 🔽			
크		and complete lines 27 through 31.			
5	27	Capital stock, trust principal, or current funds	1,597,509	1,597,	,509
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Assets	29	Retained earnings, accumulated income, endowment, or other funds	83,376	119,	,922
	30	Total net assets or fund balances (see page 17 of the			
到		ınstructions)	1,680,885	1,717,	,431
-	31	Total liabilities and net assets/fund balances (see page 17 of			
		the instructions)	1,680,885	1,717,	,431
Pa	rt II				
1		<u> </u>	(a) line 20 /	1100	<del></del>
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must aç		1 600 005
,		, , , , , , , , , , , , , , , , , , , ,			1,680,885
2		Enter amount from Part I, line 27a			36,546
3 4		Other increases not included in line 2 (itemize)			4 74 7 40 4
4		Add lines 1, 2, and 3			1,717,431
5 c		Decreases not included in line 2 (itemize)		5	4 747 404
5		Total net assets or fund balances at end of year (line 4 minus line 5)—F	rart II. column (b), li	ne 30 <b>6</b>	1,717,431

		the kınd(s) of property sold (e g , re louse, or common stock, 200 shs M		(b) How acquire P—Purchase D—Donation	(c) L	Oate acquired o , day, yr )	( <b>d)</b> Date sold (mo , day, yr )
1a							
					-		
(e	) Gross sales price	(f) Depreciation allowed	1	t or other basis			or (loss)
-	, areas sures price	(or allowable)	plus e	xpense of sale		(e) plus (f)	) mınus (g)
а							
ь							
С							
d							
e		haven and a sum of the and assess	d by the foundation	n on 12/21/60		(I) C (C-1	(1-)
		showing gain in column (h) and owne  (j) Adjusted basis		cess of col (i)			(h) gain minus less than -0-) <b>or</b>
(i)	FM V as of 12/31/69	as of 12/31/69		col (j), if any			om col (h))
а							
b							
С							
d							
е							
2	Canital gain not inco	me or (net capital loss)	If gain, also enter	•	(		
2	Capital galli liet liico	line of (fiet capital loss)	If (loss), enter -0	- In Part I, line /	∫ <u>2</u>		
3	Net short-term capit	al gain or (loss) as defined in section	ns 1222(5) and (6	)			
		Part I, lıne 8, column (c) (see pages	13 and 17 of the	ınstructıons)	l		
	If (loss), enter -0- ın	Part I. line 8			(I _		
	1. (1000), 011101 0 111	,			၂  3		
or opt	Qualification V	Under Section 4940(e) for Reprivate foundations subject to the se			ent Ir	ncome	
sections sec	Qualification In the construction on Qualification In 4940(d)(2) applies, foundation liable for the foundation does not be the fo	Under Section 4940(e) for Reprivate foundations subject to the section 4942 tax on the distribute of qualify under section 4940(e).	ection 4940(a) tax able amount of any o not complete this	on net investmen year in the base p part	ent II	ne )	┌ Yes ┌ No
section as the	Qualification In the construction on Qualification In 4940(d)(2) applies, foundation liable for the foundation does not be the fo	Under Section 4940(e) for Reprivate foundations subject to the seleave this part blank the section 4942 tax on the distribute	ection 4940(a) tax able amount of any o not complete this	on net investmen year in the base p part	ent II	ne )	□ Yes 🔽 No
section section as the "Yes,"  1 Ent	Qualification In the construction on Qualification In 4940(d)(2) applies, foundation liable for the foundation does not be the fo	Under Section 4940(e) for Reprivate foundations subject to the section 4942 tax on the distribute of qualify under section 4940(e).	ection 4940(a) tax able amount of any o not complete this	year in the base part	ent II	ne )	n ratio
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section as the "Yes,"  1 Ent  Base year (co	Qualification In John Storm 1998 (2004)  Total of line 1, column Average distribution the number of years to Multiply line 4 by line Enter 1% of net inverse Add lines 5 and 6.	Under Section 4940(e) for Reprivate foundations subject to the section 4942 tax on the distributed qualify under section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each column for each year, section 4940(e). Do not in each year, section 4940(e). Do n	able amount of any onot complete this ee page 18 of the interest of the page 18 o	year in the base part  nstructions before  1,477,303 1,746,241 1,783,534 1,674,988 1,673,904	ent Ir t incom period? makin	g any entries  (d) Distributior	0 062276 0 056408 0 048765 0 050458 0 04666 0 26456 0 05291 1,364,89

	990-PF (2009)			age <b>4</b>
Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in	structio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here T and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary-see			
Ь	instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check			1,137
	ham by Candantant () of Part I have 27h			
с	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
3	Add lines 1 and 2			1,137
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			 1,137
6	C redits / Payments			
a	2009 estimated tax payments and 2008 overpayment credited to 2009 <b>6a</b> 681			
b	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868)  6c			
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d			681
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here Tif Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			456
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid <b>10</b>			450
11	Enter the amount of line 10 to be Credited to 2010 estimated tax			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	It participate or intervene in any political campaign?	. 1a		No
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of			
_	the instructions for definition)?	. 1ь		No
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (If any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers 🕨 \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2		No
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		No
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?	. 6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the		1	
	ınstructions) ►CO			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney			
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)			
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on			
	page 27)? If "Yes," complete Part XIV	. 9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Form	990-PF (2009)		Р	age <b>5</b>
Pai	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ▶			
14	The books are in care of ▶DAVID C MIZE Telephone no ▶(719	578-	2001	
	Located at ►104 S CASCADE AVE STE 202 COLORADO SPGS CO  ZIP+4 ►80903			
4.5				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here	• •	'	-
Do	and enter the amount of tax-exempt interest received or accrued during the year			
1261	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		res	140
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days ) <b>Yes</b> 🔽 <b>No</b>			
Ь	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2009?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years ▶ 20, 20, 20			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to <b>all</b> years listed, answer "No" and attach statement—see page 20 of the instructions )	2Ь		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>▶</b> 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2009 as a result of <b>(1)</b> any purchase by the foundation			
	or disqualified persons after May 26, 1969, <b>(2)</b> the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	If the foundation had excess business holdings in 2009.).	ЗЬ		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u> </u>		
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		No
	i Fire man mere and a second s			

Pai	990-PF (2009)								Pag	ge <b>6</b>		
	rt VIII-B Statements Rega	rding	g Activities for	· Whi	ch Form 4720	May Be Required (co	ntını	ıed)				
5a	During the year did the foundation	n pay c	or incur any amoun	it to								
	(1) Carry on propaganda, or othe	rwise a	attempt to influence	e legis	lation (section 494	15(e))? <b>Yes</b>	~	No				
	(2) Influence the outcome of any	specif	fic public election (	(see se	ection 4955), or to	carry						
	on, directly or indirectly, any	voterr	registration drive?.			<b>┌</b> Yes	~	No				
	(3) Provide a grant to an individu	al for t	ravel, study, or oth	hersım	ıılar purposes?	☐ Yes	<u> </u>	No				
	(4) Provide a grant to an organiza	ation o	ther than a charita	ble, et	c , organization de:	scribed						
	ın section 509(a)(1), (2), or (	(3), or	section 4940(d)(2	)? (se	e page 22 of the in:	structions) T Yes	굣	No				
	(5) Provide for any purpose other											
	educational purposes, or for t	he pre	vention of cruelty t	to chile	dren or animals?.	Yes	굣	No				
ь												
	Regulations section 53 4945 or							5)? 51	,			
	Organizations relying on a currer							′ 🗀				
_	If the answer is "Yes" to question						•					
_	tax because it maintained expend		•		•		$\vdash$	No.				
	If "Yes," attach the statement requ						,	140				
<b>c</b> -												
6a	Did the foundation, during the year					г.,	_					
	premiums on a personal benefit c											
b	Did the foundation, during the yea	ar, pay	premiums, directly	y or inc	lirectly, on a perso	nal benefit contract?		61	<u> </u>	No		
	If "Yes" to 6b, file Form 8870.					_	_					
7a	At any time during the tax year, v											
b	If yes, did the foundation receive									No		
Pai	1 3 V A & & B	t Offi	cers, Directors	s, Tru	istees, Founda	tion Managers, High	ly P	aid En	nployees	5,		
1	and Contractors  List all officers, directors, trustee	s, foun	ndation managers a	and the	eir compensation (s	see page 22 of the instruct	ions	).				
	· · · · · · · · · · · · · · · · · · ·											
	(a) Name and address				Γıtle, and average	(0)	Compensation	(d) Contributions to	Ι,	'a\ Evna	nco nccou	n+
	(a) Name and address	h	ours per week		not paid, enter	employee benefit plans			nse accou allowances			
		h	ours per week oted to position		not paid, enter -0-)		on .		nse accou allowances			
	) C MIZE	dev DIRE	ours per week		not paid, enter	employee benefit plans						
104	O C MIZE South Cascade Avenue	h	ours per week oted to position		not paid, enter -0-)	employee benefit plans	on .					
104 Colo	O C MIZE  South Cascade Avenue rado Springs, CO 809035102	h dev DIRE 1 0	ours per week oted to position CTOR	(If	not paid, enter -0-)	employee benefit plans and deferred compensation	on 0	other				
104 Colo	OC MIZE  South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid	h dev DIRE 1 0	ours per week oted to position CTOR	(If	not paid, enter -0-)	employee benefit plans and deferred compensation	on 0	other				
104 Colo	O C MIZE  South Cascade Avenue rado Springs, CO 809035102	h dev DIRE 1 0	ours per week roted to position CTOR  oyees (other than	(If	not paid, enter -0-)	employee benefit plans and deferred compensation	on 0	other				
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."	h dev DIRE 1 0	ours per week roted to position  CTOR  oyees (other than to	t hose	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instructions to employee benefit	on 0	other	allowances	o int,		
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."	h dev DIRE 1 0	ours per week roted to position CTOR  oyees (other than	those	not paid, enter -0-)	employee benefit plans and deferred compensation  see page 23 of the instruct  (d) Contributions to employee benefit plans and deferred	on 0	other	allowances	o int,		
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."	h dev DIRE 1 0	ours per week roted to position  CTOR  oyees (other than to be compared to position)  (b) Title, and aver hours per week	those	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instructions to employee benefit	on 0	other	allowances	o int,		
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."	h dev DIRE 1 0	ours per week roted to position  CTOR  oyees (other than to be compared to position)  (b) Title, and aver hours per week	those	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instruct  (d) Contributions to employee benefit plans and deferred	on 0	other	allowances	o int,		
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."	h dev DIRE 1 0	ours per week roted to position  CTOR  oyees (other than to be compared to position)  (b) Title, and aver hours per week	those	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instruct  (d) Contributions to employee benefit plans and deferred	on 0	other	allowances	o int,		
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."	h dev DIRE 1 0	ours per week roted to position  CTOR  oyees (other than to be compared to position)  (b) Title, and aver hours per week	those	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instruct  (d) Contributions to employee benefit plans and deferred	on 0	other	allowances	o int,		
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."  Name and address of each employers	h dev DIRE 1 0	ours per week roted to position  CTOR  oyees (other than to be compared to position)  (b) Title, and aver hours per week	those	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instruct  (d) Contributions to employee benefit plans and deferred	on 0	other	allowances	o int,		
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."  Name and address of each employers	h dev DIRE 1 0	ours per week roted to position  CTOR  oyees (other than to be compared to position)  (b) Title, and aver hours per week	those	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instruct  (d) Contributions to employee benefit plans and deferred	on 0	other	allowances	o int,		
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."  Name and address of each employers	h dev DIRE 1 0	ours per week roted to position  CTOR  oyees (other than to be compared to position)  (b) Title, and aver hours per week	those	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instruct  (d) Contributions to employee benefit plans and deferred	on 0	other	allowances	o int,		
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."  Name and address of each employers	h dev DIRE 1 0	ours per week roted to position  CTOR  oyees (other than to be compared to position)  (b) Title, and aver hours per week	those	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instruct  (d) Contributions to employee benefit plans and deferred	on 0	other	allowances	o int,		
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."  Name and address of each employers	h dev DIRE 1 0	ours per week roted to position  CTOR  oyees (other than to be compared to position)  (b) Title, and aver hours per week	those	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instruct  (d) Contributions to employee benefit plans and deferred	on 0	other	allowances	o int,		
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."  Name and address of each employers	h dev DIRE 1 0	ours per week roted to position  CTOR  oyees (other than to be compared to position)  (b) Title, and aver hours per week	those	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instruct  (d) Contributions to employee benefit plans and deferred	on 0	other	allowances	o int,		
104 Colo <b>2</b>	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."  Name and address of each employers	h dev DIRE 1 0	ours per week roted to position  CTOR  oyees (other than to be compared to position)  (b) Title, and aver hours per week	those	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instruct  (d) Contributions to employee benefit plans and deferred	on 0	other	allowances	o int,		
104 Colo 2 (a)	South Cascade Avenue rado Springs, CO 809035102  Compensation of five highest-paid If none, enter "NONE."  Name and address of each employers	h dev DIRE 1 0	cours per week roted to position  CTOR   Oyees (other than a  (b) Title, and aver hours per week devoted to positi	those	not paid, enter -0-) 0 included on line 1—	employee benefit plans and deferred compensation  see page 23 of the instruct  (d) Contributions to employee benefit plans and deferred	on 0	other	allowances	o int,		

Part VIII Information About Officers, Directors, Trust and Contractors (continued)	tees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional services	(see page 23 of the instructions). If none, o	enter "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Part IX-A Summary of Direct Charitable Activities	<u> </u>	•
List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1		-
2		-
3		-
4		_
Part IX-B Summary of Program-Related Investments	(see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during	the tax year on lines 1 and 2	A mount
1 NONE		
2		-
All other program-related investments See page 24 of the instruction  3	ıs	-
	_	1

Form 990-PF (2009)
Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations,

	see page 24 of the instructions.)		_
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	0
b	A verage of monthly cash balances	1b	92,615
С	Fair market value of all other assets (see page 24 of the instructions)	1c	1,293,068
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,385,683
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,385,683
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25		
	of the instructions)	4	20,785
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,364,898
6	Minimum investment return. Enter 5% of line 5	6	68,245
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(		
_	foundations and certain foreign organizations check here  and do not complete t		
1	Minimum investment return from Part X, line 6	1	68,245
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI) 2b		4 4 2 7
c	Add lines 2a and 2b	2c	1,137
3	Distributable amount before adjustments Subtract line 2c from line 1	3	67,108
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	67,108
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	_	
	line 1	7	67,108
Par	<b>Qualifying Distributions</b> (see page 25 of the instructions)		
1	A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	77,200
ь	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	77,200
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		· ·
	income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	1,137
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	76,063
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	ner the	· · · · · · · · · · · · · · · · · · ·

ľ	ondistributed income (see page	26 of the mstruct	UIIS)		
		<b>(a)</b> Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	( <b>d</b> ) 2009
1	Distributable amount for 2009 from Part XI, line 7				67,108
	Undistributed income, if any, as of the end of 2008				
	Enter amount for 2008 only				
	Total for prior years 2007, 2006, 2005				
	Excess distributions carryover, if any, to 2009				
	From 2004				
	From 2005				
	From 2006				
	From 2007				
	From 2008 12,342				
	Total of lines 3a through e	12,342			
	Qualifying distributions for 2009 from Part				
	XII, line 4 🕨 \$				
а	Applied to 2008, but not more than line 2a				
	Applied to undistributed income of prior years				
_	(Election required—see page 26 of the instructions)				
c	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)				
d	Applied to 2009 distributable amount				67,108
е	Remaining amount distributed out of corpus	10,092			
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the				
	same amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:	22.424			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	22,434			
Ь	Prior years' undistributed income Subtract line 4b from line 2b				
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed.				
4	Subtract line 6c from line 6b Taxable				
u	amount—see page 27 of the instructions				
e	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page 27				
	of the instructions				
f	Undistributed income for 2009 Subtract				
	lines 4d and 5 from line 1. This amount must				0
-	be distributed in 2010				<del> </del>
,	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (see page 27				
	of the instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the	0			
_	instructions)				
9	Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	22,434			
10	Analysis of line 9	,			
	Excess from 2005				
	Excess from 2006				
	Excess from 2007				
	Excess from 2008 12,342				
	Excess from 2009 10,092				
			I .		1

For	m 990-PF (2009)					Page <b>10</b>
P	art XIV Private Operating Four	<b>idations</b> (see p	page 27 of the inst	tructions and Part	VII-A, question	9)
1a	If the foundation has received a ruling or d foundation, and the ruling is effective for 2					
b	Check box to indicate whether the organize	ation is a private o	perating foundation	described in section	F 4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2009	<b>(b)</b> 2008	(c) 2007	( <b>d)</b> 2006	(c) lotal
	year listed					
b	85% of line 2a					
c	Qualifying distributions from Part XII, line 4 for each year listed					
	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"A ssets" alternative test—enter					
	(1) Value of all assets		1,344,235	1,673,442	1,882,236	4,899,913
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
Ь	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Information	n (Complete t	this part only if	the organizatio	n had \$5,000 o	r more in
	assets at any time during	the year—see	page 27 of the	instructions.)		
1	Information Regarding Foundation Manage		20/ 6/1			
а	List any managers of the foundation who ha before the close of any tax year (but only i					ation
	NA					
ь	List any managers of the foundation who ov ownership of a partnership or other entity)				/ large portion of th	e
	NA					
2	Information Regarding Contribution, Grant	, Gift, Loan, Schol	larship, etc., Program	 ns:		
	Check here V if the foundation only mal unsolicited requests for funds. If the found under other conditions, complete items 2a	ces contributions t ation makes gifts,	to preselected charit	able organizations a		
a	The name, address, and telephone number		whom applications sh	nould be addressed		
b	The form in which applications should be s	ubmitted and info	rmation and material	s they should includ	e	
С	Any submission deadlines					
d	Any restrictions or limitations on awards, factors	such as by geogra	aphical areas, charita	able fields, kinds of i	nstitutions, or othe	r

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of A mount any foundation manager contribution Name and address (home or business) recipient or substantial contributor a Paid during the year See Additional Data Table 75,300 **b** Approved for future payment

	PF (2009) I-A Analysis of Income-Produc	cina Activitie	<u> </u>			Page <b>1</b> 2
	s amounts unless otherwise indicated		isiness income	Excluded by section	512, 513, or 514	<b>(e)</b> Related or exemp
<b>1</b> Progran	m service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	( <b>d)</b> A mount	function income (See page 28 of the instructions
· ·						the instructions
d						
	and contracts from government agencies					
	ership dues and assessments					
	on savings and temporary cash investments			14	113,746	
	nds and interest from securities			14	113,740	
	ntal income or (loss) from real estate					
	-financed property					
	debt-financed property					
	tal income or (loss) from personal property					
	(loss) from sales of assets other than inventory					
	come or (loss) from special events					
	profit or (loss) from sales of inventory.					
	revenue a					
	al Add columns (b), (d), and (e).				113,746	
	Add line 12, columns (b), (d), and (e)			1		113,746
	vorksheet in line 13 instructions on page 2					·
Part XV	I-B Relationship of Activities to					
Line No.	Explain below how each activity for wh the accomplishment of the organizatio page 28 of the instructions )					
	1					

Form 99	90-PF (2	.009)									Рa	ge <b>1</b> 3
Part	XVII	Information Re Noncharitable			nsfers To and Tran anizations	sac	tions a	nd Relat	ionships With			
<b>1</b> Did t	he organiz				he following with any other or	janız	ation describ	ed in section	1		Yes	No
501(	c) of the (	Code (other than section !	501(c)(3) o	rganızat	ions) or in section 527, relating	j to p	olitical orgai	nizations?				
<b>a</b> Trai	nsfers fr	om the reporting foun	ndation to	a nonc	:harıtable exempt organız	atio	n of					
(1)	Cash.									. 1a(1)		No
(2)	Othera	ssets								1a(2)		No
<b>b</b> Oth	er trans	actions										
(1)	Sales o	fassets to a noncha	rıtable ex	empt o	rganızatıon					. 1b(1)		No
(2)	Purcha	ses of assets from a	noncharıt	able ex	kempt organization					1b(2)		No
(3)	Rental	of facilities, equipme	nt, or othe	erasse	ts	•				. 1b(3)		No
(4)	Reımbu	rsement arrangemen	its			•				. 1b(4)		No
(5)	Loans	or loan guarantees.				•				. 1b(5)		No
(6)	Performa	ance of services or m	nembersh	ıp or fu	ndraising solicitations.					. 1b(6)		No
<b>c</b> Sha	rıng of fa	icilities, equipment, i	mailing lis	sts, oth	er assets, or paid employ	/ees				. 1c		No
of th	ne goods	, other assets, or sei	rvices giv	en by t	ete the following schedul the reporting foundation in column (d) the value o	Ifth	ie foundati	on receive	ed less than fair ma	arket valu		
(a) Line	No	(b) Amount involved	(c) Name	of nonc	harıtable exempt organization	1	(d) Descri	otion of trans	sfers, transactions, and	sharing arra	angemei	nts
						-						
						+						
						+						
						-						
des	crıbed ın 'es," cor		ne Code (d schedule		with, or related to, one or nan section 501(c)(3)) or ( <b>b)</b> Type of organiz	' in s	section 52				es <b>F</b>	▼ <sub>No</sub>
	the be based		nd belief,	ıt ıs tr	l have examined this retur ue, correct, and complete nas any knowledge	•	eclaration		<del>-</del>			
	Sig	nature of officer or tr	rustee				Date		Title			
Sign Here	i er <sup>3</sup> s inly	Preparer's Erin S Signature	S Morgan				Date		Check if self- employed ▶	Preparer' identifyin number (s Signat ure 30 of the i	g see ∍on pa	-
	Paid Preparer's Use Only	Firm's name (or you if self-employed),	urs	JMW 8	ASSOCIATES LLC				EIN ►			
		address, and ZIP co	ode	5700	BROADMOOR ST SUITE	20	3		Phone 75 (013)	400 400	0	
				MICCI	ON, KS 66202				Phone no (913)	499-492	U	
ı		l .							1			

**Software ID:** 09000054

**Software Version:** 09-7.1

**EIN:** 84-1474982

Name: Jeffrey & Janet Quay Charitable Foundation

#### Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Dearright	If recipiont is an industrial	Foundation	Durnogo of arrat or	Λ m = · · · · · ·
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
WORLD WILDLIFE FUND1250 24th Street NW WASHINGTON, DC 20037	NO RELATIONSHIP	501(C)(3)	GENERAL CHARITABLE	7,500
BIG CATS OF SERENITY SPRINGS PO BOX 112 CALHAN,CO 80808	NO RELATIONSHIP	501(C)(3)	GENERAL CHARITABLE	16,000
NATURE CONSERVANCY2424 Spruce Street Boulder, CO 80302	NO RELATIONSHIP	501(C)(3)	GENERAL CHARITABLE	25,000
MEMORIAL SLOAN-KETTERING CANCER CENTER1275 YORK AVENUE NEW YORK, NY 10065	NO RELATIONSHIP	501 (C)(3)	GENERAL CHARITABLE	5,000
DOCTORS WITHOUT BORDERS333 7th Avenue 2nd floor new york, NY 10001	NO RELATIONSHIP	501(C)(3)	GENERAL CHARITABLE	5,000
SWANER Ecological Foundation University of Utah Logan, UT 84322	NO RELATIONSHIP	501 (C)(3)	GENERAL CHARITABLE	5,000
CHEYENNE MOUNTAIN ZOOLOGICAL SOCIETY4250 CHEYENNE MOUNTAIN ZOO ROAD COLORADO SPRINGS,CO 80906	NO RELATIONSHIP	501(C)(3)	GENERAL CHARITABLE	5,000
DENVER RESCUE MISSIONPO Box 5206 DENVER,CO 80217	NO RELATIONSHIP	501(C)(3)	GENERAL CHARITABLE	2,000
AVON FOUNDATION BREAST CANCER CRUSADE180 Montgomery Street 925 San Francisco, CA 94104	NO RELATIONSHIP	501(C)(3)	GENERAL CHARITABLE	2,300
HEIFER INTERNATIONALPO Box 8058 LITTLE ROCK, AR 72203	NO RELATIONSHIP	501(C)(3)	GENERAL CHARITABLE	2,500
Total				75,300

# **TY 2009 Accounting Fees Schedule**

Name: Jeffrey & Janet Quay Charitable Foundation

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
JMW & ASSOCIATES, LLC	1,900			1,900

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491231005010
TV 2000 All Other Due 200		

### TY 2009 All Other Program **Related Investments Schedule**

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: Jeffrey & Janet Quay Charitable Foundation

Category	Amount
NONE	

DLN: 93491231005010

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

# **TY 2009 Depreciation Schedule**

Name: Jeffrey & Janet Quay Charitable Foundation

Ī	Description of	Date	Cost or Other	Prior Years'	Computation	Rate /	Current Year's Depreciation	Net Investment	Adjusted Net	Cost of Goods Sold Not
	Property	Acquired	Basis	Depreciation	Method	Life (# of	Expense	Income	Income	Included
ı						years)				

Tetile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 9349123100501

# **TY 2009 Investments Corporate Stock Schedule**

Name: Jeffrey & Janet Quay Charitable Foundation

Name of Stock	End of Year Book Value	End of Year Fair Market Value	
VALLEY COMPANY-7,834 SHARES	1,597,509	1,294,773	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491231005010

# **TY 2009 Investments - Land Schedule**

Name: Jeffrey & Janet Quay Charitable Foundation

	Category/ Item	Cost/Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value	
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efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491231005010

# TY 2009 Land, Etc. Schedule

Name: Jeffrey & Janet Quay Charitable Foundation

Category /	Cost / Other	Accumulated Depreciation	Book	End of Year Fair Market
Item	Basis		Value	Value