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Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2010

OMB No 1545-0052

or calen	dar year 2010, or tax y	ear beginning			, and ending		
Check	all that apply	Initial return		Initial return of a fo		Final return	1
		Amended return		Address chang	je	Name change	
Name of	foundation					A Employer identification	n number
	FI.VING DI	TAMOND RAN	СН	FOUNDATION		68-0567680)
Number ar	nd street (or P O box number				Room/suite	B Telephone number	
	PO BOX 34			•		719-962-35	522
City or to	own, state, and ZIP code			11 N _	- d	C If exemption application is p	
,	KIT CARSO		825			D 1. Foreign organization	s, check here
Check	type of organization	X Section 501(c)(3) ex	kempt private foundation		Foreign organizations me check here and attach or	eeting the 85% test, pomputation
Sec	ction 4947(a)(1) nonexe			Other taxable private founda	tion	E If private foundation sta	itus was terminated
Fair ma	irket value of all assets a	at end of year J A	ccounti	ng method X Cash	Accrual	under section 507(b)(1	
•	Part II, col. (c), line 16,			ther (specify)		. F If the foundation is in a	60-month termination
▶\$			I, colu	mn (d) must be on cash b	pasis.)	under section 507(b)(1	7
Part I	Analysis of Revenue (The total of amounts in connecessarily equal the amo	olumns (b), (c), and (d) ma	ay not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, gra	ants, etc , received		29,070.			
2		ation is not required to attach S	ich B				
3	Interest on savings and ten cash investments	nporary			2 226	2 226	
4	Dividends and interest	from securities		3,036.	3,036	3,036.	STATEMENT 1
	Gross rents						
١ ـ	Net rental income or (loss)			3,505.	il. hth.h		<u> </u>
9 6	Net gain or (loss) from sale Gross sales price for all	of assets not on line 10 231, 28	13	3,303.			RECEIVE
b 7	assets on line 6a		<u></u>		3,505		34m 47 C. I V C. I
בין (ביל בין	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications				37303	N/A g	850
- 1					1 ' 	·· &	3
-	Gross sales less returns and allowances						£
	Less Cost of goods sold				· ···· · · · · · · · · · · · · · · · ·		OGDEK! (/
C	Gross profit or (loss)						
11	Other income						
12	Total. Add lines 1 thro	ugh 11		35,611.	6,541		
13	Compensation of officers, of	directors, trustees, etc		0.	0	0.	. 0.
14	Other employee salarie	•					
15 در	Pension plans, employ	ee benefits					
	Legal fees						
× D	Accounting fees Other professional fees	STMT	2	757.	<u> </u>	0.	. 0.
	Interest	, OIM	_	, , , , ,			·
.≧ 17 E 18	Taxes	STMT	3	9.	0	0.	. 0.
19	Depreciation and deple		_				
E 20	Occupancy						
₹ 21	Travel, conferences, an	nd meetings					
22	Printing and publication						
ව 23	Other expenses	STMT	4	65.	0	. 0.	. 0
[24	Total operating and ac	dministrative			 _		
<u>8</u>	expenses Add lines 1	•		831.	0	0.	8,000
25	Contributions, gifts, gra			8,000.			8,000
26	Total expenses and di	sbursements.		0.001	•		0.000
	Add lines 24 and 25			8,831.	0	0.	8,000
	Subtract line 26 from li			26,780.			
	Excess of revenue over exp		ts	20,700.	6,541		
	Net investment incom				0,341	3,036	
C	Adjusted net income (n negative, enter -U-)		t			<u>' L</u>

Cash - non-interest-bearing

3 Accounts receivable ►

4 Pledges receivable ▶

disqualified persons 7 Other notes and loans receivable

8 Inventories for sale or use

13 Investments - other

18 Grants payable 19 Deferred revenue

24 Unrestricted 25 Temporarily restricted 26 Permanently restricted

Less accumulated depreciation 15 Other assets (describe

b Investments - corporate stock

c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans

5 Grants receivable

2 Savings and temporary cash investments

Less allowance for doubtful accounts

Less allowance for doubtful accounts

Less allowance for doubtful accounts

9 Prepaid expenses and deferred charges

14 Land, buildings, and equipment basis

16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses

Mortgages and other notes payable 22 Other liabilities (describe

23 Total liabilities (add lines 17 through 22)

and complete lines 27 through 31.

Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

20 Loans from officers, directors, trustees, and other disqualified persons

10a Investments - U.S. and state government obligations

Part II , Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

6 Receivables due from officers, directors, trustees, and other

STMT 5

STMT 6

Beginning of year

(a) Book Value

92,533.

50,290.

12,317.

155,140.

0.

-	-
	0567680 Page 2
End of (b) Book Value	(c) Fair Market Value
16,468.	16,468.
20,1000	
····	
	
101,004.	111,518.
101,004. 64,448.	111,518. 62,661.
······································	***************************************
•	
101 020	100 (47
181,920.	190,647.
0.	
0.	
0.	
0. 0. 181,920. 181,920.	
101,520.	
181,920.	
ı	

Net Assets o	27 28 29 30	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances	0. 0. 155,140. 155,140.	0. 0. 181,920. 181,920.	
_	31	Total liabilities and net assets/fund balances	155,140.	181,920.	
P	art	Analysis of Changes in Net Assets or Fund Ba	lances		
		il net assets or fund balances at beginning of year - Part II, column (a), line 30 st agree with end-of-year figure reported on prior year's return)	0	1	155,140.
2	Ente	r amount from Part I, line 27a		2	26,780.
3	Othe	er increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	181,920.
5	Deci	reases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	ımn (b), line 30	6	181,920.
023	511				Form 990-PF (2010)

ightharpoons

Fund Balances

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)				P - Purchas D - Donatio	se '	mo , day, yr.)	(d) Date sold (mo , day, yr)
1a	CMAMEMENTO						
b SEE ATTACHED	STATEMENTS						
<u>C</u>	···						
<u>d</u>	<u> </u>						-
e (e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			(h) Gain or (loss (e) plus (f) minus) (g)
a							
<u>b</u>		ļ			· · · -		
<u>c</u>		 					
d 231,283.			227,77	Ω			3,505
	l ng gain in column (h) and owned by	the foundation		 		Color (Col. (b) gain	
Complete only for assets shown		1				Bains (Col. (h) gain k), but not less tha	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (ı) col (ı), ıf any			Losses (from col	
	20 01 12/0 1/00	-				 	· ·
<u>a</u>							
b C							
d		1					
е		·				-	3,505
	C 16	an Dark Line 1	···	7			
Capital gain net income or (net ca	If gain, also ente apital loss) { If (loss), enter -0	r in Part I, line	/ 7	2			3,505
	`		•	/ - 			
, ,	ss) as defined in sections 1222(5) a	na (6)		۱ ۱			
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	• •) 3			2,753
Part V Qualification U	Inder Section 4940(e) for	r Reduced	Tax on Net	Investme	nt Inco	me	<u> </u>
f "Yes," the foundation does not qua	ction 4942 tax on the distributable ar	omplete this pa	rt				Yes X No
1 Enter the appropriate amount in	each column for each year, see inst	ructions before	making any entri	es			
(a) Base period years	(b)			(c)		Distril	(d) bution ratio
Calendar year (or tax year beginni	ing in) Adjusted qualifying di		Net value of no			(col (b) dr	vided by col (c))
2009		8,000.			,571.		.053846
2008		8,913.			<u>,050.</u>	·	.058236
2007		5,755.			,533.		.039544
2006		3,978.			,580.		.035652
2005		2,900.		80	,909.		.03584
							22212
2 Total of line 1, column (d)						2	.22312
	5-year base period - divide the total	on line 2 by 5,	or by the number	of years		_	04462
the foundation has been in existe	ence if less than 5 years					3	.044624
							170 745
Enter the net value of noncharital	ble-use assets for 2010 from Part X	, line 5				4	170,745
_						<u> </u>	7 (10
Multiply line 4 by line 3						5	7,619
							65
Enter 1% of net investment incor	me (1% of Part I, line 27b)					6	65
						_	7 601
7 Add lines 5 and 6						7	7,684
R Enter qualifiuma distributions from	m Part VII line 4					8	8,000
B Enter qualifying distributions from		. 4b. and as:	فحصد فمطة مقمل		_		3,000
ii line o is equal to or greater that	n line 7, check the box in Part VI, lin	e TD, and comp	nete mat batt nam	yaı% tax rat	t		

Form			0567			Page 4	
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	- see i	nstru	ctio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1				<u>65.</u>	
	of Part I, line 27b						
C	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-)	2				<u>0.</u>	
3	Add lines 1 and 2	3				65.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<u> </u>			0.	
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-	5				65.	
6	Credits/Payments						
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a						
b	Exempt foreign organizations - tax withheld at source						
C	Tax paid with application for extension of time to file (Form 8868)						
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments Add lines 6a through 6d	7				O.	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				65.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10					
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶	11					
	rt VII-A Statements Regarding Activities						
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No	
	any political campaign?			1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X	
_	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or					
	if the answer is "Yes" to 1a or 1a, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.						
c	c Did the foundation file Form 1120-POL for this year?						
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			10		X	
_	(1) On the foundation \blacktriangleright \$ O . (2) On foundation managers \blacktriangleright \$ O .						
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation						
Ŭ	managers ►\$ 0.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х	
-	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, o	r					
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•		3		X	
Δa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X	
	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b			
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X	
J	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						
Ū	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	Х]	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	 	
•	If "Yes," complete Part II, col. (c), and Part XV.			··· ······			
Яa	Enter the states to which the foundation reports or with which it is registered (see instructions) NONE						
va	Enter the states to which the foundation reports of with which it is registered (see instructions)						
h	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	Х	1	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar		75			
5	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses			10		X	
	Jen in the second s						

Pa	art 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 instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		Χ_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14			522	
	Located at ►PO BOX 345, KIT CARSON, CO ZIP+4 ►80	<u>825</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, >	
	and enter the amount of tax-exempt interest received or accrued during the year		/ <u>A</u>	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	, [Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of			
-	the foreign country			
PE	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	, <u>,</u>	V 1	NI -
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	[
	(1) 1 2) 00 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16			
	(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)? Yes X No			
	,			
	(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)			
ľ	If any answer is "Yes" to 1a(1)-(6), did any 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 22 of the instructions)? N/A	_	- 1	
		1b		
_	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	16		х
•	before the first day of the tax year beginning in 2010? Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	''		
2	defined in section 4942(j)(3) or 4942(j)(5))	[
	1. At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
٠	before 2010? Yes X No			
	If "Yes," list the years			
ł	a Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b		
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
ŧ	o If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after	[
	May 26, 1969, (2) 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 2010.) N/A	3b		<u> </u>
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
ı	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			1
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X

orm 990-PF (2010) FLYING DIAMOND RANCH FOU			<u>68-05676</u>	80	Page 6
Part VII-B Statements Regarding Activities for Which I	orm 4/20 May Be F	required (contin	ued)		
5a During the year did the foundation pay or incur any amount to	4045/->>0		s X No		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			IS LA NU		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, unectly or mune		s X No		
any voter registration drive?	2		S X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes			3 (41) 140		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	i described ili section	□ v _e	s X No		
509(a)(1), (2), or (3), or section 4940(d)(2)?	ar adventional aurages or f		3 22 140		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or r	ຫ່ <u>Γ</u>	s X No		
the prevention of cruelty to children or animals? b if any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	tor the excentions described i		3 (AZ) 140		
section 53 4945 or in a current notice regarding disaster assistance (see instru		ii negulations	N/A	5b	1
Organizations relying on a current notice regarding disaster assistance check h		•			1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		han			
expenditure responsibility for the grant?		'∕A □ Ye	s No		
If "Yes," attach the statement required by Regulations section 53.494		/ 16	.5 140		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
a personal benefit contract?	pay premiums on		s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?	,		6b	x
If "Yes" to 6b, file Form 8870.	orsonal bonom contract				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			·	7b	
Information About Officers Directors Trust		nagers. Highly			<u> </u>
Part VIII Paid Employees, and Contractors	,				
- I did Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their	compensation.				
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) l	Expense
		(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accou	Expense int, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address	(b) Title, and average hours per week devoted	(if not paid,	and deferred	accou	ınt, other
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345	(b) Title, and average hours per week devoted to position	(if not paid,	employee benefit plans and deferred compensation	accou	unt, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON	(b) Title, and average hours per week devoted to position	(if not paid,	and deferred	accou	ınt, other
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accou	unt, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accou	int, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accou	int, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accou	int, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accou	int, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accou	int, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accou	int, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accou	int, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345 KIT CARSON, CO 80825	(b) Title, and average hours per week devoted to position DIRECTOR 5.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	accou	unt, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345	(b) Title, and average hours per week devoted to position DIRECTOR 5.00	(If not paid, enter -0-)	employee deniem plans and desirred compensation	accot	ont, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345 KIT CARSON, CO 80825	(b) Title, and average hours per week devoted to position DIRECTOR 5.00 b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation O .	(e) l	O .
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345 KIT CARSON, CO 80825 P. Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 5.00	(If not paid, enter -0-)	employee benefit plans and deferred compensation O .	(e) l	ont, other wances
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345 KIT CARSON, CO 80825 2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average hours per week devoted to position DIRECTOR 5.00 b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) l	O .
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345 KIT CARSON, CO 80825 P. Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 5.00 b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) l	O .
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345 KIT CARSON, CO 80825 P. Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 5.00 b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) l	O .
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345 KIT CARSON, CO 80825 P. Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 5.00 b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) l	O .
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345 KIT CARSON, CO 80825 P. Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 5.00 b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) l	O .
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345 KIT CARSON, CO 80825 P. Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 5.00 b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) l	O .
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345 KIT CARSON, CO 80825 P. Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 5.00 b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) l	O .
List all officers, directors, trustees, foundation managers and their (a) Name and address JEAN B JOHNSON PO BOX 345 KIT CARSON, CO 80825 P. Compensation of five highest-paid employees (other than those inc. (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position DIRECTOR 5.00 b) Title, and average hours per week	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) l	O .

0

Total number of other employees paid over \$50,000

Form 990-PF (2010)

68-0567680

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1 54,501. a Average monthly fair market value of securities 1a 118,844 b Average of monthly cash balances 1b c Fair market value of all other assets 10 173,345. d Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and 0. 1e 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 2 173,345. 3 Subtract line 2 from line 1d ,600. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 170,745. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here and do not complete this part) 8,537. Minimum investment return from Part X, line 6 65. 2a 2a Tax on investment income for 2010 from Part VI, line 5 Income tax for 2010 (This does not include the tax from Part VI) 20 Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 8,472 Add lines 3 and 4 5 5 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 8,000. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the 3 За a Suitability test (prior IRS approval required) b Cash distribution test (attach the required schedule) 3b 8,000. Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 income Enter 1% of Part I, line 27b 7,935. Adjusted qualifying distributions. Subtract line 5 from line 4 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2010)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				8,472.
2 Undistributed income, if any, as of the end of 2010	····	, la lia, li' i i la addid da a a a a a didda a dha a		
a Enter amount for 2009 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009 200.				
f Total of lines 3a through e	200.			
4 Qualifying distributions for 2010 from				
Part XII, line 4 ► \$ 8,000.				
a Applied to 2009, but not more than line 2a	H' he der der ster		0.	
b Applied to undistributed income of prior		•		
years (Election required - see instructions)		0.		**************************************
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		·	
d Applied to 2010 distributable amount				8,000.
e Remaining amount distributed out of corpus	0.			200
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	200.			200.
6 Enter the net total of each column as indicated below:				
3 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2010 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011			· · · · · · · · · · · · · · · · · · ·	272.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2006	}			
b Excess from 2007	3			
c Excess from 2008	***************************************			
d Excess from 2009	•			
e Excess from 2010				<u> </u>

FLYING DIAMOND RANCH FOUNDATION

Form 990-PF (2010)

023601 12-07-10

68-0567680

Page 10

Form **990-PF** (2010)

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	Contribution					
a Paid during the year								
			•	:				
!		!						
477 472 TO THE T								
SEE STATEMENT 7			▶ 3a	8,000.				
b Approved for future payment								
NONE								
Total		L	▶ 3h	0.				

Part XVI-A	Analy	eie of Ind	ome-Pre	oducina.	Activities
	Analy	515 OI III0	COILIE-ELG	buucing ,	ACUVIUES

Enter gross amounts unless otherwise indicated	Unrelated business income			ded by section 512, 513, or 514	(e)		
·	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income		
1 Program service revenue	Code		0000	<u> </u>	 		
a			<u> </u>		 		
b			-				
C							
d					 		
e	-		-				
			-				
g Fees and contracts from government agencies			 				
2 Membership dues and assessments			1				
3 Interest on savings and temporary cash							
Investments		<u></u>			3,036.		
4 Dividends and interest from securities			 	 	3,030.		
5 Net rental income or (loss) from real estate			 				
a Debt-financed property			 		-		
b Not debt-financed property			 		 		
6 Net rental income or (loss) from personal							
property		<u> </u>	 				
7 Other investment income			 				
8 Gain or (loss) from sales of assets other			ľ		2 505		
than inventory		<u> </u>	 		3,505.		
9 Net income or (loss) from special events			1		 		
10 Gross profit or (loss) from sales of inventory			<u> </u>		-		
11 Other revenue							
a MISC INCOME					 		
b			-				
C			 				
d			-				
e				0	6 541		
12 Subtotal Add columns (b), (d), and (e)		0.	<u> </u>	0.			
13 Total Add line 12, columns (b), (d), and (e)				13 _	0,341.		
(See worksheet in line 13 instructions to verify calculations)		· · · · · · · · · · · · · · · · · · ·		<u> </u>			
Part XVI-B Relationship of Activities to	the Acc	omplishment of E	kemp	t Purposes			
Line No. Explain below how each activity for which incor	ne is reported	ın column (e) of Part XVI-A	contri	buted importantly to the acco	mplishment of		
the foundation's exempt purposes (other than t					•		
N/A	· .						
		··					
		-					
					-		
		_					
		<u> </u>			· ·		
							
	.—-						
	•						
				· · · · · · · · · · · · · · · · · · ·			
							

		G DIAMOND RANC			567680 Page	13
Part X			and Transactions a	and Relationships With Non	charitable	
1 Did 1	Exempt Organ		ving with any other organization	on described in section 501(c) of	Yes N	0
•	- •)(3) organizations) or in section (•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>
	·	ation to a noncharitable exempt of				
	Cash		9		1a(1) X	(
	Other assets				1a(2) X	
` '	r transactions					
(1)	Sales of assets to a noncharita	ble exempt organization			1b(1) X	ζ.
		ncharitable exempt organization			1b(2) X	ζ_
	Rental of facilities, equipment,				1b(3) X	<u> </u>
(4)	Reimbursement arrangements				1b(4) X	ζ_
(5)	Loans or loan guarantees				1b(5) X	(
(6)	Performance of services or me	mbership or fundraising solicitat	tions		1b(6) X	[
c Shar	ring of facilities, equipment, ma	iling lists, other assets, or paid e	mployees		lc X	<u> </u>
d If the	e answer to any of the above is	"Yes," complete the following sci	hedule Column (b) should alv	ways show the fair market value of the go	ods, other assets,	
01.0	ervices given by the reporting f	oundation If the foundation rece	ived less than fair market valu	ie in any transaction or sharing arrangem	ent, show in	
colu		other assets, or services received				
a) Line no	(b) Amount involved	(c) Name of noncharitat		(d) Description of transfers, transactions	s, and sharing arrangements	
		N/A				
					 	
						
						
_			 			
						_
	 					
-						_
				 		
0- 1-45	- 4	the efficient with an expense to an	as ar mare toy everent areas	-stions described		
	=	tly affiliated with, or related to, or		zations described	Yes X N	10
	es," complete the following sch	r than section 501(c)(3)) or in se	ction 327		165 IV	U
U 11 11	(a) Name of org		(b) Type of organization	(c) Description of rela	tionship	_
	N/A		(-, ,,,			
		- · · · · · · · · · · · · · · · · · · ·				
			-			_
-						_
		•				
				d statements, and to the best of my knowledge	and belief, it is true, correct,	
Sign		arer (other than taxpayer or fiduciary) is		1 4		
Here	Van	B Johnn	7-12-1	11 Prendent	<u>F</u>	
	Signature of officer or tri	ustee	Date	Title		
	Print/Type preparer's n	ame Preparer's	signature ()		PTIN	
	Il manda 1	Couls 1 11 Ann	a Adu JKANIA	万/나/// self-employed		
Paid	MINAMA L	MAN I IMPLY				
Prepa	rer Firm's name AMA	NDA L. BROWN,	CPA '	Firm's EIN ►		

Form **990-PF** (2010)

719-438-5445

Phone no

Use Only

P. O. BOX 405
Firm's address ► EADS, CO 81036

Schedule B (Form 990, 990-EZ, or 990-PF) ·

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

FLYING DIAMOND RANCH FOUNDATION

Employer identification number

68-0567680

Organization type (check one):							
Filers of	:	Section:					
Form 990 or 990-EZ		501(c)() (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990)-PF	X 501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.					
Special	Rules						
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III.						
	contributions for us If this box is checken purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, see exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.					
		hat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

FLYING DIAMOND RANCH FOUNDATION

68-0567680

Part :	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SCOTT JOHNSON CHARITABLE LEAD TRUST PO BOX 345 KIT CARSON, CO 80825	\$9,690.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	SCOTT JOHNSON CHARITABLE LEAD TRUST PO BOX 345 KIT CARSON, CO 80825	\$9,690.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	SCOTT JOHNSON CHARITABLE LEAD TRUST PO BOX 345 KIT CARSON, CO 80825	\$9,690.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.

Employer identification number

FLYING DIAMOND RANCH FOUNDATION

68-0567680

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(0)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			00 000 E7 oz 000 BE) /2010

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(1) Larged elected the Swidglost property soit, e.g., said stable, 2-forcy pack with those, as common totals, 200 of the MLC os P-powers (most, 400) of MLC os P-powers (most,	Part IV Capital Gains and Los	sses for Tax on Investment Income		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SPOR DOW JONES INDLA V UT SER P 11/30/991/12/10 DI SIBARES MSCI EAFE INDEX FUND P 11/24/0901/12/10 JISHARES MSCI EAFE INDEX FUND P 11/24/0901/12/10 SEARES TR DJ US UTILITIES SECTOR INDEX P 12/14/0901/12/10 SEARES SROI DARRES MSCI EMERGING MARKETS INDEX P 11/24/0901/12/10 SISHARES MSCI EMERGING MARKETS INDEX P 11/24/0901/12/10 ISHARES MSCI EMERGING MARKETS INDEX P 11/24/0901/12/10 ISHARES TRUST DJ US TECH SECTOR INDEX FUND P VARIOUS 03/09/10 ISHARES TRUST DJ US HEALTHCARE P VARIOUS 03/09/10 ISHARES TRUST DJ US HEALTHCARE P VARIOUS 05/10/10 DJ US BASIC MATERIALS INDEX P VARIOUS 05/10/10 DJ US BASIC MATERIALS INDEX P VARIOUS 05/10/10 ISHARES DJ US INDUSTRIAL P VARIOUS 05/10/10 ISHARES DOW JONES US FINANCIAL SECTOR P 03/09/10/05/10/10 ISHARES DOW JONES US FINANCIAL SECTOR P 03/09/10/05/10/10 ISHARES DOW JONES US FINANCIAL SECTOR P 03/09/10/05/10/10 ISHARES DOW JONES US FINANCIAL SECTOR P VARIOUS 05/10/10 ISHARES DOW JONES US FINANCIAL SECTOR P 03/09/10/05/10/10 ISHARES ONE (I) (Deprecation allowed (or allowable) P VARIOUS 05/10/10 ISHARES SAP 600 SMALL CAP (a) Cross sates price (b) (Deprecation allowed (or allowable) (b) (Sear or fortier basis plus septents of sate (a) (Cross sates price (b) (Deprecation allowed (or allowable) (b) (Sear or fortier basis b) (c) (Sear or fortier basis c) (c)	<u> </u>		d, e g , real estate,	(b) How acquired	(c) Date acquired (d) Date sold
SISHARES MSCI EAFE INDEX FUND				I F - Fulcilase	(mo., day, yr) (mo , day, yr)
SAP 500 BARRA VALUE INDEX_SECTOR INDEX P 11/24/0901/12/10	1a SPDR DOW JONES	INDL AV UT SER	P		
SEA 500 BARRA VALUE INDEX_ISHARES P 11/24/0901/12/10 SISHARES MCI EMERGING MARKETS INDEX P 11/24/0902/16/10 ISHARES DI US TECH SECTOR INDEX FUND P VARIOUS 03/09/10 JISHARES TRUST DJ US HEALTHCARE P VARIOUS 03/09/10 JISHARES SMALL CAP 600 GROWH INDEX FUND P VARIOUS 05/10/10 DJ US BASIC MATERIALS INDEX P VARIOUS 05/10/10 ISHARES DJ US INDUSTRIAL P VARIOUS 05/10/10 ISHARES DJ US INDUSTRIAL P VARIOUS 05/10/10 ISHARES DW JONES US CONSUMER SERVICES P 02/16/1005/10/10 ISHARES DW JONES US FINANCIAL SECTOR P 03/09/10/05/10/10 ISHARES DW JONES US FINANCIAL SECTOR P 03/09/10/05/10/10 ISHARES DW JONES US FINANCIAL SECTOR P 03/09/10/05/10/10 ISHARES S6P 600 SMALL CAP P VARIOUS 05/10/10 O ISHARES S6P 600 SMALL CAP P VARIOUS 05/10/					
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Tishakes DJ US REAL ESTATE INDEX FUND P VARIOUS 05/10/10					
Note					L
O TSHARES S&P 600 SMALL CAP					
(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale plus (f) minus (g) (g) Cost or other basis plus expense of sale plus (f) minus (g) (g) Cost or other basis plus expense of sale plus (f) minus (g) (g) Cost or other basis plus expense of sale plus (f) minus (g) (g) Cost or other basis (g) plus (f) minus (g) (g) Cost or other basis (g) plus (f) minus (g) (g) Cost or other basis (g) plus (f) minus (g) (g) Cost or other basis (g) plus (f) minus (g) (g) Cost or other basis (g) plus (f) minus (g) (g) Cost or other basis (g) plus (f) minus (g) (g) Cost or other basis (g) plus (f) minus (g) (g) Cost or other basis (g) plus (f) minus (g) (g) Cost or other basis (g) plus (f) minus (g) (g) Plus (f) minus (g) (g) Plus (g)		~		P	01/12/1005/10/10
Contail contains Contail con			(g) Cost or other basis	(h) Gain or (loss)
Section Sect	(e) Gross sales price		plus expense of sale		olus (f) minus (g)
C 3,717. 3,843. <126.					
1					
Section Sect					
1					
S					
h 6,793. 6,380. 413. 7,264. 7,419. <155.> 6,412. 5,949. 463. k 6,099. 5,541. 558. 1 7,329. 7,126. 203. m 7,783. 6,678. 1,105. 6,147. 5,851. 296. 0 7,207. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i)) Adjusted basis as of 12/31/69 (ii) Adjusted basis as of 12/31/69 (iii) Adjusted basis as of 12/31					
1					
Reserve					
1					
Total Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) FMV as of 12/31/69 (i) Adjusted basis as of 12/31/69 (ii) FMV as of 12/31/69 (iii) Adjusted basis as of 12/31/					
Net short-term capital gain or (loss) as defined in sections 1222(S) and (6) Total Part I, line 8, column (c) Total Part I, line 7 Total Part I, line 8, column (c) Total Part I, line		-			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Adjusted basis as of 12/31/69 (k) Excess of col (i) over col (j), if any (i) Adjusted basis as of 12/31/69 (k) Excess of col (i) Gains (excess of col (h) gain over col (k), but not less than "-0-")	6 147				
Gains (excess of coi (h) gain over col (k), but not less than "-0-") Cains (excess of coi (h) gain over col (k), but not less than "-0-")	7 207				520.
(i) F M V as of 12/31/69 as of 12/31/69 over col (i), if any over col (j), if any over col (j	Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69		
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		Gains (excess but n	of col. (h) gain over col. (k), oot less than "-0-")
c ** <126.> d ** 91. e ** <218.> f ** 76. g ** 174. h ** 413. i ** 463. k ** 463. k ** 558. I ** 203. m ** 1,105. n ** 296. o ** 520. 2 Capital gain net income or (net capital loss) { if gain, also enter in Part I, line 7 if (loss), enter *-0-* in Part I, line 7 if (loss), enter *-0-* in Part I, line 7 if (loss), enter *-0-* in Part I, line 7 if (loss), enter *-0-* in Part I, line 8, column (c) 2	a			**	81.
	b			**	
#	С				
f ** 76. g ** 174. h ** 413. ! ** 463. k ** 558. I ** 203. m ** 1,105. n ** 296. o ** 520. 2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 1 1 1 1 1 1 1 1 1	d				
	е		, ., ., ., ., .		
	<u>f</u>				
	<u>g</u>			<u> </u>	
	<u>h</u>	-			
X	<u>!</u>				
** 203.	1				
m	<u> </u>				
n 0	<u>'</u>			**	
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) 1f gain, also enter in Part I, line 8, column (c)				**	
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) 1f gain, also enter in Part I, line 8, column (c)		·		**	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c)					
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c)	2 Capital gain net income or (net ca	apital loss) { If gain, also enter apital loss) { If (loss), enter apital loss)	r in Part I, line 7)-" in Part I, line 7	2	
If gain, also enter in Part I, line 8, column (c)	3 Net short-term capital gain or /lo		`		
	If gain, also enter in Part I, line 8,	, column (c)	}		
	If (loss), enter "-0-" in Part I, line	8	J	3	

68-0567680

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold (mo, day, yr) (mo, day, yr) 2-story brick warehouse, or common stock, 200 shs MLC Co D - Donation 1a ISHARES S&P MIDCAP 400 GROWTH 11/24/0905/10/10 P 04/13/1005/10/10 ISHARES S&P 600 SMALL CAP VALUE 600 c SPDR S&P MIDCAP 400 ETF P VARIOUS 05/10/10 P 05/13/1006/08/10 d ISHARES DJ US INDUSTRIAL 05/13/1007/13/10 e ISHARES DOW JONES US CONSUMER SERVICES P f ISHARES S&P SMALL CAP VALUE 600 P 05/13/1007/13/10 SMALL CAP 600 GROWTH INDEX FUND $\overline{\mathtt{P}}$ 05/13/1008/10/10 **ISHARES** 05/13/1008/10/10 P h ISHARES S&P 600 SMALL CAP 04/04/0810/08/10 | ISHARES P BARCLAYS AGGREGATE BOND P 03/16/1010/08/10 ISHARES BARCLAYS AGGREGATE BOND $\bar{\mathbf{p}}$ VARIOUS 10/12/10 k SPDR S&P 500 ETF P VARIOUS 10/12/10 VANGUARD REIT INDEX ETF VARIOUS 10/12/10 m SPDR DOW JONES INDL AV UT SER P P 10/08/1011/17/10 n ISHARES BARCLAYS 1-3 YEAR CREDIT BOND FUND VARIOUS 12/07/10 O ISHARES MSCI EMERGING MARKETS INDEX P (h) Gain or (loss) (g) Cost or other basis (f) Depreciation allowed (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 4,494. 554. 5,048. a <211.> 5,822 6,033. b 5,947.458. 6,405. 9,080. 7,787. <1,293.> d 8,776. <869.> 7,907. е 9,589 <1,311.> 8,278. $\overline{9},097.$ <780.> 8,317. <903.> 7,956. 8,859 h 12,317. 733. 13,050. 4,212 138. 4,350. 12,205. $\overline{359}$. 11,846. $12,2\overline{36}$. $\overline{101}$. $12,3\overline{37}$. ı 11,767. 12,066. 299. m 7,309. 7,371. <62.> n 12,728.11,164. 1,564. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) but not less than "-0-") (i) F M V as of 12/31/69 as of 12/31/69 over col (j), if any 554. * * a <211.> b 44 458. C * * <1,293.> đ * * <869.> е * * <1,311.> * * <780.> g <903.> * * h 733. ** 138. 359. * * k * * 101. 299. m ** <62.> n ,564. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) If (loss), enter "-0-" in Part I, line 8

Part IV Capital Gains and Lo	sses for Tax on Investment Income		- Province and a second		
(a) List and 2-story bi	l describe the kind(s) of property solo rick warehouse, or common stock, 20	d, e g , real estate, 00 shs MLC Co	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	
1a ISHARES MSCI E	AFE INDEX FUND		P	VARIOUS	12/07/10
b CAPITAL GAINS	DIVIDENDS				
С					
d					
e					
f				<u> </u>	
9					
h					
<u> </u>					
1				 	
<u>k</u>					
	 	<u></u>			
<u>m</u>				 	
<u>n</u>				 	
0	(f) Depreciation allowed	(g) Cost or other basis	/h) Gain or (loss)	
(e) Gross sales price	(or allowable)	plus expense of sale	(e) t	olus (f) minus (g)	
a 12,905.		11,723.			1,182.
b 19.					19.
С					
d					
е					
f					
g				·-· · · · · · · · · · · · · · · · · · ·	
h					
<u> </u>					
k				 	
<u>m</u>					
<u>n</u>					
Complete only for assets shown	ng gain in column (h) and owned by t	the foundation on 12/31/69	(1) 1 05	sses (from col (h))	
	(j) Adjusted basis	(k) Excess of col (i)	Gains (excess	of col (h) gain ove	rcol (k),
(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		ot less than "-0-")	1 100
<u>a</u>			**	•	1,182. 19.
<u>b</u>					13.
<u>c</u> d					
e					
f					
g					
h					
<u> </u>					
1					.
<u>k</u>					
<u> </u>					
<u>m</u>					
<u>n</u>	-				
0					
2 Capital gain net income or (net ca	apital loss) { If gain, also enter "-0	in Part I, line 7 In Part I, line 7	2	· · · · · · · · · · · · · · · · · · ·	3,505.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) an	`			
If gain, also enter in Part I, line 8,	, column (c)	}			2 752
If (loss), enter "-0-" in Part I, line	<u> </u>	<u> </u>	3	-	2,753.

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	1
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A)
CHARLES SCHWAB	•		3,055.		19.	3,	036.
TOTAL TO FM 990-PF, PART I, L	,N 4		3,055.		19.	3,	036.
FORM 990-PF O	THER	PROFES	SIONAL FI	EES		STATEMENT	2
DESCRIPTION	EXPE		(B) NET INVI MENT INC	EST-	(C) ADJUSTED NET INCOMI		
CHARLES SCHWAB INV MGT FEES		757.		0.		0.	0.
TO FORM 990-PF, PG 1, LN 16C		757.		0.		0.	0.
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT INC	EST-	(C) ADJUSTED NET INCOM		
EXCISE TAX BASED ON INVESTMENT INCOME FOREIGN TAX PAID		9.		0.		0. 0.	0.
TO FORM 990-PF, PG 1, LN 18		9.		0.		0.	0.
FORM 990-PF	O¹	THER E	XPENSES			STATEMENT	4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT IN	EST-	(C) ADJUSTED NET INCOM		
MISCELLANEOUS		65.		0.		0.	0.

FORM 990-PF	CORPORATE STOCK	······································	STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
		101,004.	111,518.
TOTAL TO FORM 990-PF,	PART II, LINE 10B	101,004.	111,518.
FORM 990-PF	CORPORATE BONDS		STATEMENT 6
FORM 990-PF DESCRIPTION	CORPORATE BONDS	BOOK VALUE	STATEMENT 6 FAIR MARKET VALUE
	CORPORATE BONDS	BOOK VALUE 64,448.	FAIR MARKET

FORM 990-PF GF	RANTS AND CONTRIBUTIONS PAID DURING THE YEAR	STATI	EMENT 7
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		TRUOMA
AGR FOUNDATION	GENERAL FUND		
AMERICAN DIABETES ASSN	GENERAL FUND		500.
AMERICAN DIABETES ASSN - TRI MATCH 2009 DRIVE	IPLE GENERAL FUND		
CANCER FUND/MEMORIAL (MADELI HORNUNG)	INE GENERAL FUND		50.
CBR YOUTH CONNECT	GENERAL FUND		300.
CHRIS DUDLEY FOUNDATION (BB CAMP)	SCHOLARSHIP FUND		250.
COLO SPRINGS FINE ARTS CENTE (DEBUTANTE BALL COMMITTEE IN			400.
COLORADO CATTLEMEN'S AGRICULTURAL LAND TRUST	GENERAL FUND		200.

	1	68-0567680
COLORADO SPRINGS SCHOOL	ATHLETIC DEPT	
DEF/NKCF (NATIONAL KERATONCONUS FOUNDATION)	GENERAL FUND	500.
E3 PARTNERS (MORGAN BLAIK AFRICAN MISSION TRIP)	GENERAL FUND	
ELLEN KEEFE MEMORIAL	GENERAL FUND	
HILLSDALE COLLEGE	GENERAL FUND	250.
FRIENDS OF GOOD SHEPHERD HOME (MR. MAC'S CAUSE)	GENERAL FUND	150.
HERITAGE FOUNDATION	GENERAL FUND	50.
KEEFE MEMORIAL HOSPITAL	GENERAL FUND	25.
KIT CARSON FFA	GENERAL FUND	50.
KIT CARSON FIRE	GENERAL FUND	50.

FLYING DIAMOND RANCH FOUNDATION	r e	68-0567680
KIT CARSON EMT	GENERAL FUND	25.
KIT CARSON METHODIST CHURCH	GENERAL FUND	1,150.
KIT CARSON UNITED METHODIST CHURCH	NEW BOILER FUND	400.
MARINE CORPS HERITAGE FOUNDATION - MUSEUM DONATION	GENERAL FUND	
MAYO CLINIC - CANCER RESEARCH	GENERAL FUND	300.
NATIONAL CATTLEMEN'S FOUNDATION (JACK MADDUX AWARD)	GENERAL FUND	
PIKES PEAK COMMUNITY FOUNDATION/GRACE FUND (BEACH CAUSE)	GENERAL FUND	200.
PRINCETON PROSPECT FOUNDATION	GENERAL FUND	
PRINCETON UNIVERSITY TRACK PROGRAM	ATHLETIC DEPT	250.
ROUNDUP RIDERS OF THE ROCKIES HERITAGE & TRAILS FOUNDATION	GENERAL FUND	300.

FLYING DIAMOND RANCH FOUNDATION	1	68-0567680
SILVER SPUR CLUB	GENERAL FUND	125.
THE GRACE FUND (BEACH'S CAUSE - MS, ALS)	GENERAL FUND	
TRUSTEES UNIV OF PENN - SPRINT FOOTBALL	ATHLETIC DEPT	250.
NATURE CONSERVANCY	GENERAL FUND	100.
IRENE GADE MEMORIAL	GENERAL FUND	50.
CASA (PATTY SMITH'S CAUSE)	GENERAL FUND	500.
TAP MILITARY FUND (MIKE ROSEN CAUSE)	GENERAL FUND	1,000.
CANCER DRIVE (KARMEN KENT)	GENERAL FUND	25.
LATIGO	GENERAL FUND	100.
CHEYENNE WELLS COMMUNITY GROWTH ASSN	GENERAL FUND	100.

FLYING DIAMOND RANCH FOUNDATION	68-0567680
KIT CARSON RURAL DEVELOPMENT GENERAL FUND	350.
•	
TOTAL TO FORM 990-PF, PART XV, LINE 3A	8,000.