

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public

Form 990 (2011)

<u>A F</u>	or the 2	011 calendar year, or tax year beginning	and ending		
Вс	heck If	C Name of organization	-	D Employer identific	cation number
Г	Address	COLORADO GAMING ASSOCIATION			
	Name change	Doing Business As		84-1	259092
	Instial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E Telephone numbe	r
	Termin- ated	225 EAST 16TH AVENUE	260	303-	237-5480
	Amended return	City or town, state or country, and ZIP + 4		G Gross receipts \$	472,758.
	Applica- tion pending	DENVER, CO 80203		H(a) Is this a group re	
-	pending	F Name and address of principal officer.LOIS A. RICE, CA	ΛΕ	for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
			a)(1) or :		list. (see instructions)
		▶ WWW. COLORADOGAMING. COM         conization:       Corporation       Trust       X       Association       Other	T. V	H(c) Group exemption	n number ►  N State of legal domicile: CO
_		ganization: Corporation Trust X Association Other Summary		ear of formation. 1996	N State of legal doffliche. CO
		nefly describe the organization's mission or most significant activities: AL	VANCE.	INTERESTS OF	CASINO
JCe		NDUSTRY	711101		-
Governance	1 –	heck this box I if the organization discontinued its operations or o	disposed of m	ore than 25% of its net a	ssets.
Ş	_	umber of voting members of the governing body (Part VI, line 1a)		3	12
Ğ		umber of independent voting members of the governing body (Part VI, line	e 1b)	4	12
Activities &	li .	otal number of individuals employed in calendar year 2011 (Part V, line 2a)			1
¥	6 T	otal number of volunteers (estimate if necessary)		6	0
Ç	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	0.
_	bΝ	et unrelated business taxable income from Form 990-T, line 34			0.
			1	Prior Year	Current Year
ē	1	ontributions and grants (Part VIII, line 1h)		0.	0.
Revenue		rogram service revenue (Part VIII, line 2g)		558,088. 271.	472,458.
æ		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	•	400.	50.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101	558,759.	472,758.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line rants and similar amounts paid (Part IX, column (A), lines 1-3)	14)	330,733.	0.
		enefits paid to or for members (Part IX, column (A), line 4)	S	0.	0.
G		alaries, other compensation, employee benefits (Part IX, column (A), lines	5,10	130,349.	139,207.
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)	IK.	0.	0.
ē		otal fundraising expenses (Part IX, column (D), line 25)	Ö.	以為 八十十十 學門	<b>表:3.3.3.3.3.3.3.2.2.2.2.3.3.3.3.3.3.3.3.3</b>
ω		ther expenses (Part IX, column (A), lines 1 la 11d 1124e)		364,008.	511,753.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		494,357.	650,960.
	19 R	evenue less expenses. Subtract line 18 from line 12	••	64,402.	
Assets or l				Beginning of Current Year	
Sset	20 T	otal assets (Part X, line 16)	••	609,895.	431,693.
	:1	otal liabilities (Part X, line 26)		0.	0.
첉		et assets or fund balances. Subtract line 21 from line 20		609,895.	431,693.
		Signature Block les of perjury, I declare that I have examined this return, including accompanying so	hadulaa and atr	tamonta and to the best of n	ny kaoviladaa and baliaf it is
	•	and complete. Declaration of propagate (other than officer) is based on all information		· · · · · · · · · · · · · · · · · · ·	ny knowieuge and belief, it is
u uc	,	and complete, bediefally to proper extend that office is based on an information	in or winch prep	arer has any knowledge.	
Sig		Signature of difficer	<del></del>	Date	1 <sub>0</sub> -1 <sub>0</sub> -
He		LOIS A. RICE, CAE, EXECUTIVE DIREC	TOR	1/,	25/12-
	`	Type or print name and title			
		Print/Type preparer's name Preparer's signature	4.40/	Date Check	PTIN
Pai		Print/Type preparer's name  BERT R BONDI  Preparer's signification of the preparer's significant properties of the properties of the properties of the preparer's significant properties of the preparer's significant properties of the properties of the preparer's significant properties of the propertie	icum	6/29/12 If self-empto	po0291146
Pre	parer	Firm's name RUBINBROWN, LLP		Firm's E1N	43-0765316
Use	e Only	Firm's address 1900 16TH ST STE 300			
		DENVER, CO 80202		Phone no.	303-698-1883
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

|--|--|

	1990 (2011) COLORADO GAMING ASSOCIATION 84-1259092	Page 2
Par	rt III Statement of Program Service Accomplishments	
-	Check if Schedule O contains a response to any question in this Part III	. X
1	Briefly describe the organization's mission:	
	TO SUPPORT MEMBERS IN BUILDING A PROFITABLE AND RESPONSIBLE GAMING	
	INDUSTRY IN BLACK HAWK, CENTRAL CITY AND CRIPPLE CREEK, COLORADO, A	ND
	TO PROVIDE A UNIFIED VOICE FOR THE GAMING INDUSTRY BEFORE POLICY	
	MAKERS AT ALL LEVELS OF GOVERNMENT, THE MEDIA, AND THE PUBLIC, SO T	TAT
		1111
2	Did the organization undertake any significant program services during the year which were not listed on	(TE)
	the prior Form 990 or 990-EZ?Yes	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	2
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
		U
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code ) (Expenses \$ 650,960 • including grants of \$ ) (Revenue \$	<del></del> )
	PROVIDE ACCURATE AND RELIABLE INFORMATION AS TO THE ONGOING BUSINES	S OF
	CASINO OWNERS	
	· · · · · · · · · · · · · · · · · · ·	
4b	(Code ) (Figure 6	
40	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ MONITOR ISSUES BEFORE THE COLORADO LIMITED GAMING COMMISSION AND	—— '
	PRESENT INDUSTRY'S POINT OF VIEW.	
		······
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	LOBBYING EFFORTS ON GAMING RELATED ISSUES.	
		<del></del>
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
	Total program service expenses ► 650,960.	

Form 990 (2011) COLORADO GAM
Part IV Checklist of Required Schedules

_	
Page	- 3

	r		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
_	If "Yes," complete Schedule A	1		$\frac{x}{x}$
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3	Ì	x
_	public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		i	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	•	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	2 h. 2	, (š. * )	
	as applicable.	أعثفت		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	Ì
_	Part VI	11a		<del></del>
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1112		<del></del>
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		•	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,
	Schedule D, Parts XI, XII, and XIII	12a		X
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	1	x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		$\frac{x}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170	1	<del> </del> -
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			•
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del>                                     </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			🕶
	1c and 8a? If "Yes," complete Schedule G, Part II	18	$\vdash$	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا	ĺ	x
00-	complete Schedule G, Part III	19	┼	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		+
0	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2011)

Page 4

Form 990 (2011) COLORADO GAMING AS

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b	<u> </u>	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	ļ		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		X
	of any of these persons? If "Yes," complete Schedule L, Part III	<b>27</b>	. 60	A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		7 44.4 2 19.00	, S.
	instructions for applicable filing thresholds, conditions, and exceptions):	200	7 24 1 7 24 1	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	<del>                                     </del>	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	1	X
30	Did the organization receive more than \$25,000 in non-easir contributions in 700, complete contents with the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	<u> </u>	<del>                                     </del>	
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		ŀ
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			l
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a		35a		X
þ	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		}	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del> </del>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		ļ	
	If "Yes," complete Schedule R, Part V, line 2	36	<del></del>	+
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			•
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del>                                     </del>	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38		(2011)

Form 990 (2011) COLORADO GAMING ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance 84-1259092 Page 5

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	77 g	210	1.4
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	`, '~	3.50	20 (C. P.)
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	100	£.	
	(gambling) winnings to prize winners?	1c		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	12.5	.00	ر ر
	filed for the calendar year ending with or within the year covered by this return 2a 1	الشكائد عند داده د		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	********
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7 6	₹6'*	, , , , , , , , , , , , , , , , , , ,
За		3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶	<i>X</i> ′	300	here of
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	د سر استاست		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_ <u>~~</u> 23	اعد شد سد	, i
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	, '' ' <sub>4</sub> ''	يودو ت سمدند سمم	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ.,
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			- 1 - 2
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	تمت	same	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	10.	2.0
10	Section 501(c)(7) organizations. Enter:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Talan.	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	5 m	3 . ¢	. 35
11	Section 501(c)(12) organizations. Enter:		333	* ** **
a	Gross income from members or shareholders 11a		33	1
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			4:-
40-	amounts due or received from them.)	ئنٹند		<u> </u>
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	150	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]		(3 E)	1 2
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	. • ;	\$- <sup>W</sup> .
	Note. See the instructions for additional information the organization must report on Schedule O.			3,17
D	Enter the amount of reserves the organization is required to maintain by the states in which the			20 to
-	organization is licensed to issue qualified health plans  Enter the amount of recence as band.	14		7-45
14.	Enter the amount of reserves on hand	4.6.5	-	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Ves " has it find a Form 720 to report these payments? If "No " provide an explanation in Schedule O.	14a	<del> </del>	+~
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		L

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	and the state of t		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 12	S. 15 Mg	٠ ١	
10	If there are material differences in voting rights among members of the governing body, or if the governing	- 2	3735	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		1 844 - 1 7 2	
h	Enter the number of voting members included in line 1a, above, who are independent 1b 12		域	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1, -4	100 A
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
J	of officers, directors, or trustees, or key employees to a management company or other person?	з	i	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13.17	12 G
а	The governing body?	8a	X	1
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	27,75	3.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	E. X	برهدر این معتبد	17.5%
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	18 ( ) 12 ( ) 12 ( )	المستعدد المستعدد	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			76.4
	taxable entity during the year?	16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		ر بر برغما	
	exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, as	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	<b>-</b> _	
	THE ORGANIZATION - 303-237-5480			
	225 EAST 16TH AVENUE, NO. 260, DENVER, CO 80203			

_		 _	 	٠.	

### COLORADO GAMING ASSOCIATION

84-1259092

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

	_	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box.	not c , unle	ss pe	ition more rson	than o	han	( <b>D)</b> Reportable compensation	(E) Reportable	(F) Estimated
	hours per	box.	, unle	ss pe	rson	is bot	han			
	week (describe hours for related organizations		Jei a.i		II BCIC	ox, unless person is both an officer and a director/trustee)		•	compensation	amount of
	hours for related organizations	e or direct						from	from related	other
	related organizations	5				-p		the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	🚊	ustee			ensate		(W-2/1099-MISC)	<b>,</b>	organization
		al trus	nal tr		loyee	comp e				and related
	O)	divide	Institutional trustee	Officer	Key employee	Highest compensated employee	ırmer	!		organizations
(1) MICHAEL SMITH		=	=	۴	¥	Ξ 5	7			
PRESIDENT	2.00	х		x				0.	0.	0.
(2) SHANNON KEEL										
DIRECTOR	2.00	X			Ì			0.	0.	0.
(3) BRIAN WATTS										
DIRECTOR	2.00	X			L			0.	0.	0.
(4) LARRY HILL		l								
DIRECTOR	2.00	X		ļ	_	<u> </u>		0.	0.	0.
(5) DAVID MINTER	1 2 00	١.,	l					0	^	_
DIRECTOR	2.00	X	├_	<u> </u>	<u> </u>	-	┡	0.	0.	0.
(6) MARC MURPHY DIRECTOR	2.00	x						0.	0.	0.
(7) STAN POLITANO	2.00	<del> </del> ≏	-		⊢				0.	<u></u>
SECRETARY/TREASURER	2.00	X	Ì	x				0.	0.	0.
(8) ERIC ROSE	1-2:00	<del>                                     </del>	一	-	-	$\vdash$	$\vdash$			
DIRECTOR	2.00	х				1	i	0.	0.	0.
(9) MICKEY ROSENBAUM			<u> </u>							
DIRECTOR	2.00	X				ĺ		0.	0.	0.
(10) KEVIN WERNER									-	
DIRECTOR	2.00	X		<u>.</u>				0.	0.	0.
(11) ANDY HAMBLEN								_	_	_
VICE PRESIDENT	2.00	X		X	<u> </u>	<u> </u>		0.	0.	0.
(12) JOHN ZIMPEL										
DIRECTOR	2.00	X	<u> </u>	<u> </u>	<u> </u>	┺	_	0.	0.	0.
(13) LOIS RICE	40.00			,,			ļ	115 000		10 000
EXECUTIVE DIRECTOR	40.00	<u> </u>	┢	X	-	╀	<u> </u>	115,000.	0.	10,000.
		ļ								
		$\vdash$	╂-	$\vdash$	$\vdash$	╁	├	-		
			1							
	<u> </u>	1	$\vdash$	t	†-	t	T			<u> </u>
	<u> </u>		Π							
			L		1	1	1	1		[

Page 8

COLORADO GAMING ASSOCIATION

Part VIII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)  (A)	ed)
hours per week (describe (	(F)
week officer and a director/trustee) from from relation organization compensation from granization from the organization compensation compensation compensation from from relations from from the organization compensation compensation from from relations from from from from from from from from	able Estimated
(describe g the organization	₽ The state of th
related organizations in Schedule O)	,
organizations in Schedule (O)  O)  O)  O)  O)  O)  O)  O)  O)  O)	organization
In Schedule O) Ultrost Ultra (A) A A A A A A A A A A A A A A A A A A	and related
	organizations
1b Sub-total • 115,000.	0. 10,000.
c Total from continuation sheets to Part VII, Section A	0. 0.
d Total (add lines 1b and 1c)	0. 10,000.
<ul> <li>Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of report compensation from the organization</li> </ul>	rable 1
	Yes No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on	
line 1a? If "Yes," complete Schedule J for such individual	3 X
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organizational related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	tion 4 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for servi	
rendered to the organization? If "Yes," complete Schedule J for such person	5 X
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	compensation from
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B)	(C)
Name and business address NONE Description of services	Compensation
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0	

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts, Grants Amounts	c	a Federated campaigns b Membership dues c Fundraising events d Related organizations	1a 1b 1c 1d					
Contributions, Giff and Other Similar	f	Government grants (contribut     All other contributions, gifts, grain similar amounts not included about     Noncash contributions included in line	ntions) 1e nts, and ove 1f					
Se		h Total. Add lines 1a-1f	<u> </u>	<u> </u>	الاستفساليان مختصالا		心語語	
				Business Code		42 K 1 18 /	<u> </u>	
Program Service Revenue	2 a	a MEMBERSHIP DUE	S	900099	472,458.	472,458.		
¥	f	f All other program service rev	renue					
	ç	g Total. Add lines 2a-2f	'	<b></b>	472,458.	。"所以为为。" "	4. 为虚论(表达人)。	(gr.) 考察等。
	3	Investment income (including other similar amounts) Income from investment of tagenties	<b>•</b>	250.			250.	
	5	Royalties	(i) Real	(ii) Personal	4 2084 30 7.00	"" 75 Y 3 ' 5 C	- R 1 1 1 1 1 1	A . A . (**)
		a Gross rents b Less: rental expenses c Rental income or (loss)	(I) Neal	(ii) Personal				
		d Net rental income or (loss)	· <u> </u>	. •				
		a Gross amount from sales of assets other than inventory     b Less: cost or other basis	(i) Secunties	(ii) Other				
•	(	and sales expenses  c Gain or (loss)  d Net gain or (loss)  a Gross income from fundraisi		<b>&gt;</b>				
Other Revenue		contributions reported on lin Part IV, line 18 b Less: direct expenses	of					
0		c Net income or (loss) from fur	ndraising events			经生成了众家		
	9 :	a Gross income from gaming a	activities. See			是"人人"的"发"	安 建铁铁矿	
		Part IV, line 19  b Less: direct expenses  c Net income or (loss) from ga	a b Iming activities					
	10 :	a Gross sales of inventory, les and allowances	-					
	ı	<ul><li>b Less: cost of goods sold</li><li>c Net income or (loss) from sa</li></ul>	-				- <u>i-i-i-i-i</u>	
	<del>- '</del>	Miscellaneous Rever		Business Code	3/2 3/2 5/2/2	5.75.22 5.382	+ 5 5 5 6 6 W	3, 2000 2, 950 10
	11	OMITTO TITOONE	iuc	900099	50.	50.		
		c						
		d All other revenue					V.5.	1.2
	12	e Total. Add lines 11a-11d  Total revenue. See instructions			472,758.		<u> </u>	
						, _ , _ , _ , _ ,		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in			VALSEL SERVICE	<b>"我们的一个多数的</b>
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	<del>`</del>	<del></del>		THE PARTY OF THE P
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	- <u>-</u>			A CONTRACTOR OF THE PARTY OF TH
4	Benefits paid to or for members			(成年,平本社堂)多城山	\$1,38997.37,6 by
5	Compensation of current officers, directors,				I
	trustees, and key employees	125,000.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	· · · · · · · · · · · · · · · · · · ·			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	F 420			
9	Other employee benefits	5,430.			
10	Payroll taxes	8,777.			
11	Fees for services (non-employees):				
а	Management	07 76			
þ	Legal	97,765. 3,140.			
C	Accounting .	131,323.			<u> </u>
a	Lobbying	131,323.		14 (19) 14 (19) 15 (19) 15	
e	Professional fundraising services. See Part IV, line 17	<del></del>	をなっていいいい	是有效。 建设于10年的第三年的第三年的	
f	Investment management fees	117,731.			
9	· · · · · · · · · · · · · · · · · · ·	117,731.			
12	Advertising and promotion	2,668.			
13	Office expenses	2,000.			
14	Information technology Royalties				<u> </u>
15 16	Occupancy	9,600.			
17	Travel	9,002.			
18	Payments of travel or entertainment expenses	3,002.	<u></u>		
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,629.			
20	Interest	0,020			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		· · · · · · · · · · · · · · · · · · ·		
23	Insurance	1,729.			
24	Other expenses. Itemize expenses not covered		· 经总统信息公司()	11.60.000	a Tariaterial
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIDITO DEL ANTONO	45,779.	, , , , , , , , , , , , , , , , , , , ,	7.0077	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
b	CDOMCODCUTD	42,621.			
c	DOLLING C DECENDOR	16,302.			
d	DITECT AND CUDGOD TOMEONG	10,028.			
e		20,436.	<del></del>		
25	Total functional expenses. Add lines 1 through 24e	650,960.		<del> </del>	<u> </u>
<u></u> _	Joint costs. Complete this line only if the organization				1
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	1
	Check here Inf following SOP 98-2 (ASC 958-720)			I	1

Part X Balance Sheet (B) (A) Beginning of year End of year 431,693. 609,895. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L . . . . Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net .. Inventories for sale or use . . . 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 3,608 basis. Complete Part VI of Schedule D 10a 3,608 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 609,895. 431,693. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D labilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 609,895 431,693. 27 Unrestricted net assets ... 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 609,895. 431,693. 33 Total net assets or fund balances 431,693. 609,895. Total liabilities and net assets/fund\_balances

Form	990 (2011) COLORADO GAMING ASSOCIATION	84-12590	92	Pag	e 12
Pai	t XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	472		
2	Total expenses (must equal Part IX, column (A), line 25)	2	650		
3	Revenue less expenses. Subtract line 2 from line 1	3 -	<178		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	609	, 89	95.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	- 1 - 1		0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	431	.,6	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		· ·		<u> </u>
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	[		Yes	No
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	U. [			X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	·· •	2a 2b		$\frac{x}{x}$
b	Were the organization's financial statements audited by an independent accountant?		20	-	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		- {	
	review, or compilation of its financial statements and selection of an independent accountant?	ا ماس	2c	N. Seere	-¥\$\$%\$
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	li li			
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	on a			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audrt		l	
	Act and OMB Circular A-133?	. ,	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form 9	<b>990</b> (	2011)

## SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 See separate instructions.

Open to Public

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.	•			
Nam	ne of organization				Employer identification	
		OO GAMING ASSOCIA			84-125909	2
Pa	art I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 5	527 organization.	
2	Provide a description of the organic Political expenditures Volunteer hours	zation's direct and indirect politic	al campaign activities	in Part IV.	. \$	
Pa	art I-B Complete if the or	ganization is exempt und	er section 501(c)	(3).	· · · · · · · · · · · · · · · · · · ·	
1 2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made? of f "Yes," describe in Part IV.	c incurred by the organization unc c incurred by organization manag on 4955 tax, did it file Form 4720	der section 4955 ers under section 4955 for this year?	5	▶ \$ Yes Yes	No No
Pa	art I-C Complete if the or	ganization is exempt und	ler section 501(c)	, except section	501(c)(3).	
1	Enter the amount directly expende	ed by the filing organization for se	ction 527 exempt func	tion activities	. <b>▶</b> \$	
2	Enter the amount of the filing orga	nization's funds contributed to ot	her organizations for s	ection 527		
	exempt function activities				► \$	
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	-1	<b>.</b> .	
	line 17b		•		►\$Yes	□ No
	Did the filing organization file Form Enter the names, addresses and e made payments. For each organiz contributions received that were p political action committee (PAC). It	mployer identification number (El ation listed, enter the amount pai romptty and directly delivered to	d from the filing organi a separate political org	zation's funds. Also e ganization, such as a	o which the filing organiza enter the amount of political	tion al
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ent	on's contributions rece	rved and rectly parate ation.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011	COLOR	ADO GA	MING ASSOCI	ATION	84-1	259092 Page 2
Part II-A Complete if the org	anizatio	n is exer	mpt under section	n 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501	(h)).				
A Check Lifthe filing organiza	tion belon	gs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha			•			
B Check ► L If the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		<del></del>
		oying Expensions	nditures ınts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
					totais	
1a Total lobbying expenditures to infli	-		- •			
<b>b</b> Total lobbying expenditures to infl		-	dy (direct lobbying)	<del>-</del>		
c Total lobbying expenditures (add I	ines 1a and	d 1b)				<u>.</u>
d Other exempt purpose expenditur	es	-	•			
e Total exempt purpose expenditure	es (add line	s 1c and 1c	i)			
f Lobbying nontaxable amount. Ent	er the amo	unt from the	e following table in bot	h columns.		
If the amount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000		<b>本是"农"。</b> 我到
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
						(1) (2) (2) (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)				1
h Subtract line 1g from line 1a. If zei	ro or less, e	enter -0-			-	
i Subtract line 1f from line 1c. If zer	o or less, e	nter -0-				
j If there is an amount other than ze	ero on eithe	er line 1h or	line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
	•	4-Year Ave	eraging Period Under	Section 501(h)		
· · · · · · · · · · · · · · · · · · ·			ection 501(h) election		<del>-</del>	
CC			e instructions for line	<u>.</u>	age 4.)	
	Lobi	bying Expe	nditures During 4-Yea	ar Averaging Period	<del>,</del>	
Calendar year (or fiscal year beginning in)	(a)	2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))					<b>多种类型</b>	
c Total lobbying expenditures		<del> </del>				
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2011 COLORADO GAMING ASSOCIATION 84-125909 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description			(a)		(b)		
	e lobbying activity.	Yes	No	Amo	unt		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?						
		<u> </u>					
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-		1 28 48 10 15 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~ <u>%</u> / * / * / *		
	Media advertisements?	<del></del>		ļ—			
	Mailings to members, legislators, or the public?	<del></del>	-	-			
	Publications, or published or broadcast statements?						
7	Grants to other organizations for lobbying purposes?			<del> </del>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<del></del>	<u> </u>			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			ļ			
i	Other activities?	Da. 4 5 7 25	N-(a) a a	<del> </del>			
_	Total. Add lines 1c through 1i	San Jake Bare	<b>学会、</b>	SWEETER TO	المعالم المعال		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		i data ta	機合立	Comment of the Commen		
	If "Yes," enter the amount of any tax incurred under section 4912	1923		<u> </u>			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13,337.15	1.18	1 15 (5 8		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u></u>	<b>数</b> 点的	1.13 527 °		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c	)(5), or s	ection			
	001(0)(0)1		·	Yes	No		
	Ware substantially all (000), or mare) duce recoved pendeductible by members?		1		X		
1	Were substantially all (90% or more) dues received nondeductible by members?	•	2		X		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?	•	·   -		X		
	answered "Yes."		1	1 47	2,458.		
1	Dues, assessments and similar amounts from members	Jaal	·	+	1,1500		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	icai					
а	Current year		2a		1,323.		
	Carryover from last year		2b				
-		•	2c	13	1,323.		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	21	2,606.		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess	234				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and			3			
	expenditure next year?	F	4	1			
5			5	<8	1,283.		
	rt IV Supplemental Information			-			
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	Part II-Δ· and	l Part II-B	line 1 Also	complete		
	part for any additional information.	art ii 7 i, and	2 , w ,		00p.010		
นแร	part for any additional information.						
		_					
_							
		<del></del> -					
_							

## **SCHEDULE D**

(Form 990)

, e. e wand

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public

Name of the organization

COLORADO GAMING ASSOCIATION

Employer identification number 84-1259092

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	<u> </u>	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
	,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d			·
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by ti	
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	· ————————————————————————————————————	f
	violations, and enforcement of the conservation easements	** · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	•	
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	,	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthe	rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	public service, provide the following amounts
	relating to these items:	·	-
	(i) Revenues included in Form 990, Part VIII, line 1		. ▶ \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical tre		sial gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		. ▶ \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

		GAMING A							<u>59092</u>	
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tre	easures, o	r Othe	<u>er Simila</u>	r Asset	<b>S</b> (contin	ued)
`3	Using the organization's acquisition, accessio	n, and other record	s, check	any of the	following that	are a si	gnıficant u	ise of its	collection	rtems
	(check all that apply):									
а	Public exhibition	d	⊢ 🗀 ւ	oan or excl	hange prograr	ms				
b	Scholarty research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's col	llections and explai	n how the	ey further tl	he organizatio	n's exe	mpt purpo	se in Part	XIV.	
5	During the year, did the organization solicit or	receive donations	of art, his	toncal trea	sures, or othe	r sımılaı	assets		_	
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	nzation's co	ollection?				Yes	<u> </u>
Par	t IV Escrow and Custodial Arrang	<b>jements.</b> Comple	ete if the	organizatio	n answered "	Yes" to	Form 990,	, Part IV, I	ıne 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for o	contribution	ns or other ass	ets not	ıncluded		_	
	on Form 990, Part X?							. L	Yes	L No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21?	_				. L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIV.					_				
Par		the organization ar	nswered	"Yes" to Fo	rm 990, Part I	IV, line 1	10			
		(a) Current year	(b) P	rior year	(c) Two years	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance								,,,	13
b	Contributions								10 20	० दू पृल्हे
c	Net investment earnings, gains, and losses								· 2 · (1 × 35)4	. N. 18 18 18 18 18 18 18 18 18 18 18 18 18
d	Grants or scholarships								ger et	
е	Other expenditures for facilities			-					ν	
	and programs				<u> </u>				4 - layin	
f	Administrative expenses				<u> </u>				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ж. С
g	End of year balance		<u>.                                    </u>						7	<u>, , , , , , , , , , , , , , , , , , , </u>
2	Provide the estimated percentage of the curr	ent year end balan	ce (line 1	g, column (	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporanly restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	zation tha	at are held a	and administe	red for t	the organi	zation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	•							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pai	rt VI Land, Buildings, and Equipm	ent. See Form 99	0, Part X	, line 10.						
	Description of property	(a) Cost or basis (invest			t or other (other)		ccumulate preciation		(d) Book	value
1a	Land					2 34 67	The William Spirit	10 4 4 C F		
	Buildings									
С	Leasehold improvements									
d	Equipment	3,	608.				3,6	08.		0.
е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), line	10(c))					0.

(8) (9) (10) (11)

	dule D (Form 990) 2011 COLORADO GAMING ASSOCIATION		84-1259092	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial State	ements	
`1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<u> </u>	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Reve	nue per l	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a			
ь	Donated services and use of facilities 2b			
С	Recovenes of pnor year grants 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
þ	Other (Describe in Part XIV.)		ار المحمد الما	
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 Set 2000	
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Expe	enses pe	r Keturn	
1	Total expenses and losses per audited financial statements	•	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities 2a		421	
Ь	Prior year adjustments 2b			
С.	Other losses		-	
a	Other (Describe in Part XIV.)		-	
e	Add lines 2a through 2d	••	2e 3	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b		$\dashv \mathcal{T}$	
D	Other (Describe in Part XIV.)		1 40	
_ C	Add lines 4a and 4b	• •	5	
Pai	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  T XIV Supplemental Information	<del></del>	<u> </u>	
Ь—		ant IV Jungo	1h and 2h: Dort V line	A. Dort
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro			; +, ⊢dri
A, III 1	e 2; Part XI, line 6, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to pro	ovide any a	dullonal information.	
			<del></del>	
			-	
			<del></del>	
			<del></del>	

## SCHEDULE O

. . . .

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization  COLORADO GAMING ASSOCIATION	Employer identification number 84-1259092
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
THEY RECOGNIZE GAMING AS A MAJOR ECONOMIC FORCE AND AN IN	TEGRAL PART OF
COLORADO'S TOURISM INDUSTRY.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
REVIEW OF PROPOSALS TO EXPAND LIMITED GAMING OR CHANGE MA	NNER IN WHICH
IT IS CONDUCTED.	
FORM 990, PART VI, SECTION B, LINE 11: PROVIDED UPON REQU	JEST
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQ	DIEST
Total 330, That VI, Bedrow C, Bine 13. Hillimbie Grow Reg	
<u> </u>	

## Form **8868**

(Rev. January 2012) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

If you a	are filing for an Automatic 3-Month Extension, complete	te only Par	rt I and check this box		🕨	- <u>[X]</u>
	are filing for an Additional (Not Automatic) 3-Month Ex					
Electron	omplete Part II unless you have already been granted a ic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	e to file (6	months for a corp	
	to file Form 990-T), or an additional (not automatic) 3-mo					
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers A	ssociated With Ce	ertain
Personal	Benefit Contracts, which must be sent to the IRS in paper	er format (	(see instructions). For more details o	n the elec	tronic filing of this	form,
visit www	v.irs gov/efile and click on e-file for Chanties & Nonprofits					
Part i	Automatic 3-Month Extension of Time	Only s	ubmit original (no copies nee	eded).		
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	nth extension - check this box and	complete		
	corporations (including 1120-C filers), partnerships, REM	IICs, and tr	 rusts must use Form 7004 to reques	 t an exten:		<b>-</b> [_]
to file inc	ome tax returns.  Name of exempt organization or other filer, see instru	ctions.		Employer	identification num	ber (EIN) or
print	COLORADO GAMING ASSOCIATION	N		$\mathbf{x}$	84-12590	92
File by the due date for filing your	N. J.	ee instruct	tions.	Social sec	curity number (SSI	N)
return See Instructions			ress, see instructions.		<del></del>	
Enter the	Return code for the return that this application is for (file	e a senara	te application for each return)			011
		Return				Return
Applicat	lion		Application			Code
Is For	0	Code				07
Form 99		01	Form 990-T (corporation) Form 1041-A			08
Form 99		02				09
Form 99		01	Form 4720 Form 5227			10
Form 99		05				11
	0-T (sec. 401(a) or 408(a) trust)	06	Form 6069 Form 8870			12
FOIIII 99	0-T (trust other than above)  THE ORGANIZATI		FOIII 8870			<u> </u>
• The b	books are in the care of > 225 EAST 16TH			R, CO	80203	
	hone No. ► 303-237-5480		FAX No. >			
	organization does not have an office or place of busines					
	is for a Group Return, enter the organization's four digit	_				
box 🕨	. If it is for part of the group, check this box			_	ers the extension	is ior.
1 In	equest an automatic 3-month (6 months for a corporation AUGUST 15, 2012 , to file the exemption of the company		to file Form 990-1) extension of time ition return for the organization nam		The extension	
	for the organization's return for: $\boxed{X}$ calendar year $2011$ or					
<b>&gt;</b>	tax year beginning	, an	nd ending		<u>.</u> .	
2 If	the tax year entered in line 1 is for less than 12 months, and the control of the	check reas	son: Initial return	Final retur	n 	
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	За	\$	0.
_	Tre-monardatio ordane, ede monadatione					
	• •	-		3ь	<b> </b>	0.
_	stimated tax payments made. Include any prior year over alance due. Subtract line 3b from line 3a. Include your p			30	<u> </u>	
b	using EFTPS (Electronic Federal Tax Payment System).	See instru	uctions.	3с	\$	<u> </u>
Caution	. If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and F	om 8879	EO for payment in	structions.