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# Form **990**

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

2011
Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning	and	ending	<u> </u>		
В	Check if applicable	C Name of organization	-		D Employer iden	itifica	tion number
	Addres	s Opera Colorado Foundation					
F	Name change		······································		84-1	12871	61
F	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/sur			<del></del>
F	Termin		•	20	1	-778 <i>-</i>	1500
F	ated Amend			<u> </u>	G Gross receipts \$	770-	17,306.
Е	Ireturn Applica	1			H(a) Is this a grou	n retu	•
_	⊥ltiön pendin		for affiliates?	-	Yes X No		
		Same as C above	les kaladal		H(b) Are all affiliates		
$\overline{}$	Tay.ov			or 5	<b>⊣</b> ``		t (see instructions)
		e: www.operacolorado.org	(III361(110.) - 404/(a)(1)	01 0/	H(c) Group exemp		
			sociation Other	lı ve	ar of formation: 1994		State of legal domicile: co_
		Summary	Sociation Other		ai Oi IOI III alion. 1994	I IVI S	nate of legal dofficile. CO_
_	T 4	Briefly describe the organization's mission or most	cianificant activities: mb - R-				
õ	1			undatio	n is organized t	<u> </u>	<del></del>
Governance		support the activities of Opera Colore					
Veri	2	Check this box  if the organization disco		sea or ma	ore trian 25% or its rie	_	ets .
Ô	3	Number of voting members of the governing body	•		}	3	<u>6</u>
<b>∞</b> ŏ	*	Number of independent voting members of the go	- · ·		-	4	<u>6</u>
Activities &		Fotal number of individuals employed in calendar y	/ear 2011 (Part V, line 2a)		}	5	0
ξį		Fotal number of volunteers (estimate if necessary)	1		-	6	6
Ą		Total unrelated business revenue from Part VIII, co Net unrelated business taxable income from Form			F	7a 7b	0.
_	<u>D</u>	Net unrelated business taxable income from Form	990-1, linelogy CE VE	F		/D	0.
		One to be a second of the seco		그었	Prior Year	_	Current Year
g	8	Contributions and grants (Part VIII, line 1h)	₩ APR 2 3 2012	8-0-8	2,60		2,500.
Revenue	9	Program service revenue (Part VIII, line 2g)		S		0.	0.
æ	10	Investment income (Part VIII, column (A), lines 3, 4	11,37		14,806.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8d		-		0.	0.
_		Total revenue - add lines 8 through 11 (must equal			13,97		17,306.
		Grants and similar amounts paid (Part IX, column (		-	200,28		151,259.
ว จิ		Benefits paid to or for members (Part IX, column (A	•	<u> </u>		0.	0.
Expenses	15	Salaries, other compensation, employee benefits (				0.	0.
ν ä	10a	Professional fundraising fees (Part IX, column (A), I	• .			0.	0.
ΩÄ	D	Total fundraising expenses (Part IX, column (D), lin	· · · · · · · · · · · · · · · · · · ·	<u> </u>		_	
_	17	Other expenses (Part IX, column (A), lines 11a-11d		-	11,1		10,179.
₹		Total expenses Add lines 13-17 (must equal Part I	• • • •	-	211 . 4:		161,438.
7= 8	19	Revenue less expenses. Subtract line 18 from line	12		<197,44		<144,132.:
เรีย	<u> </u>	Tatal access (Part V Ivan 16)			Beginning of Current Ye		End of Year
Assets or	20	Total assets (Part X, line 16)		-	1,027,12		974,961.
Set 1	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	line 00	-	110 9		228 500
		Signature Block	riine 20		916,20	16"	746,461.
_		Ities of perjury, I declare that I have examined this return,	neludina secompanyina cebadul	nc and etate	amonte and to the beet	of my k	rowledge and belief it in
	•	t, and complete Declaration of preparer (other than office	• • •		•	א עווו ול	inowicuge and belief, it is
uu	s, con co		S Jased on an information of w	mich prepa	3/9	/12	<del></del>
e:.		Signature of officer			Date	14	<b>-</b>
Sig	-						
He	re	<u>Charles Kafadar Board President</u> Type or print name and title			<del></del> -		
_		· · · · · · · · · · · · · · · · · · ·	Brongrar's suggesture	<del></del>	Date Check		] PTIN
Pai	id	Print/Type preparer's name	Preparer's signature	2	2017	_	<b>'</b>
		Steve Corder	10 00	$\supset$		mployed	P01363943
Preparer Firm's name Kundinger, Corder, & Engle, PC Firm's EIN  Use Only Firm's address 475 Lincoln Street Suite 200						<del></del>	
USI	. omy	Firm's address 475 Lincoln Street, Suit	e 400		Dhone no	202	E24 E052
NA-	ny tha II	Denver CO 80203  RS discuss this return with the preparer shown about	ove? (see instructions)		f Filolic IIO.	303	-534-5953 x Yes No
IVIC	** MIC II	io discuss this return with the preparer sillwill abt	ノキレ・ (355 11131111111111111)				169 FT 140

	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	The Foundation is organized to support the activities of Opera
	Colorado.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	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
	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
	others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$
	The Foundation makes grants to Opera Colorado to support its
	activities.
	<del></del>
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 151,259,

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		i	
	public office? If "Yes," complete Schedule C, Part I	3_		_ X
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		X
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	N/A	
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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			ĺ
	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			
	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			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	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	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	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	١		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
	Schedule D, Parts XI, XII, and XIII	12a		х
Ð	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	X	
13	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
14a b		14a		Х
U	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	175		
	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	<u> </u>		
,0	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			Γ
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			T
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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Form 990 (2011) Opera Colorado Foundation

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	х	
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		х
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			
	Schedule K. If "No", go to line 25	24a		х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		X
þ	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 prior Forms 990 or 990-EZ? If "Yes," complete	054		
oc.	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		X
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		X
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		
	instructions for applicable filing thresholds, conditions, and exceptions)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	ĺ		
	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		х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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?			
۰.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a		35a_		X
D	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	OEL.		۱.,
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		X
36	If "Yes," complete Schedule R, Part V, line 2	36		l .
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		X
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<u> </u>		<u> </u>
-	Note. All Form 990 filers are required to complete Schedule O	38	<sub>x</sub>	
			990 (	2011)

Form 990 (2011) Opera Colorado Foundation 84-1287161 Part V Statements Regarding Other IRS Filings and Tax Compliance 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 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За X b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h N/A Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations Did the supporting N/A 8 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. Did the organization make any taxable distributions under section 4966? 9a N/A Did the organization make a distribution to a donor, donor advisor, or related person? 9b N/A Section 501(c)(7) organizations. Enter. 10 Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b h Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a N/A Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

х

14a

13c

Form 990 (2011) Opera Colorado Foundation 84-1287161 Page 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		_	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	٦		
_	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			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		
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
	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		<u>X</u>
6	•	-		Х
/ a	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?	7.		
_		7a	-	Х
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7.		
	persons other than the governing body?  Did the granulation contemporance with decrease the meetings held or written ections undertaken during the year by the following:	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-		
a	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
202	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		<u> </u>
000	tion B. I Oncies (this Section B requests information about policies not required by the internal nevertie Code)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	162	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	lua		X
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1,10		_
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	122		
_	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			ĺ
	taxable entity during the year?	16a		х
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			ŀ
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion 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)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, at	nd finar	icial	
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person of the organization of the person of th	ation: 🕨	<b>-</b>	
	<u>Darrel Curtice - 303-778-1500</u>			
	695 C Colorado Plud. No. 20 Denver CO. 80246			

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# 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

Lx Check this box if neither the organization in	or any related	organization compensated any current officer, director, or trustee.								,
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Position to not check more than one ox, unless person is both an				one	Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer ar	ss pe	rson Irecto	ıs bot or/trus	tee)	compensation from	compensation from related	amount of
	(describe	ğ				Ĺ	the	organizations	other compensation	
	hours for	direc				ted		organization	(W-2/1099-MISC)	from the
	related	itee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	a ti	la t		loyee	8 e				and related
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations
(1) Charles Kafadar									-	
President	5,00	х		х				0.	0.	. 0
(2) Harry Sterling	•		1							
Secretary	1.00	х		х				0.	0.	0
(3) Charles Thompson										
Treasurer	1.00	х	<u> </u>	х				0.	0.	0
(4) Carole Whitley			ł	i						
Member	1.00	х						0.	0.	0
(5) Thomas Meade										
Member	1.00	х						0.	0.	0
(6) Richard Robinson				İ	İ	ŀ				
Member	1.00	х	ļ					0.	0.	0
	•		L.	L		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
			ļ	<u> </u>	<u> </u>	<u> </u>				
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	<del> </del>	<del>                                     </del>		1	-	┢	-			
	<del> </del>	╁		<u> </u>	1	┢	<del>                                     </del>			
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		L	L	L			L			
			1	1		1	1	1		

	rt VII Section A. Officers, Directors, Tr			waa		nd F	liah	aet	Compensated Employ	84-128716	1	P	age E	
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than s bot	one h an	(D)  Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensa from the ganizated ad related anizated	ation ne tion ted	
								<del>-</del>						
			:											
	Sub-total  Total from continuation sheets to Part V	Il Section A							0.	i	).		0	
	Total (add lines 1b and 1c)  Total number of individuals (including but including but		ose	liste	ed at	oove	e) wh	no re	0.	(	).		0	
	compensation from the organization											Yes	No	
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for	such individual									3		x	
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual		4		х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elat	ed organization or indiv	idual for services	5		х	
	ction B. Independent Contractors  Complete this table for your five highest co	omponented in	done	ndo	nt o	ontr	raata	.ro +	that recovered more than	\$100,000 of compo		from		
1	the organization Report compensation for										isation			
	(A) Name and business	address	NO	NE_					(B) Description of s	services	Compe	C) ensatio	on	
													_	

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

17,306

Total revenue. See instructions.

14.806

84-1287161

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 respons	se to any question in thi			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	151,259.	151,259.		
2	Grants and other assistance to individuals in	·	•		
	the United States See Part IV, line 22		_		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16			·····	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				<del></del>
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,179.		10,179,	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .		<del></del>		-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered 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 O.)				
a				<del> </del>	
b					
C					
d	All abbas and a				<del></del>
	All other expenses	464 40-	454 050		
<u>25</u>	Joint costs. Complete this line only if the organization	161,438.	151,259.	10,179.	0.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Inf following SOP 98-2 (ASC 958-720)	ļ			
	IT tollowing SUP 98-2 (ASC 958-720)			<u> </u>	<u> </u>

Part X Balance Sheet (A) Beginning of year (B) End of year Cash - non-interest-bearing 1 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 100 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 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 employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 1,027,022 974.961. Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,027,122 16 974 961 17 Accounts payable and accrued expenses 17 18 Grants payable 110,916 18 228,500. Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees. highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 25 Total liabilities. Add lines 17 through 25 26 110,916 228,500. Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets <394,118 27 <463,632.> Temporarily restricted net assets 28 49,140 28 46,409. Permanently restricted net assets 261,184 29 1,163,684. Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 916,206 746,461. Total liabilities and net assets/fund balances 027 122 34 974 961.

·orn	1990(2011) Opera Colorado Foundation	84-1287161		Pa	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\mathbf{x}$
1	Total revenue (must equal Part VIII, column (A), line 12)	1		17	<u>306</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	161,438		
3	Revenue less expenses. Subtract line 2 from line 1	3		<144	132.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		916	206.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<25	613 <u>.</u> :
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		746	461.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	}		
	separate basis, consolidated basis, or both		}		
	Separate basis		1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	2011)

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB NO 1545-0047

2011

Open to Public Inspection

Name of the organization Employer identification number Opera Colorado Foundation 84-1287161 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c \_\_\_\_ Type III - Functionally integrated e x By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No the governing body of the supported organization? 11g(i) Х (ii) A family member of a person described in (i) above? 11g(ii) Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization in col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) No Yes Yes Yes No 84-0850527 Opera Colorado 151 259.

(Complete only if you cher fails to qualify under the to	cked the box on line	5, 7, or 8 of Part I	or if the organization			•
Section A. Public Support				<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and			,,,	1-7		
membership fees received (Do no	ot					,
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to	ı					
or expended on its behalf			<u></u>			
3 The value of services or facilities				_		
furnished by a governmental unit	to					
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the				1		
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line Section B. Total Support	e 4	<u> </u>				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	(4/	12/	197=333	(4)	(0) =	
8 Gross income from interest,			· · · · · · · · ·			
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated busine	ess					
activities, whether or not the						
business is regularly carried on						
10 Other income. Do not include gair	1					
or loss from the sale of capital				<b>,</b>		
assets (Explain in Part IV.)						
11 Total support. Add lines 7 through	10					
12 Gross receipts from related activit	ies, etc. (see instruct	ions)			12	
13 First five years. If the Form 990 is	s for the organization	's fırst, second, thı	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
organization, check this box and s Section C. Computation of Pi		rcentage			<u></u>	<u>▶</u> _
14 Public support percentage for 20			column (fl)		14	
15 Public support percentage from 2	• • • • • • • • • • • • • • • • • • • •	•	colariir (i))		15	
16a 33 1/3% support test - 2011. If t		•	on line 13, and line	14 is 33 1/3% or	L	nx and
stop here. The organization qualif				141000 17070 01	more, cricen tries be	» and
b 33 1/3% support test - 2010. If t				f line 15 is 33 1/39	% or more, check the	his box
and stop here. The organization of	-		•	10 13 00 1/0/	o or more, encor ti	▶□
17a 10% -facts-and-circumstances	•			e 13, 16a, or 16h	and line 14 is 10%	or more
and if the organization meets the		=				
meets the "facts-and-circumstance				•		▶ [
b 10% -facts-and-circumstances	_	•		•	17a, and line 15 is	10% or
more, and if the organization mee		=				

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	,					
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	[					
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge	_					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b				-		
	Public support (Subtract line 7c from line 6)						
	ction B. Total Support	<u> </u>	•				<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6			, ,			
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		•				
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain						1
	or loss from the sale of capital						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is fo	r the organization'	s first, second, thu	d, fourth, or fifth t	ax vear as a section	on 501(c)(3) organi	zation.
. •	check this box and stop here		,	-, with			<b>▶</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2011 (	line 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2010		•			16	%
	ction D. Computation of Inve						
_	Investment income percentage for 20					17	%
	Investment income percentage from			,		18	%
	a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than		
	more than 33 1/3%, check this box a						▶□
	b 33 1/3% support tests - 2010. If the	•	•	• •	•	-	and
	line 18 is not more than 33 1/3%, che	-					. —
20	Private foundation. If the organization			•		<del>-</del>	
<u>-u</u>	THE TOURISMENT IN THE ORGANIZATION	ala fiot briock a	200 011 1110 17, 10	<u>س, ۲۰٬۰۵۵, ۱۳۵۵ (</u>	2000 2110 000 111		

## **SCHEDULE D**

(Form 990)

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

Name of the organization

Open to Public Inspection Employer identification number

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		77 7000 diffici. Complete ii tile
	organization answered Tes_to Form 990, Fait IV, iiii	(a) Donor advised funds	(b) Funds and other accounts
	Total accept on at and of consu	(a) porior advised failed	(b) rando and outer accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		<u> </u>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's		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	or donor advisor, or for any other purpose co	
Pai	impermissible private benefit?	contation arguered "Ves" to Form 000. Box	Yes No
			t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
	<del>-</del>		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	I I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	<del>-</del>	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about a set a set 4.73(4)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	ve satisty the requirements of section 170(n)	((4)(B)(I)
_	and section 170(h)(4)(B)(ii)?	was accompate in its revenue and evinence	
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	mon's imancial statements that describes th	e organization's accounting for
Pai	conservation easements rt III   Organizations Maintaining Collections o	of Δrt Historical Treasures or Oth	ner Similar Assets
<u> </u>	Complete if the organization answered "Yes" to Form		101 Ollimai 7 (300 to)
10	If the organization elected, as permitted under SFAS 116 (A)		ant and halance sheet works of art
Ia	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descri	· · · · · · · · · · · · · · · · · · ·	se of public service, provide, in rare xiv,
<b>L</b>	If the organization elected, as permitted under SFAS 116 (A)		and halance sheet works of art, historical
D	treasures, or other similar assets held for public exhibition, e	•	•
		education, or research in furtherance of publi	ic service, provide the following amounts
	relating to these items		<b>~</b> ¢
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
^	(ii) Assets included in Form 990, Part X	pageurae or other eimilar assets for financial a	
2	If the organization received or held works of art, historical tre	· · · · · · · · · · · · · · · · · · ·	gain, provide
_	the following amounts required to be reported under SFAS 1	TO MOD SOOP relating to these items	▶ €
a	• • • • • • • • • • • • • • • • • • • •	•	► \$ ► \$
D	Assets included in Form 990, Part X		Φ

		ado Foundation				<u>84-12871</u>		Page 2
Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simil	<u>ar Asse</u>	ts (conti	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant	use of its	collection	n items
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explair	n how they further t	he organization's exe	empt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	ollection?			Yes	No_
Pa	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	ete if the organization	on answered "Yes" to	Form 990	), Part IV, I	line 9, or	
	reported an amount on Form 990, Part	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	ns or other assets no	t included		_	
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the fo	llowing table:					
							Amount	<u>t</u>
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	orm 990, Part X, line	21?				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV.							
Pa	t V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	916,206.	987,928.	984,055.	1,8	395,518.		
b	Contributions	2,500.	2,600.	2,650.		7,500.		<u>.</u>
С	Net investment earnings, gains, and losses	<10,807.	> 137,092,	192,438.	<	114,640.	<u> </u>	
d	Grants or scholarships	151,259.	200,282.	179,705.	,	182,578.		
е	Other expenditures for facilities							
	and programs .					4,433.	<u> </u>	
f	Administrative expenses	10,179.	11,132.	11,510.		17,312.		
g	End of year balance	746,461.	916,206.	987,928.	<u> </u>	984,055.		<u>.</u>
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a	a)) held as				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 100.00	%						
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	and administered for	the organi	zation		
	by							Yes No
	(i) unrelated organizations						3a(i)	х
	(ii) related organizations						3a(ii)	х
b	If "Yes" to 3a(II), are the related organizations	•					3b	
4	Describe in Part XIV the intended uses of the							
Pa	rt VI   Land, Buildings, and Equipm	ent. See Form 990	), Part X, line 10	•				
	Description of property	(a) Cost or o		, , ,	Accumulat		(d) Bool	k value
	· · · · · · · · · · · · · · · · · · ·	basis (investr	ment) basis	(other) de	epreciation	1		
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other						_	
Tota	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part	X, column (B), line	10(c))				0.
						Schedule	D (Form	990) 2011

(5) (6)(7)(8) (9) (10)(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740).

	edule D (Form 990) 2011 Opera Colorado Foundation rt XI Reconciliation of Change in Net Assets from Form 990 t	to Aud	lita	d Finan	cial 9		34-128 ments		Page <b>4</b>
Ь——		io Auu	iite	u i illali	$\overline{}$	late	inenta		45.006
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1				17,306.
2	Total expenses (Form 990, Part IX, column (A), line 25)				3				161,438.
3	Excess or (deficit) for the year. Subtract line 2 from line 1  Net unrealized gains (losses) on investments				4				<144,132.
4 5	Donated services and use of facilities				5				<u>&lt;25,613.</u>
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				<25 613.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9			10				<169,745.
	t XII Reconciliation of Revenue per Audited Financial Statem		Wit	h Rever	nue p	er Re	eturn		
1	Total revenue, gains, and other support per audited financial statements					Ĭ	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					[			
а	Net unrealized gains on investments	2a	a						
b	Donated services and use of facilities	2b	,	· -					
С	Recoveries of prior year grants	2c	;						
d	Other (Describe in Part XIV.)	2d	1						
e	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					l			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	a						
b	Other (Describe in Part XIV)	4b	<u>.                                     </u>						
С	Add lines 4a and 4b						4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)						5		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stater	ments	Wi	th Expe	nses	per	Returi	1	
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	1	ı						
а	Donated services and use of facilities	2a	$\neg$						
b	Prior year adjustments	2b							
c	Other losses	2c	$\neg$						
d	,	_2d	1						
e						ŀ	2e		<del></del>
3	Subtract line 2e from line 1					ŀ	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.  Investment expenses not included on Form 990, Part VIII, line 7b	مه ا	. 1						
a	Other (Describe in Part XIV.)	4a							
	Add lines 4a and 4b	<u>4b</u>	<u> </u>				40		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					• }	4c 5		
	rt XIV Supplemental Information					1			
X, lın	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also corcy, line 4: To support the general activities of Opera Colora	mplete th							
									_
	<del></del>								

Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990)

**2** Employer identification number (h) Purpose of grant or assistance 84-1287161 General operations X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed ame and address of organization

(book, if applicable cash grant assistance ot government cash assistance cash grant assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 151,259 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Opera Colorado Foundation General Information on Grants and Assistance 84-0850527 criteria used to award the grants or assistance? 1 (a) Name and address of organization 695 S. Colorado Blvd., Suite 20 Name of the organization Denver CO 80246 Opera Colorado Part Part II

Schedule I (Form 990) (2011)

Page 2 (f) Description of non-cash assistance 84-1287161 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant Schedule I, Part I, Line 2: Monitoring of the grant funds is accomplished by an independent audit of the Opera Colorado done annually by certified public accountants, as well as by attendance at Opera Colorado board (b) Number of recipients Opera Colorado Foundation meetings by several directors of the Foundation. (a) Type of grant or assistance Schedule I (Form 990) (2011) Part III

Schedule I (Form 990) (2011)

132102 01-27-12

### **SCHEDULE O**

(Form 990 or 990-EZ)
Department of the Treasury

# 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

Internal Revenue Service Name of the organization **Employer identification number** Opera Colorado Foundation 84-1287161 Form 990 Part VI Section A, line 2: Charles Kafadar is on the Opera Colorado board Harry Sterling and Carol Whitley are on the Opera Colorado board Form 990, Part VI, Section B, line 11: Form 990, Part VI, Section B, Line 11: The Form 990 is reviewed by the board either at a board meeting or distributed by email prior to its filing. Form 990, Part VI. Section B. Line 12c: Opera Colorado Foundation sends a Conflict of Interest Policy and Statement of Acknowledgement to all board members prior to the annual meeting. Signed forms are collected at the annual meeting. Form 990 Part VI Section C Line 19: Opera Colorado Foundation's governing documents are made available upon request at the Opera Colorado office. Form 990 Part VI Section B line 15 The Foundation has no paid emloyees. Form 990 Part XI line 5 Changes in Net Assets: Net unrealized losses on investments: -25,613

Schedule O (Form 990 or 990-EZ) (2011)	
Name of the organization	Employer identification number
Opera Colorado Foundation	84-1287161
The organization has not changed its oversight process or selection	
process during the tax year.	
	<del></del>
<del></del>	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

# Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions. ▶ Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Opera Colorado Foundation

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 84-1287161

Schedule R (Form 990) 2011 (g) Section 512(b)(13) Š × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling entity ε End-of-year assets **e** Public charity status (if section 501(c)(3)) **e** Line 7 Total income Exempt Code ਰ section 501(c)(3) Ð Legal domicile (state or Legal domicile (state or foreign country) foreign country) Colorado Primary activity Primary activity Opera Performances or Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN Name, address, and EIN 695 S. Colorado Blvd. Suite 20 of related organization of disregarded entity Opera Colorado - 84-0850527 CO 80246 Denver, Part II

Schedule R (Form 990) 2011 Opera Colorado Foundation

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(i) (k) General or Percentage managing ownership partner? Yes No	٠		re related	(h) Percentage ownership			Schedule R (Form 990) 2011
General or managing partner?			ie or mo	1			R (Forn
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			ecause it had on	(g) Share of end-of-year assets		:	 Schedule
(h) Disproportionate allocations? Yes No H			t IV, line 34 b	(f) Share of total income			
(g) Share of end-of-year assets			to Form 990, Par	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income			on answered "Yes"	(d) Direct controlling entity			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			lete if the organizati	(c) Legal domicile (state or foreign country)			
(d) Direct controlling Pentity exc			ration or Trust (Comp	(b) Primary activity			
(c) Legal domicile (state or foreign country)			is a Corpo				
(b) Primary activity			ganizations Taxable a rporation or trust durin	N. c			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization			132162 01-23-12

Page 3

84-1287161

Opera Colorado Foundation

Schedule R (Form 990) 2011

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

) rtage ship	.		0211
(k) Percent owners			(066 u
(j) Seneral or managing partner? Yes No			R (Forr
(h) (i) (j) (k)  Osproportional amount in box 20 managing amount in box 20 managing ownership  Ves No (Form 1065) Yes No			Schedule R (Form 990) 2011
spropor- tionate ocations?			
Olsi diloc			
(g) Share of end-of-year assets			
(f) Share of total			
Are all partners sec 501(c)(3) orgs ?			
Predominant income paniers sec (related, unrelated, excluded from tax under section 512-514) Yes No			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of entity			