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Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black tung benefit trust or private foundation)
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning , 2011, and ending			, 20		
B C	neck if ap	Discable C Name of organization	D Employ	D Employer identification number			
Ac	ddress ch	ange INTERNATIONAL ORDER OF THE RAINBOW COLORADO GRAND	84-	6022548	3		
Na	ame chan	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho	one numbe	er		
Ini	ıtıal returr		}				
Te	erminated	9247 W ARIZONA AVE	(30	3) 985-8	8184		
Ar	mended re	City or town, state or country, and ZIP + 4	F Group I	Exemption			
Ap	oplication		Numbe		5329		
			I Check ► {	🔀 if the c	organization is not		
		e: www.coloradorainbow.org	required to	attach Sch	nedule B		
<u>Ј</u> Т	ax-exe	mpt status (check only one) - ▼ 501(c) (3) 501(c)() (insert no) 4947(a)(1) or 527	(Form 990,	990-EZ, o	r 990-PF)		
		► 🔲 if the organization is not a section 509(a)(3) supporting organization or section 527 organizati	_	•	•		
		e than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard)	may be requ	ıred (see ır	nstructions) But if		
		nization chooses to file a return, be sure to file a complete return					
LA	dd line:	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if the state of the st	total assets (F	Part II,			
<u> </u>	ne 25, d	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			38,270		
Pa	rt II	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see th	e instructions	for Part I))		
		Check if the organization used Schedule O to respond to any question in this Part I			XX		
	1	Contributions, gifts, grants, and similar amounts received		1	8,307		
ĺ	2	Program service revenue including government fees and contracts		2	23,392		
	3	Membership dues and assessments		3			
1	4	Investment income		4	6,571		
}		Gross amount from sale of assets other than inventory		0 m 3 m			
		Less cost or other basis and sales expenses					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	• • • • •	5c			
R	6	Gaming and fundraising events					
е	а	Gross income from gaming (attach Schedule G if greater than					
v e		\$15,000)					
n u	b	Gross income from fundraising events (not including \$= VED of contributions from fundraising events contributed and line 1) (attach School 1) (attach School 1)	ons	500			
е		from fundraising events reported on the Transaction educe 3 if the 07					
		sum of such gross income and contributions exceeds \$15,000 ? 6b		1 1 2			
	С	Less direct expenses from gaming and fundralising events 6c					
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		لندديا			
		line 6c)		6d			
		Gross sales of inventory, less returns and allowances					
		Less cost of goods sold		100			
	_	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c			
	8	Other revenue (describe in Schedule O)		9	38,270		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		10	4,285		
2012	10	Grants and similar amounts paid (list in Schedule O)		11			
SE	11	Salaries, other compensation, and employee benefits		12			
r≓p	12	Professional fees and other payments to independent contractors		13			
r≕e n	13	Occupancy, rent, utilities, and maintenance		14	100		
ပ ရ	14	Printing, publications, postage, and shipping		15	2,187		
DEC " a " :	15	Other expenses (describe in Schedule O)		16	39,758		
	16	·		17	46,330		
<u> </u>	17	Total expenses. Add lines 10 through 16		18	(8,060		
≨ A	18	Net assets or fund balances at beginning of year (from line 9)		10	- (0,700		
₹ Ns	19	end-of-year figure reported on prior year's return)		19	194,005		
SCANNED	20	Other changes in net assets or fund balances (explain in Schedule O)		20			
S	l	Net assets or fund balances at end of year Combine lines 18 through 20		21	185,945		
	21	Net assets or fund balances at end of year Combine mies to through 20	<u> </u>		Form 990-EZ (2011)		

På	Balance Sheets.(see the instructions for Part II)						rage Z	
	Check if the organization used Schedule O to respond	to any question in this I	Part II				<u></u>	
				(A) Beginnin			(B) End of year	
	Cash, savings, and investments			1	94,005	22	185,945	
	Land and buildings	• • • • • • • • • •	• • • • •		0_	23	0	
	Other assets (describe in Schedule O)				0	24	0	
	Total assets		• • • • •		94,005	25	185,945	
	Total liabilities (describe in Schedule O)				0	26	195.045	
	Net assets or fund balances (line 27 of column (B) must agree its lift Statement of Program Service Accompli		ctructions fo		94,005	21	185,945 Expenses	
28.4	Check if the organization used Schedule O to respond	(Ben	uired for section					
Wh	at is the organization's primary exempt purpose? CHARITABLE	1, ,	c)(3) and 501(c)(4)					
			ì	nizations and section				
	cribe the organization's program service accomplishments for ea neasured by expenses. In a clear and concise manner, describe		1	(a)(1) trusts, optional				
	sons benefited, and other relevant information for each program	· · · · · · · · · · · · · · · · · · ·	ine number	O)		ſ	thers)	
_	CHARITABLE, EDUCATIONAL, SOCIAL ORGANIZATI		RLS				<u> </u>	
			_					
	(Grants \$ 4,285) If this amount is	ncludes foreign grants,	check here	· · · · · · ·	. ▶ 🗆	28a	46,330	
29								
	<u></u>		_					
	(Grants \$) If this amount i	ncludes foreign grants,	check here	<u></u>	<u>. ▶ 🗍</u>	29a		
30			·					
	10							
		ncludes foreign grants,		· · · · · · ·	· <u> </u>	30a		
31	Other program services (describe in Schedule O)				• • •	212		
22		ncludes foreign grants,				31a 32	46,330	
	Total program service expenses (add lines 28a through 31a) Artily List of Officers, Directors, Trustees, and Key Emp						<u> </u>	
-	Check if the organization used Schedule O to respond							
-	Check if the organization used conclude o to respons		(c) Reporta		lealth benefits			
	(a) Name and address	(b) Title and average hours per week	compensa	tion contrib	outions to emp	loyee	(e) Estimated amount of	
	(a) Hambard and State of	devoted to position	(Form W-2/109 (If not paid, e	′ 1	nefit plans, an red compens		other compensation	
DE	BBY KIER	SUPREME INSPEC						
92	17 W ARIZONA AVE, Denver CO 80232-5112	20	t I	q		þ	0	
PAI	ÆLA JONES	GRAND DEPUTY						
11	FALCON CIRCLE, Mead CO 80542	20		d		d	0_	
MI	KE JONES	SECY, EXEC COM	dr T			1		
11	7 FALCON CIRCLE, Mead CO 80542	20		0		q	0	
						1		
			<u></u>					
			<u> </u>		_ _			
		 	 					
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			1				F 200 == (0044)	

<u> </u>	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			\Box
	industrial of the control of the con	``	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	-	103	
•	detailed description of each activity in Schedule O	33		v
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	-		X
J 4	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1 1		
	change on Schedule O (see instructions)	34		v
35.3	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			X
55 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		v
.	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_ <u>X</u> _
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
C		35c	-	v
26		330		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	36		v
07 -	during the year? If "Yes," complete applicable parts of Schedule N	30		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions	275		-
	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u> </u>
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-	Į	
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9]]		
	Gross receipts, included on line 9, for public use of club facilities	↓		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	_	_	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		<u> X</u>
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	'		
	reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed CO,			
42 a	The organization's books are in care of ▶ DEBBY KIER Telephone no ▶ 3	03-98	85-81	.84
	Located at ▶ 9247 W ARIZONA AVE Denver, CO ZIP+4 ▶ 80232	2-511	2	_
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country			l
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1		ĺ
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		🕨	. [
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
L	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1	 	
D		44b		⊢ ō
		44c	-	X
	Did the organization receive any payments for indoor tanning services during the year?	440		├ -^
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44.5		
	explanation in Schedule O	44d	 	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	
	Form 990-FZ (see instructions)	45b	1	ΙX

FOIII	990-EZ	(2011) INTERNATIONAL OF	DER OF THE RAINB	OW COLORADO GRAN	D 84-	-6022548	Page 4
46		organization engage, directly or indirectly,			•	46	Yes No
Dar		lidates for public office? If "Yes," complete Section 501(c)(3) organizations a		(4) parayament abo	ritable tructs on	46	<u> </u>
rai	LVI	501(c)(3) organizations and section	111 0 Section 4947 (a) 14047(a)(1) noneve	mpt charitable trusts	aniable trusts on	stions 47	011 10h
		and 52, and complete the tables fo		mpi chantable irusi:	s must answer que	:SUONS 47-4	ian
		Check if the organization used Sch		to any avoction in th	vic Part \//		
		Check if the organization used Sch	edule O to respond	to any question in ti	iis rait vi	• • • • • •	
47	Did tho	organization ongago in Johnwag activities o	or have a control E01/h)	alastian in affast diving t	ha tau		Yes No
41		organization engage in lobbying activities of				47	,,
40		f "Yes," complete Schedule C, Part II				47	X
48 40 -		organization a school as described in section					X
49a		organization make any transfers to an exer					X
co b		"was the related organization a section 52"					
50		ete this table for the organization's five high		·		-	
	employ	rees) who each received more than \$100,00	0 of compensation from	the organization if there		"	
	(a) Name and address of each employee	(b) Title and average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimate	ed amount of
	•	paid more than \$100,000	hours per week	compensation	benefit plans, and deferred	1	mpensation
			devoted to position	(Forms W-2/1099-MISC)	compensation		
NON	E						
						ļ	
			}			1	
f 51	Comple	number of other employees paid over \$100,0 ete this table for the organization's five high	est compensated indepe		ach received more tha	n	
	\$100,0	00 of compensation from the organization	if there is none, enter in	ione			
(a) Name an	d address of each independent contractor paid more than	\$100,000	(b) Type of service	e	(c) Compensation	on
				<u> </u>			
NON	F.						
				 	- 		···
			<u> </u>				
							
				 	····		
			 				
q		number of other independent contractors ea					
52		e organization complete Schedule A? Note:	• • • •				
		empt charitable trusts must attach a comple				. X Ye	s U No
Under	penalties	of penjury, I declare that I have examined this return, inclu-	ding accompanying schedules ar	nd statements, and to the best of	my knowledge and belief, it is		
true, c	orrect, and	complete Declaration of preparer (other than officer) is	pased on all information of which	preparer has any knowledge			
		A) oblightier)			11-13-2	2012	
Sig	1	Signature of officer	<u></u>		Date		
Her	e	DEBBY KIER, SUPREME INSI	ECTOR IN COLORAL	00			
		Type or print name and title					
—			Preparer's signature	Date	Check	f PTIN	
Data		1	. •	1	self-employed	'	
Paid		5 10 200					
Prep		Firm's name			Firm's EIN		
Use	Only	Firm's address					
				· ·····	Phone no		
<u>May</u>	the IRS	discuss this return with the preparer shown	above? See Instruction		<u></u>	. ▶ <u></u> Ye	
				EEA		Form §	90-EZ (2011

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047 2011

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Name	of the	organization		<u>-</u>					Employer v	tentification n	umber		
INT	TERNATIONAL ORDER OF THE RAINBOW COLORADO GRAND 84-6022548												
Pa	rt I	Reason for	Public Charity	Status (All organiza	ations mus	t complete	this part)	See instr	uctions				
The	orga	nization is not a priva	te foundation beca	use it is: (For lines 1 thr	ough 11, c	heck only	one box)						
1		A church, convention	n of churches, or a	ssociation of churches of	described i	section	170(b)(1)(۹)(i).					
2		A school described i	n section 170(b)(1	1)(A)(ii). (Attach Schedu	ıle E)								
3		A hospital or a coop	erative hospital sei	rvice organization descri	ibed in sec	tion 170(t	o)(1)(A)(iii)						
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and state												
5		An organization ope	rated for the benef	it of a college or univers	ity owned	or operated	d by a gove	ernmental	unit descr	ibed in			
		section 170(b)(1)(A)(iv). (Complete Pa	art II)									
6		A federal, state, or le	ocal government of	r governmental unit desc	cribed in se	ection 170	(b)(1)(A)(v	/).					
7	X	An organization that	normally receives	a substantial part of its	support fro	m a gover	nmental ui	nit or from	the gener	al public			
		described in section	170(b)(1)(A)(vi).	(Complete Part II)									
8		A community trust d	escribed in sectio i	n 170(b)(1)(A)(vi). (Com	plete Part	II)							
9		An organization that	normally receives	(1) more than 33 1/3%	of its supp	ort from co	ontribution	s, membe	rship fees	and gross	3		
		receipts from activiti	es related to its ex	empt functions - subject	to certain	exceptions	s, and (2) r	no more th	nan 33 1/3	% of its			
		support from gross i	nvestment income	and unrelated business	taxable in	come (less	s section 5	11 tax) fro	m busines	sses			
		acquired by the orga	anızatıon after June	30, 1975 See section	509(a)(2).	(Complete	e Part III)						
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ty See se	ction 509	(a)(4).					
11		An organization orga	anized and operate	ed exclusively for the bei	nefit of, to	perform the	e functions	of, or to	carry out th	ne			
		purposes of one or r	more publicly supp	orted organizations des	cribed in se	ection 509	(a)(1) or se	ction 509	(a)(2) See	section			
		509(a)(3). Check the	e box that describe	s the type of supporting	organizati	on and cor	mplete line	s 11e thro	ugh 11h				
		a 🗌 Typel	b 🗌 Тур	ell c	Type III	Functiona	illy integrat	ed	d	Type I	II-Other	•	
е		By checking this box	x, I certify that the	organization is not contr	olled direct	ly or indire	ectly by one	e or more	dısqualıfie	d			
		persons other than t	foundation manage	ers and other than one o	r more put	licly suppo	orted organ	nizations o	lescribed i	n section			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	eceived a written de	etermination from the IR	RS that it is	a Type I,	Type II, or	Type III s	upporting				
		organization, check	this box										[
g		Since August 17, 20	006, has the organi	zation accepted any gift	or contrib	ution from	any of the						
		following persons?											
				y controls, either alone o								Yes	No
		and (III) below,	the governing bod	y of the supported orgai	nization?						11g(i)	<u> </u>	<u> </u>
		(ii) A family memb	er of a person des	cribed in (i) above?							11g(II)	ـــــ	<u> </u>
		(iii) A 35% controll	ed entity of a perso	on described in (i) or (ii)	above? .						11g(ö)	<u> </u>	<u> </u>
_ <u>h</u>		Provide the following	g information abou	t the supported organiza	ation(s)		,—		,				
	(1)	Name of supported Organization	(ü) EIN	(iii) Type of organization	1	Is the organization (v) Did you notify (i) listed in your the organization in				s the	(vii) Amount of		
		Vigariization		(described on lines 1-9 above or IRC section	governing document? the organiza		of your (i) organized in the		ed in the	support			
				(see instructions))				oort?		S?	ļ		
		<u> </u>			Yes	No	Yes	No	Yes	No	ļ		
(A)													
					<u>.</u>								
(B)													
(C)]]	ļ		
					_								
(D)								!					
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(E)													
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18

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 8,307 6,665 5,625 7,746 3,811 32,154 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 32,154 6,665 5,625 7,746 3,811 8,307 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 32,154 Public support. Subtract line 5 from In 4 Section B. Total Support (f) Total (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 7,746 3,811 8,307 32,154 6,665 5,625 7 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 2,354 3,328 2,229 6,571 18,403 3,921 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)...... 50,557 Total support. Add lines 7 through 10 . 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 63.60 % 14 % 15 15 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a ►X and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 17a more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Partilla , 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	tion A. Public Support			<u></u>			
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchan- dise sold or services performed, or faci- lities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	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			,			
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	11303		,	,		
	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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 or loss from the sale of capital assets (Explain in Part IV)	<u> </u>					
13	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for the organization, check this box and stop here	<u></u>	<u> </u>	rth, or fifth tax year	r as a section 501	(c)(3)	▶ 📋
Se	ction C. Computation of Public Su						
15	Public support percentage for 2011 (line 8,	• •	•			15	%
16				<u> </u>	 <u></u> .	16	%
	ction D. Computation of Investme						
17	Investment income percentage for 2011 (lin		-			—	%
18	Investment income percentage from 2010 S	schedule A, Part II	II, line 17		• • • • • • • •	18	%
19a	33 1/3% support tests - 2011. If the organi 17 is not more than 33 1/3%, check this box	zation did not che and stop here. T	ck the box on line The organization q	14, and line 15 is r ualifies as a public	more than 33 1/3% ly supported orga	%, and line nization	▶□
b	33 1/3% support tests - 2010. If the organi line 18 is not more than 33 1/3%, check this	zation did not che box and stop he	ck a box on line 14 re. The organization	or line 19a, and li on qualifies as a pi	ine 16 is more tha ublicly supported o	n 33 1/3%, and organization	▶□
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 1	19b. check this box	and see instructi	ons	▶ □

'SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

OMB No 1545-0047

2011

Open to Public Inspection
Employer identification number

INTERNATIONAL ORDER OF THE RAINBOW COLORADO GRAND		84-6022548
01. List of grants and similar amounts paid (Part	I, line 10)	
Activity Scholarships		
Amount 3,500		
Activity Special Service Project		
Amount 785	· · · · · ·	
<u> </u>		
02. Description of other expenses (Part I, line 1	6)	
Description	Amount	
Conferences, Conventions, Meetings	37,530	
GWA Stipend & Other Expenses	914	
GWAA Expenses	250	
Supreme Officer Expenses	880	
Travel Fund Disbursements	184	
	-	