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CHANGE IN ACCOUNTING PERIOD

132001 01-23-12

Department of the Treasury

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

For the 2011 calendar year, or tax year beginning MAR 1, 2012 and ending JUN 30, C Name of organization Check if applicable D Employer identification number COLORADO DAUGHTERS OF THE Address change AMERICAN REVOLUTION Name change Doing Business As 84-6027604 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 16 KREG LANE 719-667-1212 Amende return City or town, state or country, and ZIP + 4 50,943. G Gross receipts \$ Applica-tion pending MANITOU SPRINGS, CO 80829-2753 H(a) Is this a group return F Name and address of principal officer DIANA KADING Yes X No for affiliates? 16 KREG LN., MANITOU SPRINGS, CO 80829 H(b) Are all affiliates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.COLORADODAR.ORG **H(c)** Group exemption number ▶ 1050 K Form of organization: X Corporation Trust Association Other > L Year of formation: 1994 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: TO PROMOTE HISTORIC Governance PRESERVATION, EDUCATION AND PATRIOTISM Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 12 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 300 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 54,672 14,185. 10,124. Program service revenue (Part VIII, line 2g) Ο. 3,497.514. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -2,682. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,667. 22,141.59,836, Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,500. Ō. Grants and similar amounts paid (Part IX, column (A), lines 1-3) RECEIVE 0. Benefits paid to or for members (Part IX, column (A), line 4) Ο. (A), lines 5-10) Ō. 5,400. Salaries, other compensation, employee benefits (Part IX, column **5-08** 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) ٥. DEC 1 b Total fundraising expenses (Part IX, column (D), line 25) 15,684 7,371. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A) Ine-252GDEN. 24,584. 7,371. 35,252. 14,770. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 251,445. 266,997**.** 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) О. 782. Net assets or fund balances. Subtract line 21 from line 20 251 445. 266 ,215. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 1 and 1 Signature of officer Date Sign DIANA KADING, Here TREASURER Type or print name and title PTIN Print/Type preparer's name Paid GREGORY P. PARSONS, CPA ₱00052605 OSBORNE, PARSONS & ROSA Preparer Firm's name 84-0636698 Firm's EIN Firm's address 720 NORTH TEJON STREET Use Only COLORADO SPRINGS, CO 80903-1012 Phone no. 719.636.2321 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

Form 990 (2012)

4e

Other program services (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

7,354.

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COLORADO DAUGHTERS OF THE Form 990 (2012) AMERICAN REVOLUTION
Part IV | Checklist of Required Schedules

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		X
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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	١		x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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			
	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,"			l
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	20121

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COLORADO DAUGHTERS OF THE Form 990 (2012) AMERICAN REVOLUTION Part IV Checklist of Required Schedules (continued) AMERICAN REVOLUTION

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	23		_ <u>X</u> _
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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ĭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	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			7- 1
	instructions for applicable filing thresholds, conditions, and exceptions):	00.		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Α_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38 Form		<u>I</u> 2012)
		LOUD	J 70 (ZU 1Z)

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Form 990 (2012) AMERICAN REVOLUTION

Part V Statements Regarding Other IRS Filings and Tax Compliance

_	Check it Schedule O contains a response to any question in this Part V			Щ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			-
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		£	~- **
	(gambling) winnings to prize winners?	1c		
2 a	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			
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)			- 45.
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			₹.
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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			x
	3 ,	5a_		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	c-		х
h	any contributions that were not tax deductible?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	GD		ļ
a	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	-	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.5		
Ů	to file Form 8282?	7c		х
d			٨	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	÷ ,		
	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.	,	_	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	~		
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			l
	Enter the amount of reserves on hand			X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

COLORADO DAUGHTERS OF THE

Form 990 (2012) AMERICAN REVOLUTION 84-6027604 Pact 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 1a 12			-		
	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	Enter the number of voting members included in line 1a, above, who are independent 1b	4	-			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
•	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	l _		v		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X		
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X		
6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		$\frac{\Lambda}{X}$		
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	┣ <u>┡</u>				
, u	more members of the governing body?	7a	x			
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'a				
_	persons other than the governing body?	7b	x			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	··-				
а	The governing body?	8a	х			
b	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					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
			Yes	No		
	Did the organization have local chapters, branches, or affiliates?	10a	X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X			
_	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,	,		
12a	3	12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b				
·	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-	x			
13	Did the organization have a written whistleblower policy?	12c		X		
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	x			
	Other officers or key employees of the organization	15b	X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<u> </u>				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
	taxable entity during the year?	16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
	exempt status with respect to such arrangements?	16b				
<u>Sec</u>	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)	availab	ie			
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and the second sec	d finar	ncial			
~	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza $THE\ ORGANIZATION\ -\ 719-667-1212$	tion:	` —			
	16 KREG LANE, MANITOU SPRINGS, CO 80829-2753					

COLORADO DAUGHTERS OF THE

Form 990 (2012) AMERICAN REVOLUTION

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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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	box	not c	ss pe	c) Ition more		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) GALE AUSTON CRAFTON	25.00							4 600		
REGENT (2) MARCY S. KIMMINAU	35.00	X	<u> </u>	X				4,600.	0.	<u> </u>
(2) MARCY S. KIMMINAU VICE REGENT	2.00	┰		х					0	•
	2.00	Х	<u> </u>	^		_	_	0.	0.	0.
(3) MARILYN L. FISHBURN CHAPLAIN	1.00	x						0.	0.	_
(4) RONNELL K. HEITMAN	1.00	^	\vdash	-	-	├		U •	U •	0.
RECORDING SECRETARY	4.00	x		x				0.	0.	0.
(5) CAROL D. ROHWEDDER	4.00	<u> </u>				-		0.	0.	<u></u>
CORRESPONDING SECRETARY	1.00	х						400.	0.	0.
(6) MARION G. HILTENBRAND		=				<u> </u>		1000		
ORGANIZING SECRETARY	1.00	x						0.	0.	0.
(7) DIANA L. KADING						_				
TREASURER	40.00	X		x				400.	0.	0.
(8) BEVERLY J. NELSON										
REGISTRAR	1.00	Х						0.	0.	0.
(9) REGINA L. FALLACE								,.,		
HISTORIAN	1.00	X						0.	0.	0.
(10) JEANNEY L. HORN									" "	_
LIBRARIAN	1.00	Х						0.	0.	0.
(11) JANE NEWMAN								_	_	
AUDITOR	1.00	X						0.	0.	0.
(12) SUSAN L. CAMERON	1 00									_
PARLIMENTARIAN	1.00	X						0.	0.	0.
										
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AMERICAN REVOLUTION

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
-	(A) Name and title	(B) Average)) Posا	C) Ition)		(D) Reportable	(E) Reportable		Ee	(F)	ad a
	Name and title	hours per	box.	, unle:	ss pe	rson	than is bot	n an	compensation	compensation	n		nount	
		week (describe	⊢	ceran	dad	recto	or/trus	(88)	from the	from related organizations	.	com	other pensa	ition
		hours for	Individual trustee or director				ted		organization	(W-2/1099-MIS		l .	om th	
		related organizations	rustee	institutional trustee		99	Highest compensated employee		(W-2/1099-MISC)			_	anızat d relat	
		ın Schedule	ndual t	tutiona	Ja:	Key emptoyee	lest cor loyee	Je.					anızatı	
		0)	lpu	tustr	Officer	Key	돌	Рогтег						
	,													
											-			
										,				
	Sub-total								5,400.		0.			0.
	Total from continuation sheets to Part Vi Total (add lines 1b and 1c)	II, Section A					>		0. 5,400.		0. 0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bov	e) wł	o r	eceived more than \$100	0,000 of reportable	Э			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		e, ke	y er	nplo	yee	or	highest compensated e	mployee on		3		X
4	For any individual listed on line 1a, is the su			omp	ensa	atior	n and	otl	her compensation from	the organization			لاست	- A
_	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-		elat	ed organization or indiv	idual for services		, 5		X
Sec	tion B. Independent Contractors		-	0, 00		<u> </u>								
1	Complete this table for your five highest co										pens	ation	from	
	the organization. Report compensation for (A)	the calendar y	ear	endı	ng v	vith	or w	ıthır	the organization's tax (B)	year.		((C)	
	Name and business	address	N	INC	3			_	Description of s	services	C		nsatio	n
				_								_		
									•					
											-			
								1						
2	Total number of independent contractors (ii \$100,000 of compensation from the organi	_	ot la	mıte	d to		se li	stec	d above) who received in	nore than	-			-

COLORADO DAUGHTERS OF THE Form 990 (2012) AMERICAL Part VIII Statement of Revenue AMERICAN REVOLUTION

1 a Federated campaigns 1 a 1,681. 1,681. 1 1 1,591. 1,591. 1 1,591. 1			-		-	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
1 a Federated campagne 1a 1,681.		-				1014110101140	exempt function	business	tax under
2 a MEETINGS/LUNCHEONS System S	ı		: `	1	3		revenue	revenue	513, or 514
2 a MEETINGS/LUNCHEONS System S	ats I	1 a	Federated campaigns	1a					-
2 a MEETINGS/LUNCHEONS System S	통합	b	Membership dues	1b	1,681.	i	,		
2 a MEETINGS/LUNCHEONS System S	Am (С	Fundraising events	1c			,	-	-
2 a MEETINGS/LUNCHEONS System S	필	d	Related organizations	1d					
2 a MEETINGS/LUNCHEONS System S	S.E	е	Government grants (contribut	ions) 1e					,
2 a MEETINGS/LUNCHEONS System S	를 들	f	All other contributions, gifts, gran	ts, and					
2 a MEETINGS/LUNCHEONS System S			similar amounts not included abo	ve 1f	12,504.				
2 a MEETINGS/LUNCHEONS System S	를	_		1a-1f \$		~ · 4 4 1 6 F	, i		
2 a MEETINGS/LUNCHEONS b d d d d d d d d d d d d	<u>0 ॿ</u>	h	Total. Add lines 1a-1f			14,185.			
Box	.	•	MEETTNOO/LINCUE	OMC		10 121	10 124	was a	'
Total, Add lines 2a2f	Ş		MEET INGS/ BONCIE	IONS	- 333333	10,124.	10,124.		
Total, Add lines 2a2f	ig Si								
Total, Add lines 2a2f	E S	-			-				
Total, Add lines 2a2f		u			-				
Total. Add Ines 2a2	F	f	All other program service reve	nue				•	
3 Investment income (including dividends, interest, and other smilar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 4 Net gain or (loss) 7 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less cost of goods sold c Net income or (loss) from gaming activities. See Part IV, line 19 b Less cost of goods sold c Net income or (loss) from sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Reverue Business Code 11 a MISCELLANEOUS 900099 88. 88. 88. 1514. 514		'	· -	ilue		10.124.			,
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal (ii) Real (iii) Personal	\neg			dividends, int					
4 Income from Investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal b Less rental expenses c Rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 4 Net gan or (loss) 6 a Gross neome from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 88. 88. One of the personal (ii) Personal (iii)		•		u.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	► I	514.			514.
Second Policy Second Policy		4	•	x-exempt bon	d proceeds				
(i) Real (ii) Personal b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) c Net income or (loss) from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 18 b Less correct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold b T61. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLIANEOUS 900099 88. 88. 12, 141. 10, 212. 02, 256.					•		, , , , , , , , , , , ,		
6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gann or (loss) 8 a Gross income from fundraising events (not including \$			•	(ı) Real	(II) Personal			-	e ^
C Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		6 a	Gross rents		1)	_	j [*] ,	!	
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7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) for scontributions reported on line 1c) See Part IV, line 18 a 22 , 771 b Less. direct expenses b 28 , 041 b Less. direct expenses b C Net income or (loss) from fundraising events b 28 , 041 b Less direct expenses b C Net income or (loss) from gaming activities and allowances a 3 , 261 b Less: cost of goods sold b 761 b Less: cost of goods sold b 761 b Less: cost of goods sold b Net income or (loss) from sales of inventory P 2 , 500 b 2 , 500 b C Net income or (loss) from sales of inventory P 2 , 500 b Residue of the first of		С	Rental income or (loss)			<u> </u>			
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) s d Net gain or (loss) from fundraising events or Net income or (loss) from fundraising events or Net income or (loss) from fundraising events or Net income or (loss) from gaming activities. See Part IV, line 19 a b Less direct expenses or Net income or (loss) from gaming activities or Net income or (loss) from gaming activities or Net income or (loss) from gaming activities or Net income or (loss) from sales of inventory or Net invento		d	Net rental income or (loss)		▶				
b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		7 a	Gross amount from sales of	(i) Securitie	s (II) Other	•			
and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS b Less direct expenses c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS b Less direct expenses a J, 261. b Less cost of goods sold b Total. Add lines 11a-11d Total attervenue e Total. Add lines 11a-11d Total revenue. See instructions.			assets other than inventory					3	
C Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS b C d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. D All other revenue See instructions.		b	Less: cost or other basis						ı
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8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLIANEOUS b C d All other revenue e Total. Add lines 11a-11d 22,141. 10,212. 02,256.		C	Gain or (loss)			مسجده لألألت لتا			
Including \$ of contributions reported on line 1c) See Part IV, line 18									
contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.	흵	8 a		•			1	-	
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Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS Description All other revenue Total. Add lines 11a-11d Total revenue. See instructions.				_	s	-3,270.			3,270.
b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 88. 88. 48. 48. 50. 50. 60. 761. 761. 88. 88. 88. 88. 88. 761. 761. 761. 88. 88. 88. 761. 761. 88. 761. 761. 88. 761. 761. 88. 761. 761. 761. 761. 88. 88. 761.		у а		Juvilies, 566					
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10 a Gross sales of inventory, less returns and allowances				nina activities	<u> </u>			.m. + 4m. +	•
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. a 3, 261. 761. 2,500. 2,500. 88. 88. 88.	- 1			-					
b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a MISCELLANEOUS b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. b 761. 2,500. 2,500. 88. 88. 88. 88. 22,141. 10,212. 0. −2,256.		10 a		Totalisa	3.261.				
c Net income or (loss) from sales of inventory ▶ 2,500. 2,500. Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 88. 88. b Business Code 88. 88. c Business Code 88. 88. d All other revenue 88. 88. 12 Total revenue. See instructions. 22,141. 10,212. 02,256.		b							
Miscellaneous Revenue Business Code			-	es of inventory		2,500.			2,500.
11 a MISCELLANEOUS 900099 88. 88. b	1					- <u>-</u> <u>-</u>			
b c d All other revenue e Total. Add lines 11a-11d		11 a		•		88.	88.	- 	1
c d All other revenue e Total. Add lines 11a-11d ▶ 88 • 12 Total revenue. See instructions. ▶ 22,141 • 10,212 • 0 • -2,256 •	1				-				
e Total. Add lines 11a-11d 12 Total revenue. See instructions. ▶ 88. 22,141. 10,212. 02,256.									
12 Total revenue. See instructions. 22,141. 10,212. 02,256.		d	All other revenue						
		е	Total. Add lines 11a-11d		<u> </u>				
	7555		Total revenue. See instructions.			22,141.	10,212.	0.	-2,256.

Form 990 (2012) AMERICAN REVO
Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	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	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				•
2	Grants and other assistance to individuals in				
	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,			İ	
	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)			<u> </u>	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
Ь	Legal				
C	Accounting				
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
. g	Other			_	
12	Advertising and promotion	235.	223.	12.	
13	Office expenses	233.	2231		
14	Information technology Royalties				
15 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				
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 0.)				
а	AWARDS AND RECOGNITION	3,830.	3,830.	• -	
b	MEETING/LUNCEON EXPENSE	2,457.	2,457.		
c	MISCELLANEOUS	750.	750.		
d	POSTAGE	99.	94.	5.	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,371.	7,354.	17.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2012)
Part X | Balance Sheet

AMERICAN REVOLUTION

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		52,190.	1	67,228.
	2	Savings and temporary cash investments		20,655.	2	20,663.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, dire	ectors, trustees, key			
		employees, and highest compensated employee	s. Complete Part II			
		of Schedule L	·	*	5	
	6	Receivables from other disqualified persons (as o	defined under section			
		4958(f)(1)), persons described in section 4958(c)				
		employers and sponsoring organizations of secti	on 501(c)(9) voluntary			
		employees' beneficiary organizations (see instruc	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
-	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	1			
		basis Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		178,600.	11	179,106.
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)	251,445.	16	266,997.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete P	art IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors	s, trustees, key employees,			
ä		highest compensated employees, and disqualifie	d persons. Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay				
	•	parties, and other liabilities not included on lines	17-24). Complete Part X of			500
		Schedule D		0.	25	782.
	26	Total liabilities. Add lines 17 through 25		0.	26	782.
		Organizations that follow SFAS 117, check he	re 🕨 🔼 and complete	_		
Ses		lines 27 through 29, and lines 33 and 34.		01 202	-	100.000
<u>a</u>	27	Unrestricted net assets		91,323.	27	109,965.
Ва	28	Temporarily restricted net assets		124,400. 35,722.	28	120,427.
Ē	29	Permanently restricted net assets		35,122.	29	35,823.
Ę		Organizations that do not follow SFAS 117, ch	eck here 🕨 📖 and			
SO		complete lines 30 through 34.			<u>-</u> - -	
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or equ	•		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	ome, or other funds	251 445	32	266 215
_	33	Total net assets or fund balances		251,445.	33	266,215.
	34	Total liabilities and net assets/fund balances		251,445.	34	266,997.

COLORADO DAUGHTERS OF THE

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Total revenue (must equal Part IX, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1		2,1	
Total revenue (must equal Part VIII, column (A), line 12)	1		 2.1	
	1		2.1	<i>1</i> 1
	1		2.1	11
Total expenses (must equal Part IX, column (A), line 25)	_			
	2		7,3	
Revenue less expenses Subtract line 2 from line 1	3		4,7	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25	1,4	45.
Other changes in net assets or fund balances (explain in Schedule O)	5			0.
Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	26	6,2	<u>15.</u>
t XII Financial Statements and Reporting				
Check if Schedule O contains a response to any question in this Part XII				
			Yes	No
Accounting method used to prepare the Form 990: X Cash Accrual Other			-	* ·
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	•		
Check if Schedule O contains a response to any question in this Part XII counting method used to prepare the Form 990: X Cash Accrual Other ne organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. are the organization's financial statements compiled or reviewed by an independent accountant? are the organization's financial statements audited by an independent accountant? Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		2a		X
Were the organization's financial statements audited by an independent accountant?		2b		X
If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e aud	rt,		
review, or compilation of its financial statements and selection of an independent accountant?		2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	o	- ,	
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	a '		
separate basis, consolidated basis, or both:		1	-	
Separate basis Consolidated basis Both consolidated and separate basis				
Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle A	udit	, a	~ د
•	ngle A	audit 3a	s .	, ~ X
	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) **T XIII** Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: **X** Cash** Accrual** Other* If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule.	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Example 1 The imancial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 26 XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements audited by an independent accountant? 2b If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant? If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

COLORADO DAUGHTERS OF THE

2012

Open to Public Inspection

Employer identification number

AMERICAN REVOLUTION 84-6027604 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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). 6 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.) 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). 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. Type III - Functionally integrated ا Type ا **b** Type II сL 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No

(i) Name of supported organization	organization in co (described on lines 1-9 above or IRC section	organization in col. (i) listed in your organization (described on lines 1-9				(iv) Is the organization in col. (i) listed in your governing document? (v) Did you notify the organization in col. (i) of your support?		n col. (i) listed in your organization in col. [organization in col.		the on in col. ed in the	(vii) Amount of support
	<u> </u>	(see instructions))	Yes	No	Yes	No	Yes	No			
											
			-								
			. ^= -	-							
Total			'								

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

the governing body of the supported organization?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s).

(ii) A family member of a person described in (i) above?

Schedule A (Form 990 or 990-EZ) 2012

11g(i)

11g(ii)

11g(iii)

h

Schedule A (Form 990 or 990-EZ) 2012

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.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d)	2011	(e)	2012	(f)	Total
1	Gifts, grants, contributions, and									
	membership fees received (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ızation's benefit and either paid to							ŀ		
	or expended on its behalf									
3	The value of services or facilities				•					
	furnished by a governmental unit to				ŀ					
	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				1					
	supported organization) included	-								
	on line 1 that exceeds 2% of the									
	amount shown on line 11,	-								
	column (f)									
	Public support. Subtract line 5 from line 4		-							
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d)	2011	(e)	2012	(f)	Total
7	Amounts from line 4									
8	Gross income from interest,						•			
	dividends, payments received on	-			1					
	securities loans, rents, royalties				Ì					
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the							1		
	business is regularly carned on									
10	Other income Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10									
12	Gross receipts from related activities,	etc. (see instructi	ons)				12			_
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as	a sectio	n 501(c)(3	5)		
	organization, check this box and stop				_					ightharpoonup
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2011 (line 6, column (f) d	ıvıded by line 11,	column (f))			14			%
15	Public support percentage from 2010	Schedule A, Part	II, line 14				15			%
16a	33 1/3% support test - 2012. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1	/3% or n	nore, chec	k this box	and	
	stop here. The organization qualifies	as a publicly supp	orted organization	n					l	
b	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is	33 1/3%	or more,	check this	s box	
	and stop here. The organization qual	fies as a publicly	supported organiz	ation					J	lacktriangle
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on line	e 13, 16a,	or 16b, a	and line 14	4 is 10% o	r more,	
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	ere. Expl	ain in Pai	t IV how t	he organiz	ation	
	meets the "facts-and-circumstances"							•	ı	lacktriangle
b	10% -facts-and-circumstances tes	•	•		•		17a, and li	ne 15 is 10	0% or	
	more, and if the organization meets the	_								
	organization meets the "facts-and-circ		•		•	•			ı	
18	Private foundation. If the organization		_			-		structions	i	ightharpoons
		-	, , , ,	· · · · · · · · · · · · · · · · · · ·				orm 000 c	000 F	1) 0040

Schedule A (Form 990 or 990-EZ) 2012 AMERICAN REVOLUTION

[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.)									
Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not		1						
	include any "unusual grants ")	63,833.	58,834.	56,348.	54,672.	14,185.	247,872.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				2,319.	13,385.	15,704.		
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 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	63,833.	58,834.	56,348.	56,991.	27,570.	263,576.		
7a	Amounts included on lines 1, 2, and						•		
	3 received from disqualified persons						0.		
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						0.		
c	Add lines 7a and 7b						0.		
8	Public support (Subtract line 7c from line 6)					~-	263,576.		
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2008 63,833.	(b) 2009	(c) 2010 56,348.	(d) 2011	(e) 2012	(f) Total 263,576.		
_	Amounts from line 6	63,833.	58,834.	56,348.	56,991.	27,570.	263,576.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,476.	4,842.	3,130.	3,497.	514.	19,459.		
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b	7,476.	4,842.	3,130.	3,497.	514.	19,459.		
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.)	-768.	-237.	5,260.	836.	88.	5,179.		
	Total support (Add lines 9, 10c, 11, and 12)	70,541.	63,439.	64,738.	61,324.	28,172.	288,214.		
14	First five years. If the Form 990 is for	the organization's	tirst, second, third	i, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ration,		
	check this box and stop here	is Cupport Por	roontogo						
	ction C. Computation of Publ					lae T	91.45 %		
	Public support percentage for 2012 (I		•	olumn (t))		15			
	Public support percentage from 2011					16	89.58 %		
	ction D. Computation of Inves			- 40 t (0)		47	6.75 %		
17	Investment income percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	e 13, column (f))		17	8.67 %		
	Investment income percentage from 2			n line 14 and line	15 in mare than 5				
198	33 1/3% support tests - 2012. If the	-					I / Is not ►X		
j.	male and the contract of the c								
L	b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
~~	Private foundation. If the organization		•	•		-			

COLORADO DAUGHTERS OF THE 84-6027604 Page 4 Schedule A (Form 990 or 990-EZ) 2012 AMERICAN REVOLUTION Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions). THE CURRENT PERIOD IS A SHORT PERIOD. THE ORGANIZATION IS CHANGING ITS YEAR END FROM FEBRUARY 28 TO JUNE 30 USING SIMPLIFIED PROCEDURES OUTLINED IN REV. PROC. 85-88, SEC 3.02.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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.

2012
Open to Public Inspection

Name of the organization

COLORADO DAUGHTERS OF THE

AMERICAN REVOLUTION

Employer identification number 84-6027604

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the							
	organization answered "Yes" to Form 990, Part IV, line		,					
	= -	(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year	_						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds					
	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		_					
	impermissible private benefit?	or definer advisor, or for any earlier purpose ec	Yes No					
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990. Par						
1	Purpose(s) of conservation easements held by the organization							
	Preservation of land for public use (e.g., recreation or e		rically important land area					
	Protection of natural habitat	Preservation of a certifie	·					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	a conservation easement on the last					
	day of the tax year		a conservation decombine on the lest					
			Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c					
d		` ,						
-	listed in the National Register	artor of 1770o, and not on a motoric structure	2d					
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the o						
_	year >	readed, extinguished, or terminated by the o	againzation during the tax					
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the per							
-	violations, and enforcement of the conservation easements r	- · · · · · · · · · · · · · · · · · · ·	Yes No					
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) above							
	and section 170(h)(4)(B)(ii)?	re salisty and requirements of section 17 o(1)	Yes No					
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense s						
_	include, if applicable, the text of the footnote to the organization							
	conservation easements	tion of manifest oracomornio trial describes the	o organization a accounting for					
Pai	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or Oth	er Similar Assets.					
	Complete if the organization answered "Yes" to Form							
1a	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art					
	historical treasures, or other similar assets held for public exh							
	the text of the footnote to its financial statements that descri		o or public corrido, provido, irri archite,					
ь	If the organization elected, as permitted under SFAS 116 (AS		nd halance sheet works of art, historical					
_	treasures, or other similar assets held for public exhibition, ed							
	relating to these items:	dudation, or research in fartherance of public	c service, provide the following amounts					
	(i) Revenues included in Form 990, Part VIII, line 1		~ ¢					
	(ii) Assets included in Form 990, Part X	•						
2	If the organization received or held works of art, historical treation	acurae, or other cimilar accets for fines and	▶ \$					
~	the following amounts required to be reported under SFAS 1		an, provid e					
а	Revenues included in Form 990, Part VIII, line 1	TO place soop relating to triese items:	• •					
	Assets included in Form 990, Part X		5					
	, accessionated in Form Coo, Farth		₹ ⊅					

COLORADO DAUGHTERS OF THE

0-1-		REVOLUTION	11113			٩	84-60	2760	4 в	2
Par	24,0 2 (1 21.11 20 2) 22 12		torical Tre	acurae c	r Othe					
3	Using the organization's acquisition, accession,	and other records, chec	k arry or the	lollowing tha	ı are a sıç	jnilicant u	ise oi its i	Collectio	n item	5
	(check all that apply):									
a	Public exhibition			nange progra	ams					
b	Scholarly research	e 🗀	Other							
С	Preservation for future generations									
	Provide a description of the organization's colle						se in Pari	t XIV.		
5	During the year, did the organization solicit or re				er sımılar	assets	_	٦		٦
	to be sold to raise funds rather than to be maint							Yes		No_
Par		•	organizatio	n answered '	"Yes" to F	orm 990,	Part IV, i	ine 9, or		
	reported an amount on Form 990, Part X								_	
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contribution	s or other as	sets not i	ncluded		٦.,		٦
	on Form 990, Part X?						<u> </u>	Yes	L	J No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table:							
								Amoun	t	
С	Beginning balance					10		_		
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form	n 990, Part X, line 21?						」Yes		J No
_	If "Yes," explain the arrangement in Part XIV							_		
Par	t V Endowment Funds. Complete if the	e organization answered	"Yes" to Fo							
	<u></u>		Prior year	(c) Two year	rs back (d) Three ye	ears back	(e) Fou	r years	back
1a	Beginning of year balance	35,722.	35,730.					n'		
b	Contributions							,		
C	Net investment earnings, gains, and losses	101.	-8.							· ‡
d	Grants or scholarships	-								,
е	Other expenditures for facilities									
	and programs		_					:		,
f	Administrative expenses		_							1 74
g	End of year balance	35,823.	35,722.				-			T 54
2	Provide the estimated percentage of the current	t year end balance (line	ig, 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	equal 100%.								
3a	Are there endowment funds not in the possess	on of the organization th	at are held a	nd administe	ered for th	ne organiz	ation			
	by.	J				•			Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required on Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the or	· ·				•		<u> </u>	•	
Par										
	Description of property	(a) Cost or other	T	or other	(c) Ac	cumulate	ed	(d) Boo	k valu	 ie
	2000 ipilot. or proporty	basis (investment)	1 ' '	(other)		reciation		(-, - J		
12	Land	 	 	· · ·	<u> </u>	-	$\neg \vdash$			
	Buildings		 				$\neg \uparrow$			
-	90		.							

Schedule D (Form 990) 2012

0.

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipmente Other

COLORADO D Schedule D (Form 990) 2012 AMERICAN R	AUGHTERS OF	THE	84-6027604	Dogo S
Part VII Investments - Other Securities.		ne 12.	04 0027004	Page
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: or end-of-year market value	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)	<u> </u>			
(B)				
(C)				
(D)	 			
<u>(E)</u>	_			
	<u> </u>			
(G)				
(H) (l)			· · · · · · · · · · · · · · · · · · ·	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	. 			-
Part VIII Investments - Program Related.		ine 13	 	
(a) Description of investment type	(b) Book value		(c) Method of valuation: or end-of-year market value	
(1)	<u> </u>		·	
(2)			·	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		·		·
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶				
Part IX Other Assets. See Form 990, Part X, III				
	a) Description		(b) Book va	lue
(1)				
(2)				
(3)		·		
(4)				
(5)				
(6)			+	
(7)				
(8)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) li	ine 15)	<u> </u>		
Part X Other Liabilities. See Form 990, Part				
1. (a) Description of liability	λ, ιιτο 23.	(b) Book value		
(1) Federal income taxes				
(2) UNREMITTED PASS THROUGH	FUNDS	782.		
(3)				
(4)				
(5)				

(6) (7) (8) (9) (10) 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 rootnote to the organization's financial statements that reports the organization 132053
11-23-12

ation's liability for uncertain tax positions under

COLORADO DAUGHTERS OF THE AMERICAN REVOLUTION 84-6027604 Page 4 Schedule D (Form 990) 2012 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) 2 2 Excess or (deficit) for the year Subtract line 2 from line 1 3 3 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV.) 8 Total adjustments (net) Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a Net unrealized gains on investments 2b b Donated services and use of facilities 2c c Recoveries of prior year grants Other (Describe in Part XIV.) 2d e Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.) 4b c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities **b** Prior year adjustments 2b **2**c c Other losses d Other (Describe in Part XIV.) 2d 2e e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information PART V, LINE 4: THE ORGANIZATION USES THE EARNINGS FROM THE ENDOWMENT FUND FOR SCHOLARSHIPS

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2012

OMB No 1545-0047

Open To Public Inspection

Name of the organization

COLORADO DAUGHTERS OF THE

Employer identification number

84-6027604 AMERICAN REVOLUTION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ___ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) fundraiser have custody or control of contributions' (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2012 AMERICAN REVOLUTION

COLORADO DAUGHTERS OF THE 84-6027604 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through CONFERENCE col. (c)) (total number) (event type) (event type) 22,771. 22,771. 1 Gross receipts 2 Less: Charitable contributions 22,771. 22,771. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Food and beverages

Direct Expenses Entertainment 28,041. 28,041. Other direct expenses 28,041, 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

COLORADO DAUGHTERS OF THE Schedule G (Form 990 or 990 EZ) 2012 AMERICAN REVOLUTION 84-6027604 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility 13a 13b **b** An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Address > 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Name > Address > 16 Gaming manager information Name > Gaming manager compensation ▶ \$_____ Description of services provided Director/officer Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to Yes L retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ |Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Department of the Treasury
Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

COLORADO DAUGHTERS OF THE AMERICAN REVOLUTION

Employer identification number 84-6027604

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: REPORTS AT EACH MEETING OF THE STATE BOARD OF MANAGEMENT. SHE CLOSES THE BOOKS AT THE END OF EACH FISCAL YEAR FOR AUDIT BY AN AUDIT COMMITTEE. SHE SERVES AS A MEMBER OF THE FINANCE AND BUDGET COMMITTEE AND IS APPOINTED AS AN ADVISOR TO THE STATE CONFERENCE COMMITTEE. FACILITATE MEMBER DONATIONS TO VARIOUS NATIONAL FUNDS WHICH ARE SENT TO THE NATIONAL OFFICE OF THE DAUGHTER OF THE AMERICAN REVOLUTION IN WASHINGTON DC FOR DISBURSEMENT TO DIFFERENT NATIONAL PROJECTS. PASS THROUGH AMOUNTS FOR THE SHORT YEAR WERE \$3,407 AND ARE NOT INCLUDED IN EITHER REVENUE OR EXPENSE ON THIS RETURN. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION WITH DUES PAYING MEMBERS. FORM 990, PART VI, SECTION A, LINE 7B: THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT CORPORATION WITH DUES PAYING MEMBERS. THE MEMBERS VOTE TO ELECT THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11: THE MEMBERS ELECT THE OFFICERS AND

REPRESENTATIVES TO VOTE AT MEETINGS. THE MEMBERS ALSO APPROVE THE BYLAWS
WHICH GOVERN THE ORGANIZATION'S ACTIVITIES.

FORM 990, PART VI, SECTION B, LINE 12C: THE STATE OFFICERS SIGN A CONFLICT OF INTEREST STATEMENT EVERY YEAR.

Employer identification number 84-6027604

FORM 990, PART VI, SECTION B, LINE 15: THE THREE STATE OFFICERS WHO ARE GIVEN STATE OFFICER CHECKS ARE THE ST REGENT, ST TREASURER AND ST.

CORRESPONDING SECRETARY. THE MONEY HAS BEEN DESIGNATED BY THE FINANCE AND BUDGET COMMITTEE THEN VOTED ON AT A STATE BOARD OF MANAGEMENT MEETING. THE MONEY GIVEN DOES NOT COVER ALL EXPENSES RELATED TO THESE POSITIONS BUT COVERS SOME OF THE EXPENSES RELATED TO THE JOB.

FORM 990, PART VI, SECTION C, LINE 18: ALL FINANCIAL RECORDS ARE AVAILABLE

FOR ANY MEMBER TO REVIEW. ALL RECORDS ARE KEPT AT THE STATE TREASURER'S

LOCATION, AND COPIES OF SUCH RECORDS ARE AVAILABLE TO ANYONE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE STATE SOCIETY'S AUDITOR AND
STATE REGENT REVIEW THE STATE SPREADSHEET REGULARLY. WHEN IT COMES TIME
FOR THE 990 FILING, THE STATE TREASURER WORKS WITH THE CPAS. THE STATE
TREASURER PREPARES THE ANNUAL FINANCIALS (SPREADSHEET). THE FINANCIALS
HAVE BEEN REVIEWED BY THE STATE AUDITOR AND THE STATE REGENT AS WELL AS
VOTED ON AND APPROVED AT THE STATE CONFERENCE IN APRIL. THE STATE
TREASURER THEN ANSWERS QUESTIONS THAT ARISE FROM THE CPAS. WHEN THE 990
PAPERWORK FROM THE CPAS IS SENT TO THE STATE TREASURER, SHE REVIEWS THE
RETURN, SIGNS AND SENDS IT TO THE IRS. THE CPAS ARE IN CONTACT WITH THE
STATE TREASURER THROUGHOUT THE PROCESS.

Form **8868**

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

	re filing for an Automatic 3-Month Extension, or re filing for an Additional (Not Automatic) 3-Mo	-	-			▶ 🗸		
	omplete Part II unless you have already been g					า 8868.		
a corpora 8868 to r Return fo	ic filing (e-file). You can electronically file Formation required to file Form 990-T), or an addition request an extension of time to file any of the for Transfers Associated With Certain Personans). For more details on the electronic filing of the	al (not auto forms listed I Benefit C	omatic) 3-month extens d in Part I or Part II wit Contracts, which must	ion of time. You ca h the exception o be sent to the If	an electronica f Form 8870, RS in paper	lly file Form Information format (see		
Part I	Automatic 3-Month Extension of Time	. Only sul	bmit original (no copie	es needed).				
Part I only						▶ 🗆		
	corporations (including 1120-C filers), partnersh ome tax returns.	ips, REMIC		·				
	IN C		Er	nter filer's identifyin				
Type or	Name of exempt organization or other filer, see in Colorado Daughters of the American Revolution			Employer identif	tication number 84-6027604	(EIN) or		
print File by the due date for	Number, street, and room or suite no lf a P.O. be		uctions	Social security r				
filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions							
Enter the	Return code for the return that this application	s for (file a	separate application fo	r each return) .		. 0 1		
Applicat Is For	tion	Return Code	Application Is For		Return Code			
Form 99	0	01	Form 990-T (corporati	Form 990-T (corporation)				
Form 99	0-BL	02	Form 1041-A	· · · · · · · · · · · · · · · · · · ·				
Form 99	0-EZ	01	Form 4720	· · · · · · · · · · · · · · · · · · ·				
Form 99	· · · · · · · · · · · · · · · · · · ·	04	Form 5227			10		
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above)	06	Form 8870			12		
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	for a Group Return, enter the organization's for				. If th	is is		
	nole group, check this box							
	the names and EINs of all members the extens		3 11 p , 1111					
un foi	equest an automatic 3-month (6 months for a control of the formal of the exert of the organization's return for: calendar year 20 or or or or or or	-	•	•		ension is		
2 <u>lf 1</u>	✓ tax year beginning March 1 the tax year entered in line 1 is for less than 12 r Change in accounting period	, 20 nonths, ch	12, and ending eck reason: ☐ Initial re	June 30 turn				
3a If 1	this application is for Form 990-BL, 990-PF, 990 onrefundable credits. See instructions.	O-T, 4720,	or 6069, enter the tenta	tive tax, less any	3a \$	<u> </u>		
b If	this application is for Form 990-PF, 990-T, timated tax payments made. Include any prior y	•			3b \$			
c Ba	alance due. Subtract line 3b from line 3a. Includ TPS (Electronic Federal Tax Payment System).	le your pay	ment with this form, if re		3c \$			
	f you are going to make an electronic fund withdrawal			O and Form 8879-E		nstructions		