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Form 990

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)

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Ā	For the	2011 calen	dar year, or tax year beginning $12/01$, 2011, and endin	g 11/3	30	,	2012	
В	Check if a	·	С		D Employ	er Identifi	ication Number	
	Addre	ess change	COLORADO 500 CHARITY FUND		84-	09867	27	
	\vdash	e change	2561 FRYING PAN ROAD		E Telepho			
	\vdash	return	BASALT, CO 81621		970	-927-	4010	
	\vdash	inated			3,0	J <u>.</u> 1	1010	
	\vdash	nded return			G Gross re	¢	68	,563.
	\vdash		F Name and address of principal officer	H(a) Is this a				
	Applie	cation pending		H(b) Are all			Yes Yes	F
	T		SAME AS C ABOVE		attach a list		uctions)	
<u>+</u>		empt status	X 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527					
<u>J</u>	Webs	•		H(c) Group e				
K		organization	Corporation Trust Association Other ► L Year of Format	ion	M s	tate of leg	gal domicile	
Pa		Summar					_ 	
			be the organization's mission or most significant activities <u>TO_PROVI</u>					1_OF
9			HIPS AND GRANTS TO WORTHY INDIVIDUALS AND ORGA	<u>NIZATI</u>	<u> </u>	J_WES	TERN	
паг	ے ا	COLORADO	<u> </u>					
le.								
é			ox I if the organization discontinued its operations or disposed of mo	re than 2	5% of its		ets.	1
•ধ			oting members of the governing body (Part VI, line 1a) dependent voting members of the governing body (Part VI, line 1b)			3		
lies	•		of individuals employed in calendar year 2011 (Part V, line 2a)			5	 	<u></u>
Activities & Governance			of volunteers (estimate if necessary)			6		 0
Ą			ed business revenue from Part VIII, column (C), line 12			7a		0.
			business taxable income from Form 990-T, line 34			7b		0.
			· · · · · · · · · · · · · · · · · · ·	Р	rior Year		Current Y	ear
	8 C	ontributions	and grants (Part VIII, line 1h)		92,5	93.		,430.
Revenue		rogram serv	•	i				
Ver	10 In	vestment ir	ncome (Part VIII, column (A), lines 3, 4, and 7d)		2,2	25.	1	,133.
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
-	12 To	otal revenue	e – add lines 8 through 11 (must equal Part VIII, column (A) (Ing. 12) Imilar amounts paid (Part IX, column (A), lines (Part IX, column (A))		94,8	18.	68	,563.
	13 G	rants and s	imilar amounts paid (Part IX, column (A), lines 150 CEVETO (S)	\	102,1	.93.	87	,125.
	14 B	enefits paid	to or for members (Part IX, column (A) line	1				
			er compensation, employee benefits (Palt IX eolumn (A), lines, 5,10) (fundraising fees (Part IX, column (A), line 134)					
Expenses		rofessional						
ĕ					······································			
ᄶ			sing expenses (Part IX, column (D), line 25,75, ses (Part IX, column (A), lines 11a-11d, 11f 24e) GDEN,		19,7	101	11	0 E E
			ses (Part IX, column (A), lines 11a-11d, 11f 24e)		121,9			,055. ,180.
			es Add lines 13-17 (must equal Part IX, column (A) line 25)	<u> </u>	-27,1			
	19 Re	evenue less	s expenses Subtract line 18 from line 12	 _	 			,617.
Net Assets or Fund Balances] aa =.	_1_11	(Dank V. Ivana 16)	Beginnin	g of Curren		End of Y	, 332 .
Bala	1		(Part X, line 16) .		625,9	1	330	0.
ž Ę			es (Part X, line 26)		605 6	1.		
_			fund balances Subtract line 21 from line 20		625,9	149.	596	,332.
_	rt II	Signatur						
Und	ler penaltie iplete Deci	s of perjury, I olaration of prep	leclare that I have examined this return, including accompanying schedules and statements, and to are (other than officer) is based on all information of which preparer has any knowledge	the best of n	ny knowledge	e and belie	ef, it is true, corre	ct, and
			Lell A Pl. Land					
٠.		Signati	re of officer	L Da	te			
Siç He	gn "							
пе	re		LACE DALLENBACH	PRES1	LDENT			
				/ —		-	PTIN	
	_		preparer's name Preparer's signature Date	',- I	Check _	」"		•
Pa		EDWARI		13	self-employ	ed E	200225335	<u> </u>
	eparer	Firm s name				_		
US	e Only	Firm's addr			Firm's EIN		1238071	
			BASALT, CO 81621		Phone no	(970		80
May	the IRS	3 discuss th	nis return with the preparer shown above? (see instructions)				X Yes	No

84-0986727

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Form 990 (2011) COLORADO 500 CHARITY FUND
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 (see instructions)?	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		<u> </u>
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		Х
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		<u>X</u>
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		<u> </u>
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		<u>X</u>
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		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	Para s. r.		
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII</i>	11 b		Х
•	c 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	11 c		X
1	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° <i>If 'Yes,' complete Schedule D, Part IX</i>	11 d		X
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
	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	11 f		Х
	a 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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		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 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16_		Х
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 (see instructions).	17	. –	Х
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,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		L

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ŧ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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	х	
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? <i>If 'Yes,' complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35 a		Х
ı	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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х
		_		

Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No n 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Λ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2**b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3*a* 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If 'Yes.' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes.' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? 7 a Х 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 Х 7c 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e 7f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 a as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 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 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9b **b** Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter. 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11 b against amounts due or received from them). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b 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. 13a a is the organization licensed to issue qualified health plans in more than one state? 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 13b which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? Х 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q 14b

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. |X|Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 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 1 b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Х 8a a The governing body? 8Ь Х b Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c Х 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15 a 15_b Х **b** Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16 a 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 taken steps to safeguard the 16_b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

SEE SCHEDULE O 19 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► WALLACE J. DALLENBACH 2561 FRYING PAN ROAD 81621 970-927-4010

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (do not check more than one box, unless person is both an officer and a director/trustee) (F) Estimated amount of other (D) (A) Name and title (B) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Average hours compensation from the organization per week (describe hours for related Institutional trustee employee individual Key employee Highest compensated director and related organiza-tions in Schedule O) organizations trustee (1) WALLACE J. DALLENBACH DIRECTOR 0 0. 0. (5) (7)_____ (9)_____ (10) (11) (12) (13) (14)______

Part VII Section A. Officers, Directors, Trust	ees, r	<u>\ey</u>	Em	pic	ye.	es,	anc	Highest Com	pensated Em	ipioyees (cont)
(A) Name and title	(B) Average hours per	box, offic	unle er an	Pos heck ss pe	rson Irecto	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organization	Estimated amount of other compensation
	week (describ e hours for related organi- zations in Sch O)	vidual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)						<u> </u>				
(16)										
(17)								- 1-8 118		
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							b b b	0. 0. 0.	(* * 1
2 Total number of individuals (including but not limite from the organization ► 0	d to th	ose I	ıste	d ab	ove) wh	o re	ceived more than	\$100,000 of repo	ortable compensation
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdu	ial	·							Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	han \$1	50,0	003	If '	Yes'	соп	plet	e Schedule J for		4 X
 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors 	ompen comple	satio	n fr ched	om dule	any <i>J fo</i>	unr or su	elate <i>ch p</i>	ed organization or erson	ındıvıdual	5 X
Complete this table for your five highest compensation from the organization Report compe	ted indi	epen n for	den the	t co cale	ntra enda	ctors	s tha	it received more t	han \$100,000 of in the organization	on's tax year.
(A) Name and business addres	s							Description) of services	(C) Compensation
										
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	_	t lım	ıted	to t	hos	e lis	ted a	above) who receiv	red more than	, ,

·Paı	t VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events. d Related organizations. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in Ins 1a-1f: \$				
§₹	h Total. Add lines 1a-1f	67,430.			
	Business Code	0.7 200.			
PROGRAM SERVICE REVENUE	2a b c d e f All other program service revenue				
ջ	g Total. Add lines 2a-2f				
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	1,133.	1,133.		
	(i) Real (ii) Personal 6a Gross rents. b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)				
į	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)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b				
°	c Net income or (loss) from fundraising events .				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				
	b				<u> </u>
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	68,563.	1,133.	0.	0.

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 re	esponse to any question	in this Part IX	<u> </u>	
Do i 6b,	not include amounts reported on lines 7b, 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	33,925.	33,925.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	53,200.	53,200.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				,
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages.				
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).				·
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
ā	Management				
Ł	Legal				
	: Accounting	740.		740.	
	I Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
•	Other				
	Advertising and promotion	1.0		1.6	
	Office expenses	16.		16.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel Payments of travel or entertainment				
10	expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21					
	Depreciation, depletion, and amortization				
	Insurance Other expenses Itemize expenses not				
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e				
	expenses on Schedule O)	10 200		10,299.	
	ADMINISTRATIVE	10,299.		10,299.	
)		-, -		· · · · · · · · · · · · · · · · · · ·
	;				
	a All other expenses	<u> </u>			
	Total functional expenses. Add lines 1 through 24e	98,180.	87,125.	11,055.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	30,100.	07,123.	11,000.	
	Check here ► if following SOP 98-2 (ASC 958-720)				

·Parl		Balance Sheet	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	43,845.	1	50,223.
	2	Savings and temporary cash investments	549,033.	2	513,036.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net .		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	18,000.	5	18,000.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
Ī S	9	Prepaid expenses and deferred charges	9		
	_	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 15,072.			
		Less: accumulated depreciation 10b	15,072.	10 c	15,072.
.	11	Investments — publicly traded securities.	'	11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets .		14	
	15	Other assets. See Part IV, line 11		15	1.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	625,950.	16	596,332.
	17 17	Accounts payable and accrued expenses		17	
- 1	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	
-	19	Deferred revenue	***	19	
: ا ي	20	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
A B I	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
- I I .	23	Secured mortgages and notes payable to unrelated third parties		23	
ē	24			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1.	25	
:	26	Total liabilities. Add lines 17 through 25.	1.	26	0.
N E		Organizations that follow SFAS 117, check here ► X and complete lines			
Ŧ		27 through 29 and lines 33 and 34.			
Ş :	27	Unrestricted net assets	625,949.	27	596,332.
ASSETS	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
		lines 30 through 34.			
E DZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	31	
֝֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	32	Retained earnings, endowment, accumulated income, or other funds		32	
ฉิเ	33	Total net assets or fund balances .	625,949.	33	596,332.
E	34	Total liabilities and net assets/fund balances	625,950.	34	596,332.

BAA

Form 990 (2011)

Form 990 (2011) COLORADO 500 CHARITY FUND	84-0986727		Pa	age 12				
Part XI Reconciliation of Net Assets								
Check if Schedule O contains a response to any question in this Part XI								
	1 . 1							
1 Total revenue (must equal Part VIII, column (A), line 12)	1	68,563. 98,180.						
2 Total expenses (must equal Part IX, column (A), line 25)								
3 Revenue less expenses Subtract line 2 from line 1								
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	6:	25,9	<u>949.</u>				
5 Other changes in net assets or fund balances (explain in Schedule O)	5			0.				
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))								
Part XII Financial Statements and Reporting								
Check if Schedule O contains a response to any question in this Part XII								
			Yes	No				
1 Accounting method used to prepare the Form 990 X Cash Accrual Other								
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			,					
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		X				
b Were the organization's financial statements audited by an independent accountant?		2b		X				
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign review, or compilation of its financial statements and selection of an independent accountant?	nt of the audit,	2c						
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O								
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer separate basis, consolidated basis, or both	e issued on a	2						
Separate basis Consolidated basis Both consolidated and separate basis				اا				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	3a		x				
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3 b						
BAA		Form	990	(2011)				

TEEA0112L 07/06/11

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name	of the	e organization							Employer	ridentıficat	ion number	
COL		ADO 500 CHARIT						l		986727		
Par	: 1	Reason for Publi	ic Charity Status	(All organizations	must c	omple	te this	part.)	See II	nstructi	ions.	
The o	rga	nization is not a privat	te foundation because	e it is: (For lines 1 throi	ugh 11,	check o	nly one	box)				
1		A church, convention	of churches or assoc	iation of churches desc	ribed in	section	170(b)((1)(A)(i).				
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ.)							
3		A hospital or a coope	rative hospital service	e organization describe	d ın sec	tion 170	(Ь)(1)(А)(iii).				
4		A medical research o	rganization operated	in conjunction with a hi	ospital d	lescribe	d in sec	tion 170)(b)(1)(A	A)(iii) En	iter the hosp	ıtal's
		name, city, and state										
5		An organization opera 170(b)(1)(A)(iv). (Cor	nplete Part II)	f a college or university					nmental	I unit des	scribed in se	ction
6 7	X		normally receives a s	vernmental unit describustantial part of its su					or from	n the ger	neral public d	lescribed
8		A community trust de	scribed in section 17	0(b)(1)(A)(vi). (Complet								
9	L	from activities related	I to its exempt functions to the second in t) more than 33-1/3% of ons – subject to certain s taxable income (less : nplete Part III.)	ı excepti	ions, an	d (2) no	more t	han 33-	1/3% of	its support fr	om aross
10		An organization orgai	nized and operated e	xclusively to test for pu	blic safe	ety. See	section	509(a)((4).			
11		An organization orgai	nized and operated ei	xclusively for the benef cribed in section 509(a ion and complete lines	it of, to (1) or s	perform	the fun 609(a)(2	ctions o	f, or ca	rry out th 5 09(a)(3)	ne purposes . Check the	of one or box that
		a Type I	b Type II	c Type III				ed		а□	Type III — (Other
е		By checking this box.	Licertify that the orga	anization is not controll than one or more publ	ed direc	tly or in	dırectly	bv one	or more escribed	disquali in section	ified persons	
f			ceived a written deter	mination from the IRS	that is a	Type I	Type II	or Type	e III sup	porting	organization,	
g		Since August 17, 200	6, has the organization	on accepted any gift oi	r contrib	ution fro	om any	of the fo	llowing	persons	T	4 1 1
		(i) A person who d	lirectly or indirectly co	ontrols, either alone or	toaether	with pe	ersons d	escribed	d in (ii)	and (III)		res No
		below, the gove	rning body of the sup	ported organization?	.ogoo.	VV p .			(,		11g (i)	
		(ii) A family member	er of a person describ	oed in (i) above?							11g (ii)	
		(iii) A 35% controlle	ed entity of a person of	described in (i) or (ii) al	bove?	•					11 g (iii)	
h		Provide the following	information about the	e supported organization	n(s)							
		(i) Name of supported organization	(iı) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in) listed in iverning ment?	the organ	n (ı) of	organiz colur organize	Is the ration in mon (i) ed in the S ?	(viı) Amount o	of support
					Yes	No	Yes	No	Yes	No		
<u>(A)</u>												
<u>(B)</u>						 					 ;	
<u>(C)</u>												
<u>(D)</u>												
<u>(E)</u>												
Taka							i					

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.)

Sac	tion A. Public Support						
	-		I				
begi	ndar year (or fiscal year nning 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.')	594,433.	105,208.	63,750.	92,593.	6,740.	862,724.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	594,433.	105,208.	63,750.	92,593.	6,740.	862,724.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						862,724.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	594,433.	105,208.	63,750.	92,593.	6,740.	862,724.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,768.	5,886.	3,978.	2,225.	1,133.	18,990.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10						881,714.
12	Gross receipts from related activ	rities, etc (see inst	tructions)	•	•	12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)	(3)
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	011 (line 6, column	n (f) divided by lin	e 11, column (f))		14	97.85%
15	Public support percentage from :	2010 Schedule A,	Part II, line 14			15	97.39%
16 a	33-1/3% support test — 2011. If the and stop here. The organization				d the line 14 is 33	3-1/3% or more, o	check this box
t	33-1/3% support test — 2010. If it and stop here. The organization				a, and line 15 is 3	33-1/3% or more,	check this box
17 a	n 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	test, check this	box and stop her	e. Explain in Par	t IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	and-circumstances test The organiza	s' test, check this ition qualifies as a	box and stop her a publicly support	e. Explain in Par ed organization	t IV how the ►
	Private foundation. If the organi	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,			
BAA					Sch	nedule A (Form 9	90 or 990-EZ) 2011

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.)

Coot	to quality under the tests in		e complete i art i	• /			
	ion A. Public Support	(0) 2007	(b) 2000	(6) 2000	(4) 2010	(a) 2011	(f) Total
1	ar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge			,,,,,,,			
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	ion B. Total Support				1 (0 0010	4 > 0011	
	lar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth, (or fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pul						
	Public support percentage for 20			ne 13, column (f))	15	%
	Public support percentage from 2	-		,	•	16	%
	tion D. Computation of Inv			е			
	Investment income percentage f				ımn (f))	17	%
	Investment income percentage f					18	%
19a	33-1/3% support tests $-$ 2011. If is not more than 33-1/3%, check	the organization this box and sto	did not check the p here. The organ	e box on line 14, nization qualifies	as a publicly supp	orted organization	n ► 📙
b	33-1/3% support tests $-$ 2010. If line 18 is not more than 33-1/3%	the organization, check this box	did not check a tand stop here. The	oox on line 14 or ne organization qu	line 19a, and line Jalifies as a public	16 is more than 3 by supported orga	3-1/3%, and ► ☐
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b,	check this box and	see instructions	

Schedule A	(Form 990 or 990-	EZ) 2011 COLO	DRADO 500 C	HARITY FUNI)	84-0986727	Page 4
Part IV	Supplemental Part II, line 17a (See instruction	Information. Cappa or 17b; and F	omplete this part III, line 12	part to provide 2. Also comple	the explanations rete this part for any	equired by Part II, lir additional informatio	ne 10; n.
	. – – – – – -						
			. 				
	. – – – – – .						
		, 					
							
							

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions. OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

CO	LORADO 500 CHARITY FUND			84-0986727
	附屬 Organizations Maintaining Dono	r Advised Funds or Other S	Similar Funds or Acco	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6		·
		(a) Donor advised fun	ds (b) F	unds and other accounts
1	Total number at end of year .			
2	Aggregate contributions to (during year).		<u> </u>	
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do funds are the organization's property, subject			☐ Yes ☐ No
6	Did the organization inform all grantees, donc used only for charitable purposes and not for purpose conferring impermissible private ben	the benefit of the donor or donor	that grant funds can be advisor, or for any other	Yes No
D3	THE Conservation Easements. Comp		vered 'Ves' to Form 9	
1	Purpose(s) of conservation easements held b			90, Fait IV, line 7.
•	Preservation of land for public use (e.g.,	′	арріу). Preservation of an historic:	ally important land area
	Protection of natural habitat	· —	Preservation of a certified	- '
	Preservation of open space		reservation of a certified	mstone structure
2	Complete lines 2a through 2d if the organizat	ion held a gualified conservation (contribution in the form of	a conservation easement on the
	last day of the tax year.	ion held a qualified conservation of		a conservation easement on the
			Ø\$\$\ ⊢	leld at the End of the Tax Year
	a Total number of conservation easements		2a	
1	b Total acreage restricted by conservation ease	ments	2 b	
	c Number of conservation easements on a cert	ified historic structure included in	(a) 2 c	
•	d Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, and	not on a historic 2d	
3	Number of conservation easements modified, tax year ►	transferred, released, extinguishe	ed, or terminated by the or	ganization during the
4	Number of states where property subject to c	onservation easement is located i	<u> </u>	
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring, into it holds?	nspection, handling of viol	ations, Yes No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing con	servation easements durin	g the year
7	Amount of expenses incurred in monitoring, i ▶\$	nspecting, and enforcing conserva	ation easements during the	year
8	Does each conservation easement reported of 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?	n line 2(d) above satisfy the requi	rements of section	Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements.	s conservation easements in its reve to the organization's financial sta	enue and expense statement tements that describes the	, and balance sheet, and organization's accounting for
Pă	Complete if the organization ans	ections of Art, Historical Tr wered 'Yes' to Form 990, P	easures, or Other Sin Part IV, line 8.	nilar Assets.
1	a If the organization elected, as permitted unde art, historical treasures, or other similar asse in Part XIV, the text of the footnote to its fina	ts held for public exhibition, educa	ition, or research in further	nt and balance sheet works of ance of public service, provide,
	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	er SFAS 116 (ASC 958), to report eld for public exhibition, education	in its revenue statement a , or research in furtherance	nd balance sheet works of art, e of public service, provide the
	(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 amounts required to be reported under SFAS			gain, provide the following
	a Revenues included in Form 990, Part VIII, lin	e 1 .		► \$
	b Assets included in Form 990, Part X			► \$

Part III Organizations Maintai	ining Collection	iis oi Art, nisto	rical ireasures, or	Other Jilliai Ass	ets (continued)
3 Using the organization's acquisitivitiems (check all that apply)	on, accession, an	d other records, che	eck any of the following	that are a significant u	se of its collection
a Public exhibition		d Loan o	or exchange programs		
b Scholarly research		e Other			
c Preservation for future gener	ations				
4 Provide a description of the organ Part XIV.	nization's collection	ons and explain how	they further the organiz	zation's exempt purpos	e in
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be n	naintained as part c	of the organization's colle	ection?	Yes No
Part IV Escrow and Custodia line 9, or reported an	Arrangement	s. Complete if t	he organization ans line 21	wered 'Yes' to For	m 990, Part IV,
1a Is the organization an agent, trus				er assets not	
included on Form 990, Part X?	ice, castoaian, or	outer intermediary			Yes No
b If 'Yes,' explain the arrangement	in Part XIV and o	omplete the follows	ng table		<u> </u>
					Amount
c Beginning balance				1c	 -
d Additions during the year			•	1 d	
 Distributions during the year 				1e	
f Ending balance					
2a Did the organization include an a		90, Part X, line 21?			∐ Yes ☐ No
b If 'Yes,' explain the arrangement	ın Part XIV.			- 000 D-+ IV I	10
Part V Endowment Funds. Co	mplete if the o		1		
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.				· ·	
b Contributions					
c Net investment earnings, gains, and losses					, , , , , , , , , , , , , , , , , , ,
d Grants or scholarships					
 Other expenditures for facilities and programs 					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentag	e of the current ye	ear end balance (lin	ne 1g, column (a)) held a	as	
a Board designated or quasi-endov	wment ►	%			
b Permanent endowment ▶	%				
c Temporarily restricted endowmer	nt ►	%			
The percentages in lines 2a, 2b,	and 2c should eq	ual 100%.			
3a Are there endowment funds not organization by:	ın the possession	of the organization	that are held and admir	nistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations		•			3a(ii)
b If 'Yes' to 3a(II), are the related	organizations liste	d as required on So	chedule R?		3b
4 Describe in Part XIV the intende					<u> </u>
Part VI Land, Buildings, and					
Description of property		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		V. 1700 arriority	555.5 (41.15.)		
b Buildings	 			7	
c Leasehold improvements .	 			···	
d Equipment					
e Other	 		15,072.		15,072
Total. Add lines 1a through 1e. (Colur	nn (d) must eauai	Form 990. Part X		>	15,072
BAA	(a) made aqua			Sched	dule D (Form 990) 20

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

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

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

Sche	edule D (Form 990) 2011 COLORADO 500 CHARITY FUND	84-0986727	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)	-	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return N/A	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	9 6	
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants	, ř	
d	Other (Describe in Part XIV.)	1	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 2	
а	Investment expenses not included on Form 990, Part VIII, line 7b.		
b	Other (Describe in Part XIV) . 4b	1 2 2 2	
C	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).	5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return N/A	
	Total expenses and losses per audited financial statements	_1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	, <u>,</u>	
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
_	Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIV.) 4b	х	
	Other (Describe in Part XIV.) Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par 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 com additional information	rt IV, lines 1b and 2b, plete this part to provic	le

TEEA3304L 05/25/11

Schedule **D** (Form 990) 2011

BAA

Schedule D (Form 330) 2011 COLORADO 300 CHARIII FUND	04-0300/2/	rage 3
PartXIV Supplemental Information (continued)		
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
		_

SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

% ⊠

Yes

Employer Identification number 84-0986727 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Complete if the organization and the Form 990. Part | General Information on Grants and Assistance COLORADO 500 CHARITY FUND Department of the Treasury Internal Revenue Service Name of the organization

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Rartill Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

A	(b) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance other)	0.								A	0	
al space is needed	on (d) Amount of cash grant le	VARIOUS 33,925.								ernment organizations listed in the line 1 table	in the line 1 table	
Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	(1) VARIOUS 501 (C) (3) ORGANIZATIO 39 CONTRIBUTIONS - SEE ATTACH	(2)	(3)	[4]	(5)	(6)	<u></u>	(8)	2 Enter total number of section 501(c)(3) and government organization		

COLORADO 500 CHARITY FUND Schedule I (Form 990) (2011)

Page 2 Part III Arants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. 84-0986727

(f) Description of non-cash assistance								ner additional information.								
(e) Method of valuation (book, FMV, appraisal, other)								rt I, line 2, and any other								
(d) Amount of non-cash assistance								provide the information required in Part I					 	 	 	! ! ! ! !
(c) Amount of cash grant	29, 500.	23,700.				***		rovide the informa		 1 1 1 1		 	 	 	 	
(b) Number of recipients	16	1	1					olete this part to p		 		 	! !	 	 	
(a) Type of grant or assistance	1 SCHOLARSHIPS	2 ASSISTANCE TO MINISTRIES	3 AID TO INDIVIDUALS	4	5	9	7	art IVs Supp	 						 	

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Schedule I (Form 990) (2011)

SCHEDULE L •(Form 990 or 990-EZ)

(6) (7) (8) (9) **Transactions With Interested Persons**

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open to Public

Internal Revenue Service	h to Form	990 or I	Form 990-EZ. ► See se	parate instructions.		Ins	pection		
Name of the organization Employer identification number									
COLORADO 500 CHARITY FUND					34-098672				
Part Excess Benefit Transaction									
Complete if the organization ans	wered 'Ye	s' on Foi	rm 990, Part IV, line 25	a or 25b, or Form 99	0-EZ, Part V,	line 40b.			
1 (a) Name of disqualified person	1	1		(b) Description of transaction	า		(c) Co	rrected?	
							Yes	No	
(1)							_	+-	
(2)			· · · · · ·					┼	
(3)		-						┼	
					· · · ·		+	+	
(6)							+	+-	
<u> </u>									
2 Enter the amount of tax imposed on th section 4958	e organiza	ition mai	nagers or disqualified pe	ersons during the yea	ar under ► \$	3			
3 Enter the amount of tax, if any, on line	2, above,	reimbur	sed by the organization		► \$;			
Part II 1 Loans to and/or From Inte	rested F	erson	S.						
Complete if the organization answ	ered 'Yes'	on Form	990, Part IV, line 26 or	Form 990-EZ, Part V,	lıne 38a.				
(a) Name of interested person and purpose	(b) Loan	to or from	om (c) Original (d) Balance due		(e) In default?	(f) Approve	d (g) \	Written ement?	
			printospar amount			committee			
	То	From			Yes No	Yes No		No	
(1) WALLY DALLENBACH	X	1	18,000.	18,000). X	X	<u> </u>	X	
(2)		-			+	+-+		+	
(3)		-				+	-	+	
(4)	-					+-+		+	
(5)					+ + -	+-+-		+	
(6) (7)		1				+ +		+	
(8)				- <u></u>	+ + -	 		+	
(9)					1 1	 		+	
(10)								1	
Total		······································	▶ \$	18,000	1、运制:备网络	() () ()	小海溶	1 .	
Part III Grants or Assistance Ben	efiting l	nterest	ed Persons.						
Complete if the organization answ	rered 'Yes'	on Form	1 990, Part IV, line 27.						
(a) Name of interested person	(b) Relationship between interested person and the organization (c) Amount and type of assistance (c) Amount and type					nce			
(1)									
(2)									
(3)			··						
(4)									
(5)									

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

Schedule L (Form 990 or 990-EZ) 2011

Part IV	Business Transactions Invo Complete if the organization answere	Iving Interested Pers	s ons. IV. line 28a, 28h, or 28c				
	(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
		orgánization			Yes	No No	
(1)		<u> </u>					
(2)				·			
(3)							
(4)	w			-			
(5)		· · · · · · · · · · · · · · · · · · ·				-	
(6) (7)							
(8)							
(9)							
(10)							
Part V	Supplemental Information			L. L. Zivivi and L. L. L. S.			
(Complete this part to provide additiona	il information for response	es to questions on Schedi	ale L (see instructions).			
					. – – –		
		-			. – – –		
	- -						
						. _	
					. – – –		
					. -	. _	
- -	··· 	· — — —					

Schedule L (Form 990 or 990-EZ) 2011 COLORADO 500 CHARITY FUND

84-0986727

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization	Employer identification number
COLORADO 500 CHARITY FUND	84-0986727
FORM OOD DARRY A LINE AND TORK OOD DESCRIPTION OF THE PROPERTY	
FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCESS	
NO_REVIEW_WAS_OR_WILL_BE_CONDUCTED.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
··	