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Short Form Return of Organization Exempt From Income Tax

2012

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

59994

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **Partner Colorado Foundation**
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: **PO Box 1346**
 City or town, state or country, and ZIP + 4: **Arvada, CO 80001**

D Employer identification number: **20-1753099**

E Telephone number: **303-422-6221 Wo**

F Group Exemption Number: **▶**

G Accounting Method: Cash Accrual Other (specify) **▶**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **▶ N/A**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 44,186.**

#31
OCT 03 2014
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Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21				
Revenue	1	Contributions, gifts, grants, and similar amounts received														18,155.																	
	2	Program service revenue including government fees and contracts																															
	3	Membership dues and assessments																															
	4	Investment income														96.																	
	5a	Gross amount from sale of assets other than inventory																															
	5b	Less: cost or other basis and sales expenses																															
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																															
	6	Gaming and fundraising events																															
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																															
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)														25,935.																		
c	Less: direct expenses from gaming and fundraising events														11,932.																		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														14,003.																		
7a	Gross sales of inventory, less returns and allowances																																
b	Less: cost of goods sold																																
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																																
8	Other revenue (describe in Schedule O)																																
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														32,254.																		
Expenses	10	Grants and similar amounts paid (list in Schedule O)														34,000.																	
	11	Benefits paid to or for members																															
	12	Salaries, other compensation, and employee benefits																															
	13	Professional fees and other payments to independent contractors																															
	14	Occupancy, rent, utilities, and maintenance																															
	15	Printing, publications, postage, and shipping																															
	16	Other expenses (describe in Schedule O)														2,382.																	
	17	Total expenses. Add lines 10 through 16														36,382.																	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														<4,128.>																	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														47,264.																	
	20	Other changes in net assets or fund balances (explain in Schedule O)														0.																	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20														43,136.																	

See Schedule O
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OLHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	48,264.	22	43,136.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	48,264.	25	43,136.
26 Total liabilities (describe in Schedule O) See Schedule O	1,000.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,264.	27	43,136.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Scholarship program for college and graduate students	(Grants \$ 30,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	30,000.
29 Donations to other non-profit organizations	(Grants \$ 4,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	4,000.
30	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	34,000.

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Frances Owens Director - Chair	1.00	0.	0.	0.
Mary Hood Director	1.00	0.	0.	0.
Charles Olesky Director	1.00	0.	0.	0.
Logan Lucas Treasurer	2.00	0.	0.	0.
Spencer Guilford President	2.00	0.	0.	0.
Carol Naranjo Secretary	2.00	0.	0.	0.
Jessica Beck Director	1.00	0.	0.	0.
Michael Sponsel Director	1.00	0.	0.	0.

Part V: Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

X

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		X
48		X
49a		X
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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.

Sign Here

Signature of officer: *Logan Lucas* Date: 9/14/14
Type or print name and title: Logan Lucas, Treasurer

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Sheila M. Balzer	<i>Sheila M. Balzer</i>	9/5/14		P00967957
	Firm's name	Firm's EIN		Firm's address	
	Holben Hay Lake Balzer CPAS LLC	84-1474365		1777 S Harrison Street #1000	
	Denver, CO 80210	303-759-2727			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization Partner Colorado Foundation	Employer identification number 20-1753099
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e 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).
- f 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
- g 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, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

232021
12-04-12

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	17,290.	24,404.	28,547.	17,483.	18,155.	105,879.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17,290.	24,404.	28,547.	17,483.	18,155.	105,879.
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)						
6 Public support. Subtract line 5 from line 4						105,879.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	17,290.	24,404.	28,547.	17,483.	18,155.	105,879.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	509.	443.	181.	116.	96.	1,345.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						107,224.
12 Gross receipts from related activities, etc. (see instructions)					12	86,713.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98.75 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	98.44 %
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

Calendar 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 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						
3 Gross receipts from activities that are not an unrelated trade or business 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II 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
		Golf Tournament		None	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	25,935.		25,935.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	25,935.		25,935.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	11,932.		11,932.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(11,932)
	11	Net income summary. Combine line 3, column (d), and line 10			14,003.

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

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? Yes No

13 Indicate the percentage of gaming activity operated in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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 Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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).

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Partner Colorado Foundation

Employer identification number

20-1753099

Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property:	Amount:
Interest income	96.

Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 3,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,500.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,500.

Activity Classification: Scholarship

Grantee Relationship: None

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Partner Colorado Foundation

Employer identification number

20-1753099

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

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Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

SCHEDULE O
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OMB No 1545-0047

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Open to Public
Inspection

Name of the organization

Partner Colorado Foundation

Employer identification number

20-1753099

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

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Inspección

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20-1753099

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

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Schedule O (Form 990 or 990-EZ) (2012)

232211
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SCHEDULE O
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Open to Public
Inspection

Name of the organization

Partner Colorado Foundation

Employer identification number
20-1753099

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

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

Schedule O (Form 990 or 990-EZ) (2012)

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OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Partner Colorado Foundation

Employer identification number
20-1753099

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 2,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given: 1,000.

SCHEDULE O
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2012

Open to Public Inspection

Name of the organization

Partner Colorado Foundation

Employer identification number

20-1753099

Activity Classification: Scholarship

Grantee Relationship: None

Property Description: Cash Scholarship

Date of Gift: 07/31/12

Amount Given:

1,000.

Activity Classification: Donations

Grantee Name: Junior Achievement Bowl-A-Thon

Grantee Address: 1445 Market St, #200 Denver, CO 80202

Grantee Relationship: None

Property Description: Cash

Date of Gift: 02/14/12

Amount Given:

200.

Activity Classification: Donations

Grantee Name: Hope House

Grantee Address: 2026 S Yates St Denver, CO 80219

Grantee Relationship: None

Property Description: Cash

Date of Gift: 04/30/12

Amount Given:

1,000.

Activity Classification: Donations

Grantee Name: Children's Hospital Courage Classic

Grantee Address: 13123 East 16th Ave Aurora, CO 80045

Grantee Relationship: None

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Schedule O (Form 990 or 990-EZ) (2012)

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SCHEDULE O
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20-1753099

Property Description: Cash

Date of Gift: 06/01/12

Amount Given:

200.

Activity Classification: Donations

Grantee Name: American Cancer Society

Grantee Address: 2255 S Oneida St. Denver, CO 80224

Grantee Relationship: None

Property Description: Cash

Date of Gift: 07/31/12

Amount Given:

125.

Activity Classification: Donations

Grantee Name: Dress for Success

Grantee Address: 1510 High Street Denver, CO 80218

Grantee Relationship: None

Property Description: Cash

Date of Gift: 09/01/12

Amount Given:

200.

Activity Classification: Donations

Grantee Name: Operation Warm Denver Housing Authority

Grantee Address: PO Box 822431 Philadelphia, PA 19182

Grantee Relationship: None

Property Description: Cash

Date of Gift: 12/01/12

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

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OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Partner Colorado Foundation

Employer identification number

20-1753099

Amount Given:

275.

Activity Classification: Donations

Grantee Name: Hope House

Grantee Address: 2026 S Yates St Denver, CO 80219

Grantee Relationship: None

Property Description: cash

Date of Gift: 01/01/12

Amount Given:

1,000.

Activity Classification: Donations

Grantee Name: CO Homeless

Grantee Address: 2111 Champa St Denver, CO 80224

Grantee Relationship: None

Property Description: cash

Date of Gift: 01/01/12

Amount Given:

1,000.

Total included on Form 990-EZ, line 10

34,000.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:

Amount:

Fundraising

1,281.

Miscellaneous

878.

Software Maintenance

223.

Total to Form 990-EZ, line 16

2,382.

SCHEDULE O
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2012

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Name of the organization

Partner Colorado Foundation

Employer identification number
20-1753099

Form 990-EZ, Part II, Line 26, Other Liabilities:

Description	Beg. of Year	End of Year
Scholarships Payable	1,000.	0.

Form 990-EZ, Part III, Primary Exempt Purpose - The foundation's primary function is to fund scholarships for undergraduate school students. It also supports organizations that make a tangible difference in people's lives through programs that offer health care, foster care, adoptive and counseling services, mentoring, food, clothing, shelter and more.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II: Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

		Enter filer's identifying number, see instructions
Type or print	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	Partner Colorado Foundation	20-1753099
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	PO Box 1346	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	Arvada, CO 80001	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

The Foundation

- The books are in the care of **6221 Sheridan Blvd - Arvada, CO 80003**
Telephone No. **303-422-6221** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **November 15, 2013**.
- For calendar year **2012**, or other tax year beginning _____, and ending _____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension
More time is needed to compile information necessary to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title **CPA** Date _____