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### **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

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

<u> </u>	or the	e 201	2 calendar year, or tax year beginning , 2012, and	d ending		, 20
R a	haak da:	nleash!-	C Name of organization		D Employer identif	
c 	heck if app	·	BEANSTALK FOUNDATION		26-305263	1
Ĺ	Addres		Doing Business As		_	
	Name	change	Number and street (or P O box if mail is not delivered to street address)	m/suite	E Telephone numb	er
$\Gamma_{-}$	Initial	return	952 LOGAN STREET		(303) 592-	4900
	Termin	nated	City, town or post office, state, and ZIP code			
	Ameno		DENVER, CO 80203		G Gross receipts \$	5,225,873.
	Applic. pendin	ation	F Name and address of pnncipal officer E. TED STOLBERG		H(a) Is this a group ret affiliates?	um for Yes X No
	_ ,	٠	952 LOGAN STREET DENVER, CO 80203		H(b) Are all affiliates in	cluded? Yes No
ī	Tax-exe	empt sta	atus X 501(c)(3) 501(c)( ) ◀ (insert no ) 4947(a)(1) or	527	If "No," attach a li	st (see instructions)
J	Websit	te 🕨	WWW.BEANSTALKFOUNDATION.ORG	<del></del>	H(c) Group exemption	number <b>&gt;</b>
<u>-</u>	Form o	of organ	ization X Corporation Trust Association Other	L Year of forma	tion 2008 M State	e of legal domicile CO
Pa	rt i	Sur	nmary		<u> </u>	
		Briefly	describe the organization's mission or most significant activities			
	1		PROMOTE ACTS OF GENEROSITY WITHIN OUR COMMUNITIES	S BY SUPP	ORTING	
Governance	i		RYDAY HEROES, CALLED GARDENERS, WITH FUNDING, EDU		<del></del>	
ma	1		NISTRATIVE SUPPORT			
ove	l		this box 🕨 🔲 if the organization discontinued its operations or disposed of	more than 25%	6 of its net assets	
න්	l		er of voting members of the governing body (Part VI, line 1a)		1 -	] 3
	I .		er of independent voting members of the governing body (Part VI, line 1b)			2
¥.			number of individuals employed in calendar <del>year 2012 (Part V, line 2a)</del>			5
Activities	6	Total i	number of volunteers (estimate if necessary)RECEIVED		6	31
a.	7a	Total	unrelated business revenue from Part VIII collinare(6) line 12		7a	
			prelated business taxable income from Fore 990 T, line 34		7b	
	<u> </u>	TTO: UI	ZI AUG 2 8 7013 197	· · · · · · ·	Prior Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)		191,500.	2,821,260
Jule	9	Progra	butions and grants (Part VIII, line 1h).  am service revenue (Part VIII, line 2g).  OGDEN: UT.		131,300:	2,021,200
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		1,922.	552,394
æ			revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1, 522.	332,334
	1		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		193,422.	3,373,654.
			s and similar amounts paid (Part IX, column (A), lines 1-3)		40,840.	60,595
			its paid to or for members (Part IX, column (A), line 4)		10,040:	00,333
	46		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		73,024.	216,221
Expenses	162		ssional fundraising fees (Part IX, column (A), line 11e)		73,024.	210,221
ž	lua		•			4
Ж	17		fundraising expenses (Part IX, column (D), line 25)		173,229.	125,848
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		287,093.	402,664
	1		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		-93,671.	2,970,990
- is	19	Reven	nue less expenses Subtract line 18 from line 12		nning of Current Year	End of Year
Net Assets or Fund Balances	20	T-4-1		Begii	_ <del></del>	<del></del>
Isse Bala	20		assets (Part X, line 16)	· · · ·	121,005.	3,091,995
a g	21		habilities (Part X, line 26)	· · · ·	121 005	3 001 005
			sets or fund balances Subtract line 21 from line 20		121,005.	3,091,995
_	rt II		gnature Block of perjury 1 declare that I have examined this return, including accompanying schedules a	and statements	and to the best of mu	Included and helpful it.
tru	e, corre	ct, and	complete Declaration of preparer (other then officer) is based on all information of which pr	eparer has any k	nowledge	knowledge and belief, it is
			T. Was		9 12	2013
Sig	ın		Signature of officer		Date	<del></del>
He		(	Fitherdone Stallers Propident	-	54.0	
1			Type or print name and title	<u>.                                    </u>		
				Date .	<del></del>	PTIN
Pat	d				Check if	
Pre	parer		A J. FINE PROCESSING IN	8/1/1	3 self-employed	P00232685
	Only		sname ► HEIN & ASSOCIATES LIP	-//-		-0749233
<u> </u>	. Al- : **		saddress ► 1999 BROADWAY SUITE 4000 DENVER, CO 80202	<u>.                                    </u>	Phone no 30	3-298-9600
_			cuss this return with the preparer shown above? (see instructions)	<u> </u>	<u></u>	. X Yes No
For	Paper	rwork	Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2012

_		Page 2
Pa		
_	Check if Schedule O contains a response to any question in this Part III	
7		
Check if Schedule O contains a response to any question in this Pai  Briefly describe the organization's mission  TO PROMOTE ACTS OF GENEROSITY WITHIN OUR COMMUNITIE EVERYDAY HEROES, CALLED GARDENERS, WITH FUNDING, ED ADMINISTRATIVE SUPPORT  2 Did the organization undertake any significant program services during the pror Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes services?  If "Yes," describe these changes on Schedule O 1 Describe the organization's program service accomplishments for each expenses Section 501(c)(3) and 501(c)(4) organizations are required to the total expenses, and revenue, if any, for each program service reported  4a (Code) (Expenses \$	<del></del>	
	ADMINISTRATIVE SOFFORT	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		No
		<b>_</b>
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O	_
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	
	ATTACHERNY	
4h	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
70	/Code/(Expenses #	
_	/O-d-	
4 C	(Code) (Expenses \$including grants of \$)         ) (Revenue \$)	
4d	Other program services (Describe in Schedule O )	
_	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 198,929.	

	BEANSTALK FOUNDATION	26-3052	2631		
Form 9	90 (2012)			1	Page 3
Part	V 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				
	complete Schedule A		1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposi			į	
	candidates for public office? If "Yes," complete Schedule C, Part I		3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 5				1
	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 School				İ
	Part III		_5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which or	lonors			
	have the right to provide advice on the distribution or investment of amounts in such funds or account				
	"Yes," complete Schedule D, Part I		_ 6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open	space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If	"Yes,"			
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serv				
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit rep	air, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV		9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily res				
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Pa	ırts VI,			65
	VII, VIII, IX, or X as applicable			7	لنثأ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If				
	complete Schedule D, Part VI		11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or				ĺ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or				1
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total				1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D		11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that add	iresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part $X$ .		11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? In				
	complete Schedule D, Parts XI and XII		12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"				
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		12b		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$		13		X
	Did the organization maintain an office, employees, or agents outside of the United States?		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantm	-			1
	fundraising, business, investment, and program service activities outside the United States, or agg	-			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance				
4.0	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 assistant and advantages to a standard transfer than the transfer of the standard transfer of th		٠.,		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		16		_X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising se				.,
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contribution		_ ـ ـ ـ ا		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, III				,.
	If "Yes," complete Schedule G, Part III		19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a		X
<u></u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.		20b		i

Form 990 (2012)

Page 4

<u>P</u> ar	Checklist of Required Schedules (continued)		,	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	İ		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
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			
Ū	to defease any tax-exempt bonds?	24c		
d				
		24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			١,,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			i
	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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
-	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<del></del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
50	conservation contributions? If "Yes," complete Schedule M	20		Х
24		30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			,,
••	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, 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			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	27		v
20		37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	,,		l .
	19? Note. All Form 990 filers are required to complete Schedule O	38		Х

Part \	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O contains a response to any question in this Part V	• • •	Yes	No
1a E	nter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		s.	
bЕ	nter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1	ŷ,	Ž
	id the organization comply with backup withholding rules for reportable payments to vendors and	25.55	<b></b>	<u>-</u>
	eportable gaming (gambling) winnings to prize winners?	1c		
	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax	19.24° 1972	. ,	
S	tatements, filed for the calendar year ending with or within the year covered by this return . 2a 5			نگا
	at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> 6000</u> 2	ŶÀ	
	old the organization have unrelated business gross income of \$1,000 or more during the year?	3a		}
	"Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		L
	t any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	ver, a financial account in a foreign country (such as a bank account, securities account, or other financial			ŀ
а	ccount)?	4a		
	"Yes," enter the name of the foreign country	() () (8)	·	٠,
	ee instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		<i>¥</i>	، مند
	Vas the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_
	id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	"Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
3a D	loes the organization have annual gross receipts that are normally greater than \$100,000, and did the			
0	rganization solicit any contributions that were not tax deductible as charitable contributions?	6a		
	"Yes," did the organization include with every solicitation an express statement that such contributions or		i	
g	ıfts were not tax deductible?	6b		
, 0	organizations that may receive deductible contributions under section 170(c).	* , ,	ą.	Ţ,
a D	nd the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	. `	<b></b>	2.
а	nd services provided to the payor?	7a		
b If	"Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c D	old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
re	equired to file Form 8282?	7c		
d If	"Yes," indicate the number of Forms 8282 filed during the year	1816		
	old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	old the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Г
	ponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1889.	: 37.7	8
	rganizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			80
	rganization, have excess business holdings at any time during the year?	8		
	ponsoring organizations maintaining donor advised funds.		<b>X</b> :	ŀ
	old the organization make any taxable distributions under section 4966?	9a		
	old the organization make a distribution to a donor, donor advisor, or related person?	9b		Г
	ection 501(c)(7) organizations. Enter	334	-W/3	Ę
	nitiation fees and capital contributions included on Part VIII, line 12		1.A	\(\frac{1}{2}\)
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			*
	ection 501(c)(12) organizations. Enter		. 4 <sup>3</sup> / <sub>2</sub> -	Æ,
	Gross income from members or shareholders		24	ζ.
	Gross income from other sources (Do not net amounts due or paid to other sources			
	gainst amounts due or received from them )		ÿ 4.	
	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	"Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	15.	<b>(</b>	
	ection 501(c)(29) qualified nonprofit health insurance issuers.	2%	122	
	s the organization licensed to issue qualified health plans in more than one state?	13a		$\vdash$
	lote. See the instructions for additional information the organization must report on Schedule O	, Ju	de .	$\vdash$
	inter the amount of reserves the organization is required to maintain by the states in which	; ;	, `	۶
	ne organization is licensed to issue qualified health plans	% · · ′	7	
		v-*	•	3
	Inter the amount of reserves on hand	14a	<u>1874</u>	Ĥ
	the organization receive any payments for indoor tanning services during the tax year?	14a		
	res, has a nieu a ronn 720 to report mese payments " ir ivo, provide an explanation in Scriedule O	14D	990	L

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management No 1a 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 . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code, No Х 10a 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 Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 Χ Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c Did the organization have a written whistleblower policy?.... 13 13 Did the organization have a written document retention and destruction policy?...... 14 Х 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? The organization's CEO, Executive Director, or top management official 15a Χ 15b 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 Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶\_\_\_\_\_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization ► DIANA CRABTREE 952 LOGAN STREET DENVER, CO 80203 JSA Form 990 (2012) Section A.

	· · · · · · · · · · · · · · · · · · ·						_ ·		
Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
,	Independent Contractors					_			

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) Position (D) (E) (F) (do not check more than one Name and Title Average Reportable Reportable Estimated hours per box, unless person is both an compensation compensation from amount of week (list any officer and a director/trustee) from related other compensation organizations the hours for Officer Individual trustee Institutional trustee Key employee Highest from the related organization (W-2/1099-MISC) organization (W-2/1099-MISC) organizations and related below dotted compensated organizations line) (1) TED STOLBERG 1.00 PRESIDENT Х 0 n (2) JAN WEST 1.00 TRUSTEE Χ 0 (3) DIANA CRABTREE 1.00 TRUSTEE Х 5,409 Λ (5) (6) (7) (8) (9) (10) (11) (12) (13)

Form 990 (2012)

Part VII Section A. Officers, Directors, Ti	rustees, Ke	ey En	npic	oye	es,	and	Hig	hest Compensat	ed Employe	ees (c	continued)
(A)	(B)			(	C)			(D)	(E)	1	(F)
Name and title	Average	Position (do not check more than o						Reportable	Reportab	le l	Estimated
	hours per								compensation	n from	amount of
	week (list any					is both		from	related		other
	hours for		er an	~	_	tor/trus		the	organizatio	ons	compensation
	related	IS E	l IS	Officer	ゑ	₽ĕ	Former	organization	(W-2/1099-N		from the
	organizations	l a a	1 2	<u> </u>	9	Po ne	l⊯	(W-2/1099-MISC)	1	·	organization
	below dotted	당됩	ğ	'	륯	ee α	~				and related
	line)	ndividual truster r director	nstitutional trustee		Key employee	l ≌					organizations
		stee	S		°	ĕ					
		"	ee			Highest compensated employee				- 1	
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		-				1	1	Ì			
		L				<u> </u>					
1b Sub-total								5,409.		0	
c Total from continuation sheets to Part VII,	Section A						<b>&gt;</b>	0	)	0	
d Total (add lines 1b and 1c)							•	5,409.	-	0	
									6400 000 /		
2 Total number of individuals (including but not			_	a a	DOV	e) wno	o re	eceived more than	\$100,000 of		
reportable compensation from the organization	on 🕨	(	0								
											Yes No
3 Did the organization list any former offi	cer directo			ıcto	_	kov c		vlovoo or bighoo		ام ما	
omplayed on line 122 if "Veg " complete School	tulo I for ou	), OI	۱۱۱ امیریا	151E	e,	кеу е	amp	hoyee, or nighes	compensa	tea	
employee on line 1a? If "Yes," complete Sched	iule J for su	cn ina	iivia	uai				• • • • • • • • • •			3 X
4 For any individual listed on line 1a, is the	sum of ren	ortab	ole d	com	per	satio	n ai	nd other compens	sation from 1	the	
organization and related organizations g	reater than	\$15	50.0	002	) If	"Yes	. "	complete Schedu	le I for si	ich	
ındıvıdual		Ψ	,,,			,	,	complete concaa	10 0 101 31	1011	4 X
5 Did any person listed on line 1a receive or	r accrue co	mpen	satı	on :	tron	n any	un	related organization	on or individ	ual	
for services rendered to the organization? If ")	es," comple	te Scl	hedu	ıle J	for	such	per	son	<u> </u>	<u> </u>	5 X
Section B. Independent Contractors											
1 Complete this table for your five highest cor	nnensated i	ndene	ende	ont .	con	tracto	rs t	hat received more	than \$100	000 0	
compensation from the organization Report	compensati	on foi	r the	ca	lend	lar ve	ar e	ending with or with	on the organ	uzatio	n'e tav
year		··· ···				, y C	u. c	anding with or with	mir the organ	izatioi	iis tax
, ca.											
(A)								(B)	†		(C)
Name and business ac	ldress						1	Description of se	ervices	С	compensation
							$\top$				
							+				
							1				
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* *			-		_		$\top$				<del></del>
2. Total number of independent contraction /	malualm = J		4 1		4 4	. AL.	1 .				St. 1. St. St. Late.
2 Total number of independent contractors (	moluaing bi	ut no	LIIN	nice	u to		e II	isted above) who	received		
more than \$100,000 in compensation from t	ne organizat	iion 🕽	-			0				18	A V V V V

	للهجم	Check if Schedule O contains a	respoi	nse to any ques	tion in this Part VII	II <u>.</u>	<u></u>	[X]
	į.		· ·	s Ty	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tal under sections 512, 513, or 514
1 S S	1	Fodested company	1a	- î				012,010,0101
Contributions, Gifts, Grants and Other Similar Amounts	1a h	Federated campaigns			· · · · · · · · · · · · · · · · · · ·			- , /·
A, G	c	Fundraising events					Y .	
ia ia	d	Related organizations	1d		Mr. oder 🗞	19 1 T		\$ 5 m
ons, Sir	е	Government grants (contributions)	1e	<del> </del>		3 45	- 4	
butiv	f	All other contributions, gifts, grants			Section 1			
Ę		and similar amounts not included above .		2,821,260				
a Co	g h	Noncash contributions included in lines 1a-1  Total Add lines 1a-1f			2,821,260			
Jue		Total Alea lines to the second		Business Code		2		*
Program Service Revenue	2a							
e K	b							
Ž	С							
ı Se	d	<del></del>						
gran	е					<del>-</del>		
Pro	g	All other program service revenue Total Add lines 2a-2f			0		<b>1</b>	The same
	3	Investment income (including dividend		· -		, san	AND AND AND AND AND AND AND AND AND AND	
		other similar amounts). ATTACHME			19,661			19,661
	4	Income from investment of tax-exempt	bond p	roceeds Þ	6,931			6,931
	5	Royalties · · · · · · · · · · · · · · · · · · ·		<b>&gt;</b>	0	May 1 1 2000 2020	^	# · · · · · · · · · · · · · · · · · · ·
			di	(II) Personal				
	6a	Gross rents		· · · · · · · · · · · · · · · · · · ·				
	b	Rental income or (loss)					×. %	*
	d	Net rental income or (loss)			0			latic yattimasama, attima
	7a	Gross amount from sales of (i) Secu		(II) Other			146	
	'"		5,195	423,370				
	b	Less cost or other basis						
		and sales expenses 1,743		108,924.	e.	200		
	c d	Gain or (loss)		314,446	525,802	38.8 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1		505.000
ø	8a	Gross income from fundraising		· · · · · · · · · · · · · · · · · · ·	323,802	M. ZV		525, 802
Ξ		events (not including \$				34.2.7		
eve	ĺ	of contributions reported on line 1c)						
Š		See Part IV, line 18	a			・ 第二次を領		
Other Reve	b	Less direct expenses		··			<u> </u>	<del></del>
Ö	C	Net income or (loss) from fundraising e	، vents ا	<u> ▶</u>	0	200 A (A (A (A (A (A (A (A (A (A (A (A (A (	<b>₹</b> ** 21. <b>6</b> %	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	9a	Gross income from gaming activities See Part IV, line 19						
	ь	Less direct expenses						
	c	Net income or (loss) from gaming activity			0			***************************************
	10a	Gross sales of inventory, less	. [		A SHARP WHEN		\$60-17 · 18.	
		returns and allowances	а				<u> </u>	
	b	Less cost of goods sold		<u> </u>	<u> </u>	<u> </u>	1 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	<u>c</u>	Net income or (loss) from sales of inver Miscellaneous Revenue	ntory	Business Code	0	یش بنور	£ , &a	
		Wildeliandous (Vereinae		Dusiness Code	<u> </u>			
	11a b							
	d	All other revenue	<del></del>					
	е	Total. Add lines 11a-11d		>	0		200 C	1.2 4.1
	12	Total revenue See instructions	· · · ·	<u></u>	3,373,654	L		552,394

	rt IX Statement of Functional Expense				
Sec	ction 501(c)(3) and 501(c)(4) organizations m			ons must complete colu	mn (A)
	Check if Schedule O contains a resp	onse to any question i	n this Part IX		
	not include amounts reported on lines 6b, 7b, 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 $$ .	43,410.	43,410.		<del> </del>
2	Grants and other assistance to individuals in the United States See Part IV, line 22	17,185.	17,185.		
3	Grants and other assistance to governments,			, ,	
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		,	-
5	Compensation of current officers, directors, trustees, and key employees	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			
7	Other salaries and wages	158,819.	31,764.	127,055.	
8	Pension plan accruals and contributions (include section		· · · · · · · · · · · · · · · · · · ·		
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	3,526.	705.	2,821.	
10	Payroll taxes	53,876.	10,775.	43,101.	*
11	Fees for services (non-employees)				
а	Management	0			
_	Legal	9,834.	9,834.		
	Accounting	7,659.		7,659.	· · · · · · · · · · · · · · · · · · ·
	Lobbying	0			
	Professional fundraising services See Part IV, line 17	0	5^ <b>%</b>	, ,	
f	Investment management fees	0	· · · · · · · · · · · · · · · · · · ·		
	Other (If line 11g amount exceeds 10% of line 25 column				
	(A) amount list line 11g expenses on Schedule O)	19,082.	19,082.		
12	Advertising and promotion	0			
13	Office expenses	9,116.		9,116.	
14	Information technology	48,613.	48,613.		
15	Royalties	0			
16	Occupancy	13,983.		13,983.	
17	Travel	16,712.	16,712.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	40.	40.		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	809.	809.		
24	Other expenses Itemize expenses not covered	*,	;	<	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	,	•	<b>3</b> .	
	(A) amount, list line 24e expenses on Schedule O)	,	,	(A)	
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	402,664.	198,929.	203,735.	
26	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	oĺ			

Pa	rt X	Balance Sheet			
_		Check if Schedule O contains a response to any question in this Par	tX	<u></u>	x
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	20,600.	1	0
	2	Savings and temporary cash investments	4,711.	2	432,492.
	3	Pledges and grants receivable, net	q	3	(
	4	Accounts receivable, net	0	4	(
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L	0	5	
	6	Loans and other 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			
ın		organizations (see instructions) Complete Part II of Schedule L		6	C
Assets	7	Notes and loans receivable, net		7	(
ASS	8	Inventories for sale or use	O	8	(
`	9	Prepaid expenses and deferred charges	0	9	(
	10 a	Land, buildings, and equipment cost or	後 溪		,
		other basis Complete Part VI of Schedule D	* * *		
	b	Less accumulated depreciation	0	10c	C
	11	Investments - publicly traded securities ATCH 4	95,694.	11	2,658,334.
	12	Investments - other securities See Part IV, line 11	0	12	C
	13	Investments - program-related See Part IV, line 11	0	13	C
	14	Intangible assets	0	14	C
	15	Other assets See Part IV, line 11	0	15	1,169.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	121,005.	16	3,091,995.
	17	Accounts payable and accrued expenses		17	C
	18	Grants payable		18	C
	19	Deferred revenue	0	19	C
	20	Tax-exempt bond liabilities	0	20	C
es	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	C
Liabilities	22	Loans and other payables to current and former officers, directors,	, 8% )		Ž,
iab		trustees, key employees, highest compensated employees, and	/v		45 mm
_		disqualified persons Complete Part II of Schedule L	0	22	C
	23	Secured mortgages and notes payable to unrelated third parties	0	20	C
	24	Unsecured notes and loans payable to unrelated third parties	0	24	C
	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	0		0
	26	Total liabilities. Add lines 17 through 25	0	26	0
ces		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.	non a Appr		
<u>a</u> n	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	1,235,452.	30	1,235,452.
sse	31	Paid-in or capital surplus, or land, building, or equipment fund	Q		0
ľ As	32	Retained earnings, endowment, accumulated income, or other funds	-1,114,447.	32	1,856,543.
Nei	33	Total net assets or fund balances	121,005.	33	3,091,995.
	34	Total liabilities and net assets/fund balances	121,005.	34	3,091,995.
					Form <b>990</b> (2012)

Form 990 (2012)

Form 99	90 (2012)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,3	73,	554.
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	02,	564.
3	Revenue less expenses Subtract line 2 from line 1	3		2,9	70,9	990.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	21,0	005.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6			_	0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		3,0	91,	995.
Part						
	Check if Schedule O contains a response to any question in this Part XII		• • •	• • •	Ш	<del></del>
	A				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," e Schedule O	xpıaın	in			
22						v
24	Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were con			2a		X
	reviewed on a separate basis, consolidated basis, or both	ipiieu	OI			
				2b		х
D	Were the organization's financial statements audited by an independent accountant?			20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both	tea o	n a			
	Separate basis Consolidated basis Both consolidated and separate basis					
r	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	siaht				
Ŭ	of the audit, review, or compilation of its financial statements and selection of an independent account			2c		
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O	жр.ш.		*		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ın			
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3ь		

Form **990** (2012)

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

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

OMB No 1545-0047
2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BEANS	STALK FO	DUNDATIO	N						1	26	-3052631	
Part I	Reas	on for Pub	lic Charity Statu	us (All organizations mu	ıst cor	nplete	this p	art.) Se	e instr	uctions		
The or	ganızatıon	is not a priv	ate foundation be	ecause it is (For lines 1 th	rough	11, che	eck only	one bo	x)			
1	A chure	ch, conventi	on of churches, o	r association of churches	describ	ed in s	section	170(b)	(1)(A)(i)	).		
2	A scho	ol described	in section 170(b	)(1)(A)(ii). (Attach Schedu	le E)							
3				service organization descr								
4				perated in conjunction w	ith a h	nospita	al descr	ibed in	sectio	n 170(l	o)(1)(A)(iii). Enter	the
_			ty, and state					<b>-</b> -	<b>-</b>			
5				enefit of a college or univ	ersity	owned	or op	erated	by a go	vernme	ntal unit describe	d in
			A)(iv). (Complete									
6				t or governmental unit des								
7 X				ves a substantial part of it	ts supp	ort fro	om a go	vernme	ental ur	ut or fr	om the general pu	ıplıc
	_			). (Complete Part II )		5 4 II S						
8				ion 170(b)(1)(A)(vi). (Con								
9				es (1) more than 331/3%								
				s exempt functions - sub come and unrelated busi								
				ine 30, 1975 See section						11 511	tax) from busines	sses
10	_			ated exclusively to test for			-		•	,		
11				erated exclusively for the							or to carry out	tho
				upported organizations de								
				bes the type of supporting								
	а 🗀	Type I		c Type III-Functio							unctionally integrat	ed
e				t the organization is not								
	person	s other thar	foundation mana	agers and other than one	or mo	re put	olicly su	pporte	d organ	ızatıons	described in sec	tion
		1) or sectio										
f				en determination from th	e IRS	that it	ıs a T	ype I, 🧻	Гуре ІІ,	or Typ	e III supporting	
	_		this box								l	
g				anization accepted any gif	t or co	ntributi	ion from	n any o	f the			
		g persons?										
				ectly controls, either alor ody of the supported organ			er with	persor	is desc	ribed ir	· · · · · · · · · · · · · · · · · · ·	No_
				escribed in (i) above?	iizalion	· · ·					11g(i)	
				son described in (i) or (ii) a	bove?	• • •					11g(III)	
h				out the supported organiz		٠					[1/9(/]	
(1)	Name of si		(iı) EIN	(III) Type of organization	т	ls the	(v) Did v	ou notify	(vi)	s the	(VII) Amount of mone	tarv
	organiza	ion		(described on lines 1-9 above or IRC section	organi	zation in Iisted in	the org	anızatıon	organi	zation in	support	,
				(see instructions))	your g	overning ment?		l (i) of upport?		rganized US?		
					Yes	No	Yes	No	Yes	No		
(A)												_
	<del></del>				ļ							
(B)												
<u></u>				<del></del>					<del></del> -			<del></del> -
(C)												
(D)												
						-	-	<del> </del>	<del> </del>			
(E)												
			<u>.</u>									

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

V 12-6F

Schedule A (Form 990 or 990-EZ) 2012

Sche	dule A (Form 990 or 990-EZ) 2012						Page 2
Pa	Complete only if you chec Part III If the organization f	ked the box or	n line 5, 7, or 8	3 of Part I or if	the organizat	ion failed to qu	A)(vi) alify under
Sec	tion A. Public Support			<u> </u>	·		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Ouic	, , , , , , , , , , , , , , , , , , ,						
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	159,860	343,427	704,457	191,500	2,821,260	4,220,504
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	159,860	343,427	704,457	191,500	2,821,260	4,220,504
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).ATCH		\$1.5 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	5. (3\G) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	24 6 10	3,749,482
6	Public support. Subtract line 5 from line 4						471,022
Sec	tion B. Total Support	1	1	γ		,	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	159,860	343,427	704,457	191,500	2,821,260	4,220,504
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			2,061	1,922	552,393	556,376
9	Net income from unrelated business activities, whether or not the business is regularly carried on						C
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		#### 2000 - 1	**************************************		7	0
11	Total support. Add lines 7 through 10		A. 7. 3. 7. 3. 7. 3. 7. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	3 3 3 3 C 3			4,776,880
12	Gross receipts from related activities, etc. (	•				12	
13	First five years. If the Form 990 is t	for the organizat	tion's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here			<del></del>	<del></del>	<u> </u>	▶ X
	tion C. Computation of Public Sup		*			T . T	<u> </u>
14	Public support percentage for 2012 (I		· •				%
15	Public support percentage from 2011						%
16a	331/3% support test - 2012. If the o						e, check
	this box and <b>stop here</b> . The organization						▶ 🗀
b	331/3% support test - 2011. If the						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization						
	Part IV how the organization meets			•	•	•	upported
	organization						▶ 🗀
b	10%-facts-and-circumstances test -		-				
	15 is 10% or more, and if the org	anization meets	s the "facts-an	d-circumstances	" test, check t	his box and st	op here.

Schedule A (Form 990 or 990-EZ) 2012

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

Part III	Support Schedule	for Organizations	<b>Described in Section</b>	ı 509(a)(2)
----------	------------------	-------------------	-----------------------------	-------------

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and membership fees						
-	received (Do not include any "unusual grants")	Ì	1		1	1	1
2	Gross receipts from admissions, merchandise		1		<del> </del>	<del>                                     </del>	
-	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	l	ļ				•
_	unrelated trade or business under section 513	<del></del>		<del></del>	<del></del>		
4	Tax revenues levied for the	I					
	organization's benefit and either paid	I					
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the		ļ		ļ	ļ	
	organization without charge						
6	Total. Add lines 1 through 5	<u></u>					
7 a	Amounts included on lines 1, 2, and 3	I					İ
	received from disqualified persons	<u>                                     </u>					
b	Amounts included on lines 2 and 3	 					
	received from other than disqualified persons that exceed the greater of \$5,000	I					
	or 1% of the amount on line 13 for the year	<u> </u>		]			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		(#W.	- ii	,		
	line 6)		:			45	1
Sec	tion B. Total Support		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6				<del></del>		<u> </u>
	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	I					}
_	Add lines 10a and 10b						
	Net income from unrelated business		<del> </del>	<del></del>	<del></del>	<del> </del> -	<del>  -</del>
11	activities not included in line 10b,	I					
	whether or not the business is regularly	I					
	carried on					<u></u>	-
12	Other income Do not include gain or	l					
	loss from the sale of capital assets						ļ
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	<u>                                     </u>	<u> </u>		<u> </u>
14	First five years If the Form 990 is for	the organization	n's first, second,	third, fourth, o	r fifth tax year a	s a section 501	(c)(3)
	organization, check this box and stop here	<u></u>			<i></i>		▶
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8	, column (f) divid	ed by line 13, colu	mn (f))		15	
16	Public support percentage from 2011 Sche	edule A, Part III, lir	ne 15		<u>.</u> <u></u> .	16	
Sec	tion D. Computation of Investmen	nt Income Per	centage				
17	Investment income percentage for 2012 (li	ne 10c, column (	(f) divided by line	13, column (f))		17	
18	Investment income percentage from 2011					18	
	331/3% support tests - 2012. If the or						
,	17 is not more than 331/3%, check th						
h	331/3% support tests - 2011. If the orga		-	•		., -	_
IJ	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization			•			. 1-
JSA		ala Hot Gleck	a oox on line	i-r, i∂a, Ui 19		Schedule A (Form	
21 1 0			V 12-6F		•		•
	0175CD 4409		A 17-05				PAGI

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

ATTACHMENT 1

		111111011111111	
SCHEDULE A, PART II - EXCESS CONTRIBUTIONS	=		
(NOT OPEN TO PUBLIC INSPECTION)			EXCESS
	TOTAL	LESS 2% OF	CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION	LINE 11(F)	AMOUNT
STOLBERG FOUNDATION	1,162,574.	95,538.	1,067,036.
TED STOLBERG	2,777,984.	95,538.	2,682,446.
ERIC STOLBERG	13,445.	95,538.	
TOTAL	3,954,003.		3,749,482.

### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

בבאוכתאוע בטוווסתדט

Employer identification number

BE	NSTALK FOUNDATION			26-3052631
Pa	Organizations Maintaining Donor Advorganization answered "Yes" to Form 9	990, Part IV, line 6		r Accounts. Complete if the
		(a) Donor advi	sed funds	(b) Funds and other accounts
1	Total number at end of year		1.	
2	Aggregate contributions to (during year)		90.	
3	Aggregate grants from (during year)		90.	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that	the assets held in	donor advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a			
	only for charitable purposes and not for the benefi			
	conferring impermissible private benefit?			
Pa	t II Conservation Easements. Complete if	f the organization ans	wered "Yes" to F	orm 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recr	reation or education)	Preservation	of an historically important land area
	Protection of natural habitat	, , , , , , , , , , , , , , , , , , ,	t I	of a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization h	eld a qualified conserva	ation contribution in	the form of a conservation
	easement on the last day of the tax year	•		
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easement			l l
С	Number of conservation easements on a certified			2c
d	Number of conservation easements included in (c	) acquired after 8/17/06	6, and not on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, tran	nsferred, released, extir	nguished, or termin	ated by the organization during the
	tax year ▶			
4	Number of states where property subject to conse	ervation easement is loc	ated ▶	
5	Does the organization have a written policy regard			
	violations, and enforcement of the conservation ea	asements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcin	g conservation eas	sements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing coi	nservation easeme	nts during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on lin			
	(i) and section 170(h)(4)(B)(ii)?			Yes L No
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text of		ganization's financ	cial statements that describes the
Da	t III Organizations Maintaining Collections		annuman ar Otha	- Similar Assats
	Complete if the organization answered	I "Yes" to Form 990, I	Part IV, line 8	r Similar Assets.
1a	If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f	FAS 116 (ASC 958), n ar assets held for put ootnote to its financial s	ot to report in its lic exhibition, edu statements that des	revenue statement and balance shee ication, or research in furtherance of scribes these items
b	If the organization elected, as permitted under works of art, historical treasures, or other simil public service, provide the following amounts related	ar assets held for put	to report in its r dic exhibition, edu	evenue statement and balance shee acation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line	1		<b>▶</b> \$
	(II) Assets included in Form 990, Part X			
2	If the organization received or held works of a			
	following amounts required to be reported under S			•
а	Revenues included in Form 990, Part VIII, line 1.			
b	Assets included in Form 990, Part X			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

Sched	lule D (Form 990) 2012				Page <b>2</b>
Par	t III Organizations Maintaining Colle	ections of Art, His	torical Treasure	s, or Other Simi	lar Assets (continued)
3	Using the organization's acquisition, acces	ssion, and other recor	ds, check any of t	he following that a	are a significant use of its
	collection items (check all that apply)	_	_		
а	Public exhibition	d <u> </u>	Loan or exchang		
b	Scholarly research	e [	」 Other		
С	Preservation for future generations				
4	Provide a description of the organization's	collections and expla	ain how they furth	er the organization	's exempt purpose in Part
	XIII				
5 ——	During the year, did the organization solicit of assets to be sold to raise funds rather than to	o be maintained as pa	irt of the organization	on's collection?	Yes No
Par	Line 9, or reported an amount on			n answered "Yes"	to Form 990, Part IV,
			-		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table		
	·		, L	Α	Amount
С	Beginning balance		1	С	
d	Additions during the year				
е	Distributions during the year		1	е	
	Ending balance				
2a	Did the organization include an amount on F	Form 990, Part X, line	21?		Yes No
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided in Part XIII	
Par					
		rrent year (b) Prio			years back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains,				
	and losses		Ì		
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, column (a	i)) held as	
а	Board designated or quasi-endowment ▶	%			
b	Permanent endowment ► %				
C	Temporarily restricted endowment ▶	%			
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%			
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered for	the
	organization by				Yes No
	(i) unrelated organizations	<i></i>			3a(i)
	(ii) related organizations				
b	If "Yes" to 3a(II), are the related organization	is listed as required or	Schedule R?		3b
4	Describe in Part XIII the intended uses of the				
Par	t VI Land, Buildings, and Equipment.	See Form 990, Pa	rt X, line 10		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			1 7 1 7 1 1 1 1 1	
b	Buildings				
С	Leasehold improvements				
d	Equipment				
e	Other				
Tota	I. Add lines 1a through 1e (Column (d) must	t equal Form 990, Part	X, column (B), line	10(c)) ▶	

Schedule D (Form 990) 2012

Schedule D (F	orm 990) 2012			Page <b>3</b>
Part VII	Investments - Other Securities. See F	orm 990, Part X, line	12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1) Financia	al derivatives			
(2) Closely-	-held equity interests			
(3) Other				
<u>(A)</u>			<del></del>	
<u>(B)</u>				<del></del>
(C)				<del> </del>
(D) (E)				
(F)				
(G)				·
<u>\2/</u>				
<del>(1)</del>				
Total (Column	n (b) must equal Form 990, Part X, col (B) line 12)		•	
Part VIII	Investments - Program Related. See F	orm 990, Part X, line	e 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
(1)				·
_(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, II	ne 15		
	(a)	Description		(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·		
(2)		· · · · · · · · · · · · · · · · · · ·		
(3)		<del>-</del>		
(4)			<del></del>	-
(5) (6)				
(7)			·	
(8)				
(9)				
(10)		<del></del>		
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) I.	ıne 15)		<b>&gt;</b>
Part X	Other Liabilities. See Form 990, Part X			
1.	(a) Description of liability	(b) Book value		
	al income taxes			
(2)				
(3)				i K. G. Billion (19 20 in)
(4)				
(5)				( 1 - 26 A 2 2 - 1 A
<u>(6)</u> <u>(7)</u>				
(8)		<del> </del>		ration in the same of the same
(9)				
(10)				er gloge,
(11)				. 20
	nn (b) must equal Form 990, Part X, col (B) line 25)	<b>•</b>		

2 FIN 48 (ASC 740) Footnote In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012	Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn
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	
a Net unrealized gains on investments	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII )	
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII ) 4b	
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	• • • • • • • • • • • • • • • • • • • •
a. Departed company and was of facilities	
h. Brier year adjustments	
a. Other losses	<del> </del>
d Other (Describe in Part XIII )	<del> </del>
o Add lines 3a through 3d	——————————————————————————————————————
3 Subtract line 2e from line 1	2e
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	3
	/
h Other (Describe in Bart VIII.)	<del> </del>
b Other (Describe in Part XIII )  c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c
Part XIII Supplemental Information	5
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 1 Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part t information	Part IV, lines 1b and 2b, o provide any additional
	Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)

# SCHEDULEI (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990

2012	Open to Public
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OMB No 1545-0047

Employer identification number

8 T

BE	BEANSTALK FOUNDATION	26-3052631	
Ра	Part   General Information on Grants and Assistance		
_	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	
	the selection criteria used to award the grants or assistance?		<b>2</b>
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
Ра	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990,	tion answered "Yes" to For	m 990,
	Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	papa	

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) CROM_CANYON_ARCHEOLOGICAL_CENTER	<u>.</u>						
23390 ROAD K CORTEZ, CO 81321	84-0631786	501 (C) 3	5,796.		FMV		EDUCATION
(2) <u>DENVER VOICE</u>	<u>.</u>						
P O BOX 1931 DENVER, CO 80201	84-1415056	501 (C) 3	5,386		FMV		ASSISTING HOMELESS &
(3) <u>ST _ELIZABETH'S SCHOOL </u>	22-3875755	501(C)3	6,677		Δ.		EDICATION
1 1							
(5)							
(6)	!					50 A. C.	
(7)	<del> </del>						,
(8)							
(6)							
(10)	ļ 						
(11)	ı i						
(12)							
2 Enter total number of section 501(c)(3) and government organiza	government or	rganizations liste	organizations listed in the line 1 table				3.
١×		for Form 990.				Schedu	Schedule I (Form 990) (2012)

2E1288 1 000 0175CD 4409

BEANSTALK FOUNDATION

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Schedule I (Form 990) (2012)

Part III Grants and

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal other)	(f) Description of non-cash assistance
1 SUSAN	SUSAN STOCKS / BRUNCH WITH A PURPOSE	L	9,306.		FMV	
2 GROW L	2 GROW LOCAL / NINE 10 ARTS	7	2,636		FMV	
3 GROWIN	3 GROWING THE DREAM / HERBERT ALLEN SMITH	φ	5,243		FMV	
4						
5						
မှ						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	is part to pro	vide the informat	on required in	Part I, line 2, Part III,	column (b), and any other additional

MONITORING GRANT FUNDS

SCHEDULE I

GRANT FUNDS ARE PAID DIRECTLY TO VENDOR OR AS REIMBURSEMENT TO RECEIPTS

FOR GOODS OR SERVICES PREVIOUSLY DISCLOSED AND APPROVED BY BEANSTALK.

V 12-6F

## SCHEDULE M (Form 990)

### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ►Attach to Form 990.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BEA	NSTALK FOUNDATION				26-305263	1	
Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	noncash con	(d) of determinatribution a	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications		4				
5	Clothing and household		,				
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property		<u>.</u>				
9	Securities - Publicly traded	Х	5.	2,500,000	. FMV DATE	OF DO	NATION
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests	X	2.	13,446	. FMV DATE	OF DO	NATION
12	Securities - Miscellaneous				-		
13	Qualified conservation						
	contribution - Historic			į.			
	structures		.,,				
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						4
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			_			
25	Other ►()						
26	Other ►()						
27	Other ►()						
28	Other ►()						
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ar for contributions for			
	which the organization completed f	Form 8283,	Part IV, Donee Acknowledg	jement	29		
						Y	es No
30 a	During the year, did the organizat			•			
	it must hold for at least three yea						
	used for exempt purposes for the e	ntire holding	period?			30a	X
b	If "Yes," describe the arrangement i						İ
31	Does the organization have a						
	contributions?					31	X
32 a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, o	r sell noncash		
	contributions?					32a	X
þ	If "Yes," describe in Part II						
33	If the organization did not report ar	amount in	column (c) for a type of pro	perty for which column	(a) is checked,		
	describe in Part II					1 1	i

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012)

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012
Open to Public

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.

Inspection Employer identification number

Name of the organization

BEANSTALK FOUNDATION

26-3052631

FORM 990, PART VI - COMPENSATION POLICY

FORM 990, PART VI - COMPENSATION POLICY

TED STOLBERG AND MARGARET CASART WILL DISCUSS AND APPROVE ANY

COMPENSATION MADE.

FORM 990, PART VI - CONFLICT OF INTEREST POLICY

FORM 990, PART VI - CONFLICT OF INTEREST POLICY

ANNUAL SIGNING OF THE CONFLICT OF INTEREST POLICY BY OFFICERS.

ANNUAL VERBAL REVIEW WITH EXECUTIVE DIRECTOR BY BOARD PRESIDENT.

FORM 990, PART VI - DOCUMENT RETENTION POLICY

FORM 990, PART VI - DOCUMENT RETENTION POLICY

THE POLICY WAS WRITTEN IN THE FOURTH QUARTER OF 2012. IT WENT INTO EFFECT

1/1/13

FORM 990, PART VI - BUSINESS RELATIONSHIP

FORM 990, PART VI - BUSINESS RELATIONSHIP

DIANA CRABTREE IS EMPLOYED BY STOLBERG EQUITY PARTNERS, INC., OWNED

SOLELY BY TED STOLBERG, THE BOARD PRESIDENT.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

BEANSTALK FOUNDATION WILL MAKE GRANTS TO OTHER NON-PROFIT

ORGANIZATIONS TO FURTHER ENHANCE AND IMPROVE THEIR WORK WITHIN

Employer identification number 26-3052631

ATTACHMENT 1 (CONT'D)

THEIR COMMUNITIES. BEANSTALK FOUNDATION WILL MAKE GRANTS DESIGNED
TO ASSIST INDIVIDUALS AND FAMILIES THAT HAVE ENCOUNTERED
UNEXPECTED AND SEVERE FINANCIAL HARDSHIP DUE TO SICKNESS AND OTHER
UNFORESEEN CIRCUMSTANCES. GRANTS WILL BE FACILITATED BY
INDIVIDUALS IDENTIFIED AND INVITED BY BEANSTALK FOUNDATION THAT
HAVE AN IDENTIFIED AND EXISTING CONNECTION WITHIN THEIR COMMUNITY.
ALL GRANTS WILL BE APPROVED BY BEANSTALK FOUNDATION. THE
BEANSTALK FOUNDATION WILL ALSO PROVIDE ADMINISTRATIVE SUPPORT TO
ENCOURAGE COMMUNITY INVOLVEMENT AND IMPROVEMENT THROUGH
FUNDRAISING, EDUCATION, SOCIAL NETWORKING AND VOLUNTEERISM.
BEANSTALK WILL KEEP DONORS, VOLUNTEERS, COMMUNITY MEMBERS AND
FUNDRAISING GROUPS UPDATED WITH E-NEWSLETTERS AND EMAILS ON AN AS
NEEDED BASIS.

FORM 990, PART VIII - INVESTMENT INCOME	<u>—</u>		ATTACHMENT 2	
DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDEND INCOME	19,35	6.		19,356.
OTHER INVESTMENT INCOME	30	05.		305.
TOTALS	19,66	1.		19,661.

Schedule O (Form 990 or 990-EZ) 2012				<b>D</b>
Name of the organization	<del></del>	<del></del>	Employer identificati	Page on number
BEANSTALK FOUNDATION			26-305263	
		A	TTACHMENT 3	
FORM 990, PART VIII - INCOME FROM	INVESTMENT OF	TE BOND PROCEEDS	====	
	(7)	(D)	(0)	45)
	(A)	(B)	(C)	(D)
DECCRIPATON.	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
TAX EXEPMT INTEREST DIVIDEND	6,931			6,931
TOTALS	6,931			6,931
•				
		_		
		<u> 7</u>	ATTACHMENT 4	····
FORM 990, PART X - INVESTMENTS -	PUBLICLY TRADES	) SECURITIES		
			ENDING	COST
DESCRIPTION		<u>_                                    </u>	BOOK VALUE	OR FMV

TOTALS

2,658,334. COST

2,658,334.

SECURITIES LESS THAN 5%

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions ▶ Attach to Form 990. BEANSTALK FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service

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

Part!

Employer identification number 26-3052631

(g) Section 512(b)(13) controlled (f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (f) Direct controlling (e) End-of-year assets (if section 501(c)(3)) (e) Public chanty status (d) Total income (c)
Legal domicile (state
or foreign country) (d) Exempt Code section (c) Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Name, address, and EIN of related organization Part II 4 (I) (5) <u>(</u>2) <u>(</u>9 (2)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 7

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PAGE 34

Schedule R (Form 990) 2012

ŝ

Yes

Ð

[2]

(3)

<u>(4)</u>

(5)

(<u>6</u>)

BEANSTALK FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Schedule R (Form 990) 2012

Part III

Ž	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from (ax under sections 5 12-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportensis	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes No		Yes No	
(1) SOUTH 952 L	(1) SOUTH HAMPTON PROPERTIES, LLC. 952 LOGAN STREET	REAL ESTATE INV	NY	BROTHER/SISTER	NONE	0	0		0		
(3)											
(4)											
(5)											
(9)								<b>_</b>			
(7)											
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization an line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	ed Organizations one or more relate	Taxable ed orgar	as a Corporati	as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV inzations treated as a corporation or trust during the tax year.)	ete if the organi trust during the	zation answere tax year)	"səY" bə	to Form 990, F	art IV,	

mile 34 because it had one of more refaced organizations treated as a corporation of the tax year.	Jus u calcu as a l	colpolation	าย แนรเ นนากรู	וווב ופץ אבפו /				
(e)		(၁)	(p)	(e)	ω)	(6)	(u)	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	ets	Percen- Section 13 tage controlled cownership	Section 512(b)(13) controlled
								Yes No
(1) STOLBERG EQUITY PARTINERS, INC								
952 LOGAN STREET DENVER, CO 80203	INVESTMENTS	DE	BROTHER/SISTER	S CORP	0	0		×
$\overline{(2)}$		-						
		-						
(3)								
(4)				•				
(5)								
(9)								
(7)								

Schedule R (Form 990) 2012

# Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Part V

Make Complete line 1 if any analysis Indeed in Daste II II as IV of this analysis line 1 is any			old soy
Note: Complete line the any entity is listed in Parts II, iii, of tV of this schedule  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ated organizations list	ted in Parts II-IV?	
•			1a
b Gift, grant, or capital contribution to related organization(s)			1b
c Gift, grant, or capital contribution from related organization(s)			1c
d Loans or loan guarantees to or for related organization(s)	•		1d
e Loans or loan guarantees by related organization(s)			1e
			3
f Dividends from related organization(s).			14
g Sale of assets to related organization(s)			19
h Purchase of assets from related organization(s)			1h
i Exchange of assets with related organization(s),			; <b>=</b>
j Lease of facilities, equipment, or other assets to related organization(s)			1
k Lease of facilities, equipment, or other assets from related organization(s)			; ;
Performance of services or membership or fundraising sol			
o Sharing of paid employees with related organization(s)			10
p Reimbursement paid to related organization(s) for expenses			
q Reimbursement paid by related organization(s) for expenses			
The transfer of each or present to related error and error to 10 t			2000
Other transfer of each or property from political organization			:
2 Utiles interested of cash of property from related Organization (by	evos carbulsar earl	ead relationships and transa	ction throsholds
	(b)	(c)	(d)
Name of other organization	Transaction	Amount involved	Method of determining
	type (a-s)		amount involved
(1)			
(3)			
(3)			
(4)			
(4)			
(9)			
JSA			Schedule R (Form 990) 2012

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

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

of gloss reverted that was not a related organization. See mistractions regarding exclusion for certain investment particles in particl	Jainzauon See Ilisu	actions regarding	יש באכומפוטוו וטו א	A	connent barrie	cdino					
(a) Name, address, and EIN of entry	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(1) Code V-UBI amount in box 20 of Schedule K-1	(J) General or managing partner?		(k) Percentage ownership
			rrom tax under section 512-514)	Yes No	1		Yes	No (Form 1993)	Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											<u> </u>
(9)											
( <u>1</u> )											
<u></u>											
(6)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)				:							
								Sc	hedule R	(Form 9	Schedule R (Form 990) 2012

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Schedule R (Form 990) 2012

Page 5

### Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see

SCHEDULE R: CONTROLLING RELATIONSHIP

BROTHER/SISTER

THE RELATIONSHIP WITH THE FOR PROFIT ENTITIES IS A BROTHER SISTER

RELATIONSHIP. TED STOLBERG, WHO EFFECTIVELY CONTROLS THE VOTE OF THE

BOARD IS ALSO IN CONTROL OF THE FOR PROFIT ENTITIES LISTED ON SCHEDULE R.

### Form **8868**

(Rev January 2013)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

Internal Revenue		<del></del>		pplication for each return.				
<ul><li>If you are</li></ul>	filing for an	Automatic 3-Month Extension, c	omplete o	nly Part I and check th	ıs box			<b>▶</b> X
		Additional (Not Automatic) 3-Mo						_
Do not comp	elete Part II u	<i>inless</i> you have already been gran	nted an au	tomatic 3-month extens	sion on a previously file	ed Fo	mı	8868
a corporation 8868 to req Return for	n required fluest an ext Transfers A	You can electronically file Form to file Form 990-T), or an addition tension of time to file any of the associated With Certain Persona details on the electronic filing of the	al (not aut forms liste I Benefit (	comatic) 3-month extented in Part I w Contracts, which must	ision of time. You can ith the exception of F t be sent to the IRS	elec orm in	tror 88 pap	nically file Form 70, Information per format (see
Part I Au	tomatic 3	-Month Extension of Time. On	ly submit	original (no copies ne	eeded)			
		to file Form 990-T and requesting				omple	ete	
•								
		including 1120-C filers), partnersh			Form 7004 to request a	n ext	ens	ion of time
to file incom	-		<i>p</i> 0, 1 0	,	Enter filer's identify			
to me moom		empt organization or other filer, see in	structions	-	Employer identification			
Type or					Employer Identification	· · · · · ·	J. (L	, 0,
print	BEANST	ALK FOUNDATION			26-30526	ว 1		
File by the		reet, and room or suite no If a P O box	c see instruc	tions	Social security number (		—	
due date for	ì		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Social Security Humber (	JJIN		
filing your return See City, town or post office, state, and ZIP code For a foreign address, see instructions								
instructions								
DENVER, CO 80203  Enter the Return code for the return that this application is for (file a separate application for each return)								
Application Return Application Return								Return
							Code	
							07	
Form 990-BL 02 Form 1041-A 08								
Form 4720-			03	Form 4720				09
Form 990-PF			04	Form 5227				10
		a) or 408(a) trust)	05	Form 6069				11
Form 990-T			06	Form 8870	<del></del>			12
<u>FOIII 990-1</u>	(trust other	than above)	00	FUIII 6670				
Telephone If the orga If this is for the whole I I reque	e No ▶ anization do or a Group F e group, ch e names an est an auton	care of DIANA CRABTREE  303 592-4900  Des not have an office or place of the complex of the comp	ousiness in ur digit Gro it is for pa on is for poration re	up Exemption Number ( art of the group, check to equired to file Form 990	this box		an	
		on's return for						
		ear 20 <u>12</u> or	20	and and				
	tax year be	eginning	, 20	, and ending		, 20		
		ered in line 1 is for less than 12 m ecounting period	onths, ched	ck reason Initial r	eturn Final retu	ırn		
	•	is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less an	*		
		edits See instructions	4720 00	6060 orter and	Stundable and the an		\$	
		n is for Form 990-PF, 990-T,		•				
		ments made Include any prior yea					\$	
		tract line 3b from line 3a Include il Tax Payment System) See instru	•	ent with this form, if re	quired, by using EFTP	- 1		
		o make an electronic fund withdrawal		orm 8868 see Form 9452	-EO and Form 9970 EO		;  \$ :vmc	ant instructions
		erwork Reduction Act Notice, see Instr		om oddo, see Fulli 6455	-LO allo Folli 6679-EO		<u> </u>	868 (Rev 1-2013)