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CHANGE OF ACCOUNTING PERIOD

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

A F	or the	2012 calendar year, or tax year beginning JAN 1, 2013 and ending	<u>JUN 30, 2013</u>	
B	Check if upplicable	C Name of organization	D Employer identific	cation number
Г	Addres	Opera Colorado Foundation		
	Name change	S S A	84-1	287161
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	i – '	
	Termir ated	695 S Colorado Boulevard 20	303-	<u>778-1500</u>
	Ameno return	City, town, or post office, state, and ZIP code	G Gross receipts \$	9,689.
	Applic tion	Denver, CO 80246	H(a) Is this a group re	eturn
	pendir	F Name and address of principal officer: Carol Whitley	for affiliates?	Yes X No
		Same as C above	H(b) Are all affiliates inc	luded? Yes No
1	Гах-ехе		If "No," attach a	list. (see instructions)
		e: > www.operacolorado.org	H(c) Group exemption	n number 🕨
				State of legal domicile: CO
	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities The Found	dation is orga	anized to
Activities & Governance		support the activities of Opera Colorado.		
'n		Check this box I if the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets
Š		Number of voting members of the governing body (Part VI, line 1a)	3	6
Ö		Number of independent voting members of the governing body (Part VI, line 1b)	4	6
م د	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
iție	1	Total number of volunteers (estimate if necessary)	6	6
⋛		Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	, <u>, , , , , , , , , , , , , , , , , , </u>	Net difficiated business taxable income from 550 1, into 54	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,500.	0.
Ĭ		Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	1	- · · · · · · · · · · · · · · · · · · ·	18,437.	9,689.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,937.	9,689.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,572.	17,672.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
SCANNE Expenses	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
₽		Professional fundraising fees (Part IX, column (A), line 11e)		<u> </u>
谿	_b	Total fundraising expenses (Part IX, column (D) ime 26 1 2 0 . Other expenses (Part IX, column (A), lines 11a-11u, 11-24e)	0.460	4,491.
	17	Other expenses (Part IX, column (A), lines 11a-17u, 11F24e)	9,460.	
<u>T</u>	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 257 Revenue less expenses. Subtract line 18 from line 12 5 2013	50,032. -29,095.	22,163. -12,474.
<u>ت</u> س	19	Hevenue less expenses Subtract line in the 122 4 2113 171		
Net Assets or Fund Balances			Beginning of Current Year	End of Year
SSE	20	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) OGDEN, UT	942,308.	840,557.
2 de c	21		110,916.	0.
곮	22	Net assets or fund balances Subtract line 21 from line 20	831,392.	840,557.
	art II	Signature Block		
	•	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer nas any knowledge.	2 15
		Signature of officer	Date	2-1-5
Sig	n	1	Daic	
He	re	Carol Whitley, Board President Type or print name and title		_
_			Date Check	PTIN
		Print/Type preparer's name Preparer's signature	ا با میا ا	 /
Pai		Steve Corder		ed P01363943
	parer	Firm's name Kundinger, Corder, & Engle, PC	Firm's EIN	
Use	Only	Firm's address 475 Lincoln Street, Suite 200		00 504 5050
		Denver, CO 80203	Phone no. 3	03-534-5953
Ма	v the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

Par	rt III Statement of Program Service Accomplishments
Га	
_	Check if Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission: The Foundation is organized to support the activities of Opera
	Colorado.
	Dul the average is a variety of a state of a second and a second a second and a second a second and a second
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	•
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	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 measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 17,672. Including grants of \$ 17,672.) (Revenue \$) The Foundation makes grants to Opera Colorado to support its
	activities.
	——————————————————————————————————————
4b	(Code) (Expenses \$
40	(Code) (Expenses \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 17.672.

Form **990** (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	X
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> X</u>
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, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		7.7	
	assets reported in Part X, line 167 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 more of its total	44.		х
4	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		Λ
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	·	Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		4,	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		_^_
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	1	x
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18_	 	^
13	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Ear-	noo.	(0040

Form 990 (2012) Opera Colorado Foundation

Part IV Checklist of Required Schedules (continued)

				(2012)
	Note. All Form 990 filers are required to complete Schedule O	38	х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		 -
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	352	X	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	24	v	
24	, ,	33		
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	22		x
22	Schedule N, Part II	32		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		v
22	If "Yes," complete Schedule N, Part I	31		
31	·	24		х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
30		20		х
29 20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00		v
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	instructions for applicable filing thresholds, conditions, and exceptions).			47
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	of any of these persons? If "Yes," complete Schedule L, Part III	27_		<u> </u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	Schedule L, Part I	25b		X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No", go to line 25	24a		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a				
	Schedule J	23		<u>X</u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			.,,,
			Yes	No

Form 990 (2012) Opera Colorado Foundation

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V							
	•		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0							
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country			1				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ĺ				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1				
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ				
	were not tax deductible?	6b		 				
7	Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
b	, , , , , , , , , , , , , , , , , , , ,	7b		-				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_						
	to file Form 8282?	7c		X				
d		_		v				
e f	, , , , , , , , , , , , , , , , , , , ,	7e		X				
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f	N/					
h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7g 7h	N/					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	711	14/	<u> </u>				
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1				
9	Sponsoring organizations maintaining donor advised funds.							
	Did the organization make any taxable distributions under section 4966? N/A	9a						
þ	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b						
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders N/A 11a							
þ	Gross income from other sources (Do not net amounts due or paid to other sources against		ļ					
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>				
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>				
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		<u> </u>				
	Note. See the instructions for additional information the organization must report on Schedule O							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a_		<u> </u>				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

_ <u> </u>	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	NO I	espon	SC
	` Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			<u> </u>
<u> </u>	and the developing body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	'		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	х	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	ŀ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
a	The organization's CEO, Executive Director, or top management official	15a	-	X
Ь	Other officers or key employees of the organization	15b		<u>X</u>
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
iba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	۱.,		v
	taxable entity during the year?	16a		<u>X</u>
D	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	401		
500	exempt status with respect to such arrangements? tion C. Disclosure	16b	L	
	· · · · · · · · · · · · · · · · · · ·			
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availah	ماد	
10	for public inspection. Indicate how you made these available. Check all that apply	avalide	, i c	
40	· · · · · · · · · · · · · · · · · · ·	d fine-	a cuci	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	u iiriaf	icial	
20	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 organiza-	tion Þ		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza Darrel Curtice - 303-778-1500	uon 🏴		
	695 S Colorado Blvd., No. 20, Denver, CO 80246			

Form 990 (2012)	Opera Colorado Foundation	

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

· Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Check this box if neither the organization in	or any related	orga	anıza	ation	cor	mpei	nsat	ed any current officer, of	director, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both officer and a director/trust			is bot	h an	compensation	compensation	amount of
	week	\vdash	Cer au	iu a u	recio	T	166)	from	from related	other
	(list any hours for	Irect						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	6 0 0	e e			sate		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	a ti		yee	mbei		(11 2) 1000 111100)		and related
	below	Individual trustee or director	Institutional frustee	₌	e e	est co	<u></u>			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Form			
(1) Charles Kafadar	5.00								,	
President		X		X				0.	0.	0.
(2) Harry Sterling	1.00									
Secretary		X	<u></u>	X		$oxed{oxed}$		0.	0.	0.
(3) Charles Thompson	1.00									
Treasurer		X		Х				0.	0.	0.
(4) Carol Whitley ·	1.00									
Member		X	ļ					0.	_0.	0.
(5) Walter Rasmussen	1.00		ļ					_	_	_
Member		X						0.	0.	0.
(6) Richard Robinson	1.00							_	_	_
Member		X	ļ	ļ		<u> </u>	<u> </u>	0.	0.	0.
	ļ	<u> </u>	<u> </u>	<u> </u>		ļ				
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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)							(D) (E)		I		(F)	
	 Name and title 	Average	Position (do not check more than one		Reportable Reportable		- 1	Es	stimate	ed				
		hours per	box, unless person is both an officer and a director/trustee)			ıs bot	h an	compensation	compensatio	1	ап	nount	of	
		week (list any		l a		T BOIL	31/443	166)	from	from related	- 1		other	+
		hours for	direct	ļ			Ļ		the organization	organization: (W-2/1099-MIS			pensa om the	
		related	50 80	stee			nsate		(W-2/1099-MISC)	(11 2) 1000 11110	,		anızat	
		organizations	Test 1	la tr		8	ompe		`			_	d relat	
		below	Individual trustee or director	Institutional trustee	 - -	Key employee	Highest compensated employee	ë				orga	anızatı	ons
		line)	를	E	Officer	Ę.	물통	횬						
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			1											
	Sub-total	<u> </u>	J	<u> </u>	Ц.	1	<u> </u>		0.		0.			0.
	Total from continuation sheets to Part V	II Section A							0.		0.			0.
	Total (add lines 1b and 1c)	, 0000017							0.		0.			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wi	no re		0.000 of reportab				
_	compensation from the organization						•,		-	,				0
													Yes	No
3	Did the organization list any former officer	, director, or tr	uste	e, ke	ey eı	mple	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s				•		•					3	[X
4	For any individual listed on line 1a, is the si			omp	ens	atioi	n and	d otl	her compensation from	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete .	Sch	edul	e <i>J 1</i>	for such individual			4		Х
5	Did any person listed on line 1a receive or									idual for services				
	rendered to the organization? If "Yes," con	nplete Schedui	e J	for s	uch	pen	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of com	pens	ation 1	from	
	the organization Report compensation for	the calendar y	ear	end	ing v	vith	or w	ıthır	n the organization's tax	year.				
	(A)								(B)		_	(0	C)	_
	Name and business	address	N	ON:	E			_	Description of s	services		ompe	nsatio	on ————
								\dashv						
								\dashv						
								\dashv						
								Ì						
	Total number of independent contractors (including but s	not l	mito		the	rea l	eto:	d above) who recover =	nore than				
2	\$100,000 of compensation from the organ	_	.01 1	minte	u (C		ose II	31 8 0	annael miin ieceised u	IOIO LIFATI				
	wroo,ooo or compensation from the organ	Lativii					<u> </u>							

		Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
		•		-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts str	1 a	Federated campaigns	1a					
ira or a		Membership dues	1b					
الجَيْ	С	Fundraising events	1c					
i ii	d	Related organizations	1d	·				
S,E	е	Government grants (contribut	ions) 1e					
ē.	f	All other contributions, gifts, gran						
돌		similar amounts not included abo	·					
E 5	g	Noncash contributions included in lines						
Contributions, Giffs, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·					
				Business Code				
ا بو	2 a							
ا ۾ ڇَ	b							
S Š	С							
e all	d							
Program Service Revenue	е							
ፈ	f	All other program service reve	enue					
\Box	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	9,689.			9,689.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		.				
			(ı) Real	(ıı) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
l	c	Rental income or (loss)						
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						1
	C	Gain or (loss)		<u> </u>				
ŀ	d	Net gain or (loss)						
e l	8 a	Gross income from fundraisin	g events (not					
Ę		including \$	of					
Other Reven		contributions reported on line	1c) See					
ē		Part IV, line 18	а					
₹		Less direct expenses	b				•	
		Net income or (loss) from fund		<u> </u>				
	9 a	Gross income from gaming ac	ctivities See					
		Part IV, line 19	а					
İ		Less direct expenses	b	L				
		Net income or (loss) from gam		P _				
	10 a	Gross sales of inventory, less						
		and allowances	а					
		Less, cost of goods sold	b					
}	C	Net income or (loss) from sale		Business Code				
ł	11 a	Miscellaneous Revenu		Dusiness Code				
	11 a							
	C							+
	4	All other revenue						
	- -	Total. Add lines 11a-11d	•					
	12	Total revenue. See instructions.	<u> </u>		9,689.	0.	0	9,689.

Form 990 (2012) Opera Colorado Foundation Part IX | Statement of Functional Expenses

700 (I	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			p.oto colullii pry	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	17,672.	17,672.		
2	Grants and other assistance to individuals in	İ			
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	,			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)		1		
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,491.		4,491.	
g					
	column (A) amount, list line 11g expenses on Sch O.)	<u></u>			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			-	
19	Conferences, conventions, and meetings		· 		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				· · · · · · · · · · · · · · · · · · ·
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
	All other expenses	00.460	45 650	4 404	
25	Total functional expenses. Add lines 1 through 24e	22,163.	17,672.	4,491.	0.
26	Joint costs Complete this line only if the organization			İ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)	1		l l	

Form 990 (2012)
Part X | Balance Sheet

[rai	1.7	Dalance Sheet				
		Check if Schedule O contains a response to any	y question in this Part X			
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compensations				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities See Part IV, line	942,308.	12	840,557.	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	942,308.	16	840,557.	
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		110,916.	18	0.
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former	r officers, directors, trustees,			
iab		key employees, highest compensated employee	es, and disqualified persons.			
_		Complete Part II of Schedule L	_		22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	-			
		parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
		Schedule D	-	110 016	25	
	26	Total liabilities. Add lines 17 through 25		110,916.	26	0.
		Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 ar	nd 34.	412 070		214 205
<u>ă</u>	27	Unrestricted net assets	}	<u>-413,870.</u>		-314,395.
Bal	28	Temporarily restricted net assets	}	79,078.	28	88,768.
<u>n</u>	29	Permanently restricted net assets		1,166,184.	29	1,066,184.
Ę		Organizations that do not follow SFAS 117 (A	ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds	The state of the s		30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
Net	32	Retained earnings, endowment, accumulated in Total net assets or fund balances	icome, or ower tunas	831,392.	-	840,557.
_	33	Total liabilities and net assets/fund balances	ŀ	942,308.	34	840,557.
	34	Total liabilities and tiet assets/fulld balances		234,300.	<u> </u>	0.20,00/0

Form **990** (2012)

	990 (2012) Opera Colorado Foundation	<u>84-128</u>	<u>7161</u>	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				Ш
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>89.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>63.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>74.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>92.</u>
5	Net unrealized gains (losses) on investments	5	2:	1,6	<u>39.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
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	84	0,5	<u>57.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a		·	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,			
	consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	he audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?	_	За	i	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

SCHEDULE A

Department of the Treasury

(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

Open to Public Inspection

Name of the organization

Opera Colorado Foundation

Employer identification number 84-1287161

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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state. 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 X 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 c Type III - Functionally integrated d Type III - Non-functionally integrated a X Type I b ____ Type II e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No X the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) Х (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (v) Did you notify the (vi) Is the (iv) is the organization (i) Name of supported (iii) Type of organization (ii) EIN (vii) Amount of monetary organization in col. (i) organized in the U.S.? in col. (i) listed in your organization in col. (described on lines 1-9 organization support above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes Yes No Opera Colorado 84-08505277 17,672. X

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

Schedule A (Form 990 or 990-EZ) 2012

17,672.

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						_
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			1			
	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						
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						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					,	
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						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						▶ L
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			, · · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2012 (I	ıne 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2011					15	%
16a	33 1/3% support test - 2012. If the o				14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2011. If the c				d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	• •	• • •				▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		. —
	organization meets the "facts-and-circ		_	•			.
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s 🕨

Schedule A (Form 990 or 990 EZ) 2012 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 be Section A. Public Support	low, please comp	piete Part II)				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(5) 2000	(0, 2010	(4) 2011	(0, 2012	1.7 70.0.
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 bus-						
iness under section 513					1	
 						
4 Tax revenues levied for the organ- ization'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						
	(=) 2009	(F) 2000	(a) 2010	(4) 2011	(a) 2012	(6 Total
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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						<u> </u>
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, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation.
check this box and stop here	J. ga. nzation	J., JJJJIII, IIII	,	, 45 4 55511	1,0,(0) 0184112	▶ □
Section C. Computation of Publi	c Support Pe	ercentage		•		<u>_</u>
15 Public support percentage for 2012 (li		_	column (fi)		15	9
16 Public support percentage from 2011	* *	•	colariir (i))		16	C
Section D. Computation of Inves					1 10 1	
17 Investment income percentage for 20					17	
18 Investment income percentage from 2	•	•	10, column (1))		18	
19a 33 1/3% support tests - 2012. If the			on line 14, and lin	a 15 is more than		
more than 33 1/3%, check this box at	-					., 13 1101
b 33 1/3% support tests - 2011. If the	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	
line 18 is not more than 33 1/3%, che		-				▶
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

Opera Colorado Foundation

Employer identification number

84-1287161

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	-	used only
	for charitable purposes and not for the benefit of the donor	• •	•
	impermissible private benefit?	, , , , , ,	Yes No
Pai	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		stoncally important land area
	Protection of natural habitat	 -	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation 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 easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	D(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		└── Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expensi	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	the organization's accounting for
_	conservation easements		
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A	•	
	historical treasures, or other similar assets held for public ex	thibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described		
þ	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gaın, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

		olorado Fo				84-12			<u> 1ge ∠</u>
Pai	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significar	nt use of its	collection	ı ıtem	S
	(check all that apply)								
а	Public exhibition	d	Loan or exc	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further ti	ne organization's exe	empt pur	pose in Par	t XIII		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	ar assets		_	_	_
,	to be sold to raise funds rather than to be ma						Yes		No
Pai	reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" to	Form 9	90, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t include	d			
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table			• —	_		
_			3				Amount		
С	Beginning balance				1c				
	Additions during the year				1d				
е	Distributions during the year				1e	1			
f	Ending balance				1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?				Yes		No
	If "Yes," explain the arrangement in Part XIII			provided in Part XIII]
Pai	rt V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	e years back	(e) Four	years	back
1a	Beginning of year balance	831,392.	746,461.	916,206.		987,928.		984.	055.
ь	Contributions		2,500.	2,500.		2,600.		2.	650
С	Net investment earnings, gains, and losses	31,328.	132,463,	-10.807.		137 092.		192.	438.
d	Grants or scholarships	17,672.	40,572.	151,259.		200,282.		179	705
е	Other expenditures for facilities		,	•				•	
	and programs								
f	Administrative expenses	4,491.	9,460.	10,179.		11,132.		11	510.
g	End of year balance	840,557.	831,392.	746,461.		916,206.		984	928.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a	a)) held as.					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered for	the orga	nızatıon	_		
	by.							Yes	No
	(i) unrelated organizations						3a(i)	Х	
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(II), are the related organizations						3b		
4	Describe in Part XIII the intended uses of the								
Pa	rt VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o basis (investr	1 , ,		Accumula epreciation		(d) Book	k value	e
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
<u>e</u>	Other								
Tota	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c).)		•			0.

Part VII Investments - Other Securities. See				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation. Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other			<u>. </u>	_
(A) Investments Held at the (B) Denver Foundation	840,557.	End of V	Year Market	77-1
(C)	040,557.	FUG-OL-1	ear Market	value
(D)		<u>.</u>		
(E)				
(F)				
(G)				
(H)				
(1)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	840,557.			
Part VIII Investments - Program Related. See				
(a) Description of investment type	(b) Book value	(c) Method of	valuation. Cost or end	d-of-year market value
(1)				
(2)				
(3)			•	-, ·· -, <u>-, ·· -</u>
(4) (5)			 ·	
(6)			.	
(7)				
(8)				
(9)				<u> </u>
(10)				-
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 1				
	escription	 ··		(b) Book value
(1)		·- ·		
(2)	***			
(3)				
(4) (5)	 -	<u></u>		<u> </u>
(6)				
(7)	·		 -	
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
Part X Other Liabilities. See Form 990, Part X, Irr				
1. (a) Description of liability	(t	o) Book value	_	
(1) Federal income taxes		<u> </u>	_	
(2)	 -		-	
(3) (4)			4	
(5)			1	
(6)				
(7)			1	
(8)			1	
(9)]	
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line			<u>. </u>	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text				
liability for uncertain tax positions under FIN 48 (ASC 74	Check here if the text of	of the footnote has	been provided in Pa	art XIII X

Opera Colorado Foundation

Schedule D (Form 990) 2012

84-1287161 Page 3

Schedule D (Form 990) 2012 Opera Colorado Found	lation	84-128716 <u>1 Page</u> 4
Part XI Reconciliation of Revenue per Audited Financia	I Statements With Reve	nue per Return
1 Total revenue, gains, and other support per audited financial statemen	nts .	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
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	4a	
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, I		5
Part XII Reconciliation of Expenses per Audited Finance	al Statements With Expe	enses per Return
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 Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	line 18)	5
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5,	and 9; Part III, lines 1a and 4, Pa	art IV, lines 1b and 2b; Part V, line 4, Part
X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also comple		
Part V, line 4: To support the general		

Part X, Line 2: The Opera Colorado Foundation is exempt from federal income tax on its exempt function under Section 501(c)(3) of the Internal Revenue Code and qualifies for the charitable contribution deduction. Accordingly, the accompanying financial statements contain no provision for income taxes. The Foundation adopted guidance related to the uncertainty in income taxes. After evaluating the tax positions taken, Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 Opera Colorado Foundation 84-12	87161 Page 5
Part XIII Supplemental Information (continued)	
none are considered to be uncertain; therefore, no amounts have b	een
recognized as of June 30, 2013. If incurred, interest and penalt	ies
associated with uncertain tax positions would be recorded in the	period
assessed as other operating expense. No interest or penalties ha	ve been
assessed as of June 30, 2013. Management believes the Foundation	is no
longer subject to income tax examinations for the three previous	tax
years.	
	-
	<u>-</u>
	

Employer identification number 84-1287161 Open to Public Inspection X Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. Opera Colorado Foundation Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

2

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	Sovernments and \$5,000 Part II can	l Organizations in the be duplicated if additi	ns in the United States. Com if additional space is needed	omplete if the orga Jed	nization answered "	res" to Form 990, Part	IV, line 21, for any
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
Opera Colorado 695 S. Colorado Blvd., Suite 20 Denver CO 80246	84-0850527	e	17,672.	.0			General operations
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	and government or is listed in the line	ganizations listed in th I table	e line 1 table				1 ■ A A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	e, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2012)

84-1287161

Page 2

Schedule I (Form 990) (2012)

Opera Colorado Foundation

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III Grants and Other Assistance to Individuals in the United States.

(b) Number of cash grant cash assistance (e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other)			Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	g of the grant funds is accomplished	Colorado done annually by certified	endance at Opera Colorado board	Foundation.
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the	Schedule I, Part I, Line 2: Monitoring of the grant funds is	by an independent audit of the Opera	public accountants, as well as by att	meetings by several directors of the

Schedule I (Form 990) (2012)

SCHEDULE O

(Form 990 or 99Q-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 Open to Public

▶ Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization Employer identification number Opera Colorado Foundation 84-1287161 Form 990, Part VI, Section A, line 2: Charles Kafadar is on the Opera Colorado board. Harry Sterling and Carol Whitley are on the Opera Colorado board. Form 990, Part VI, Section B, line 11: Form 990, Part VI, Section B, Line 11: The Form 990 is reviewed by the board either at a board meeting or distributed by email prior to its filing. Form 990, Part VI, Section B, Line 12c: Opera Colorado Foundation sends a Conflict of Interest Policy and Statement of Acknowledgement to all board members prior to the annual meeting. Signed forms are collected at the annual meeting. Form 990, Part VI, Section C, Line 19: Opera Colorado Foundation's governing documents are made available upon request at the Opera Colorado office. Form 990, Part VI, Section B, line 15 The Foundation has no paid emloyees. Form 990, Part XII, line 2c The organization has not changed its oversight process or selection

process during the tax year.

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.
 ▶ See separate instructions. Related Organizations and Unrelated Partnerships Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2012 Open to Public Inspection OMB No 1545-0047

Employer identification number 84-1287161

Opera Colorado Foundation Name of the organization

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	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.)	ions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 becaus	e it had one or more rela	ated tax-exempt

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
				501(c)(3))		Yes	N _o
Opera Colorado - 84-0850527							
695 S. Colorado Blvd. Suite 20							
Denver CO 80246	Opera Performances	Colorado	501(c)(3)	Line 7			×
					i		

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

Schedule R (Form 990) 2012

Page 2 84-1287161

> Opera Colorado Foundation Schedule R (Form 990) 2012

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.)

Part III

Find Find	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling entity	(e) Predominant (related, un		(f) Share of total income	(g) Share of end-of-year	(h) Disproportion-	Code V-UBI	SI Genera	l or Perc	(k) centage nership
The Comparison of Trust (Complete of the Organization answered "Yes" to Form 990, Part IV, line 34 because it had one is a corporation or trust (Complete of the Organization answered "Yes" to Form 990, Part IV, line 34 because it had one is a corporation or trust during the tax year? (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d			(state or foreign country)		excluded from sections 5	m tax under 512-514)		assets		20 of Scheo K-1 (Form 10	ule partner? 365) Yes No	No No	
and EIN Primary activity and EIN Primary activity Primary acti													
are a corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one as a corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one as a corporation or trust dumig text year) (b) (c) (d) (d) (e) (f) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f													
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as a corporation or frust dumg the tax year) S, and EIN Primary activity Total (Complete if the organization answered "Yes" to Form 990, Part IV, line 3d because it had one as a corporation or frust dumg the tax year) S, and EIN Primary activity Total (Complete if the organization answered "Yes" to Form 990, Part IV, line 3d because it had one as a corporation or frust dumg the tax year) S, and EIN Primary activity Total (Complete if the organization answered "Yes" to Form 990, Part IV, line 3d because it had one as a corporation or frust dumg the tax year) S, and EIN Total (Complete if the organization answered "Yes" to Form 990, Part IV, line 3d because it had one as a corporation or frust dumg the tax year) S, and EIN Total (Complete if the organization answered "Yes" to Form 990, Part IV, line 3d because it had one as a corporation or frust dumg the tax year) Total (Complete if the organization or frust) Total (Complete if the organization or frust) Total (Complete if the organization or frust) Total (Complete if the organization or frust) Total (Complete if the organization or frust) Total (Complete if the organization or frust dumg the tax year) Total (Complete if the organization or frust dumg the tax year) Total (Complete if the organization or frust dumg the tax year) Total (Complete if the organization or frust dumg the tax year) Total (Complete if the organization or frust dumg the tax year) Total (Complete if the organization or frust dumg the tax year) Total (Complete if the organization or frust dumg the tax year) Total (Complete if the organization or frust dumg the tax year) Total (Complete if the organization or frust dumg the tax year) Total (Complete if the organization or frust dumg the organization or frust dumg the organization or frust dumg the organization or frust dumg the organization or frust dumg the organization or frust dumg the organization or frust dumg the organization or frust dumg the organization or frust dumg the organization or frust dumg the org													
ated Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one as a corporation or trust duming the tax year) as a corporation or trust duming the tax year) b. and EIN Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one incomplete if the organization (c) (d) (d) (h) (g) (f) (g) (g) (g) (g) (g) (g									_				
tated Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Ves" to Form 990, Part IV, line 34 because it had one of the organization or trust during the tax year) 1.5. and EIN Primary activity Legislacianic Countrolling Corporation or trust during the tax year of total spans of total													
lated Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one date a corporation or trust during the tax year) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c													
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	ss, and EIN ganization		Prim			Direct control entity			e of total come	Share of end-of-year assets	Percentage ownership		512(b)(13) controlled entity?
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

					,
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	ule.				Yes No
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?	g transactions v	vith one or more re	lated organizations listed	ın Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a control	rolled entity				1a X
b Gift, grant, or capital contribution to related organization(s)					tb X
c Gift, grant, or capital contribution from related organization(s)					1c X
d Loans or loan guarantees to or for related organization(s)					1d X
					1e X
 Dividends from related organization(s) 					
g Sale of assets to related organization(s)					
h Purchase of assets from related organization(s)					÷
i Exchange of assets with related organization(s)					ΞX
j Lease of facilities, equipment, or other assets to related organization(s)	6				ı.
k Lease of facilities, equipment, or other assets from related organization(s)	n(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	r related organiz	zation(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	related organiz	ation(s)			T X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ed organization	(s)			-t-
o Sharing of paid employees with related organization(s)					10 X
					T Y
q Reimbursement paid by related organization(s) for expenses					Tq X
r Other transfer of cash or property to related organization(s)					1- X
s Other transfer of cash or property from related organization(s)					1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	rmation on who	must complete the	ns line, including covered	relationships and transaction thresholds.	
(a) Name of other organization		(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nvolved
		type (a·s)			
5					
(2)	:				
9					
(4)					
(9)				,	
S. S. S. S. S. S. S. S. S. S. S. S. S. S					
232163 12-10-12				Schedu	Schedule R (Form 990) 2012

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

(X	rcentage vnership						Schedule R (Form 990) 2012
-	<u>8</u> 8		_) 6 E
9	General or managing partner?	6					F.
-	유 <u>교 명</u> - 구유		,				le B
(E)	Dispropor- Code V-UBI General or Percentage Bonds amount in box 20 managing ownership of Schedule K-I paring ownership form 1065) or an of Form 1065						Schedu
Ξ	Dispropor- tionate allocations?	2					
	alloca (S	2			 		
(6)	Share of end-of-year assets						
(J)	ָּס ב						
(e)	Partners sec 501(c)(3) orgs?	2				 	
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(G)	t incomirelated, om tax						
(9)	nicile reign y)						
(p)	Primary activity						
(a) (b) (c) (d)	Name, address, and EIN of entity						

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

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i Extension, c	complete only Part II (OII page 2 OII)	ilis (Oith)			
ted an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868.		
B if you need a	a 3-month automatic extension of tin	ne to file (6	months for a co	rporation	
month extens	sion of time. You can electronically fi	le Form 88	368 to request an	extension	
exception of	Form 8870, Information Return for 1	ransfers A	Associated With (Certain	
paper format	(see instructions) For more details of	n the elec	tronic filing of thi	s form,	
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ligit Group Exe	emption Number (GEN) I	f this is fo	r the whole group	, check this	
and atta	ach a list with the names and EINs of	all memb	ers the extension	s is for	
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