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Form **990**

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STATUTE CLEMIC: 0436

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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Inspection

Intern	al Rever	nue Service	The organization may have to use a copy of this return to satisfy state	e reporting requirements	Inspection
A F	or the	2012 calend	dar year, or tax year beginning JUL 1, 2012 and ending	JUN 30, 2013	
B c	heck if pplicable	C Name o	of organization	D Employer identific	cation number
	Addres	S COLO	RADO LIONS FOUNDATION		
. [Name change	4	du siness As	84-60	032226
	Initial		r and street (or P.O. box if mail is not delivered to street address) Room/sui		
	Termin	l l	BOX 6305		671-7394
	Ameno		wn, or post office, state, and ZIP code	G Gross receipts \$	54,046.
	Application	-	DRA, CO 80045-0305	H(a) Is this a group re	
	pendir	0	and address of principal officer BRYAN COOPER	for affiliates?	Yes X No
			S 12TH ST, CANON CITY, CO 81212	H(b) Are all affiliates incl	
1 1	ax-exe			` '	list (see instructions)
			COLIONSFOUNDATION.ORG	H(c) Group exemption	
					State of legal domicile CO
	art I	Summary		di di formation. 1997 i	Otate of legal doffinence CO
			be the organization's mission or most significant activities PROVIDE S	STEPORT FOR E	DIICATTONAI.
ည	1		RSHIPS AND HUMANITARIAN PROJECTS		DOCKLIONAL
nai					eote
Ķ	3	Number of vo	ox if the organization discontinued its operations or disposed of mixing members of the governing body (Part VI, line 1a)	3	5
PACtivitiés & Governance	i		dependent voting members of the governing body (Part VI, line 1b) $\iota_{\Lambda} N$ 1	1 2017	<u>5</u>
త ഗ	1		of individuals employed in calendar year 2012 (Part V, line 2a)		0
ë.	1, 3		of volunteers (estimate if necessary)	RANCH 6 7a	11
Ę	l	•	rpp d business revenue from Part VIII, column (C), line 12	DEN 7a	0.
¥	1		business taxable income from Form 990-T, line 34	7a 7b	0.
Ent.	١ .	ivet uniterated	business taxable income from Form 990-1, line 34		
	8	Contributions	and grants (Part VIII, line 1h)	Prior Year 13,805.	Current Year 24,529.
eveñue 8	∤ *			13,803.	24,329.
, Š	7	_	ice revenue (Part VIII, line 2g)	6,292.	23,229.
æ.			come (Part VIII, column (A), lines 3, 4, and 7d)	333.	
	1		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,288.
<u>198-10</u>	-		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,430.	54,046.
052			imilar amounts paid (Part IX, column (A), lines 1-3)	18,586.	19,909.
	14	Benefits paid	to or for members (Part IX, column (A), Ima-4) VED er compensation, employee benefits (Part IX, column (A), Ipas 5-10)	0.	0.
penses				0.	0.
ج الم			fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă:	, ,		sing expenses (t art ix, colding b), whe 20/	1 275	0 7/2
C			ses (Part IX, column (A), lines 11a, Lid, 11624e)	1,275.	9,743. 29,652.
			es Add lines 13-17 (must equal Pan & Dimm (A) inte 25)		
_ S		Hevenue less	expenses Subtract line 18 from line 12	569.	24,394.
ance	00	Tatal assets (Beginning of Current Year	End of Year
Net Assets or Fund Balances	20		Part X, line 16)	947,614.	1,147,673.
let /	21		s (Part X, line 26)	34,652.	73,537.
	22 art II	Signatur	fund balances Subtract line 21 from line 20	912,962.	1,074,136.
		<u> </u>	The state of the s	amenta and to the heat of m	the pulled as and balled it is
			I declare that I have examined this return, including accompanying schedules and state	-	knowledge and belief, it is
uue,	, correc	t, and complete	e. Declaration of preparer (other than officer) is based on all information of which prepa		- A / /
_		Signatur	an Cooper, freschent	12-7-3	2016
Sıgı		•		Date	
Her	е		AN COOPER, CURRENT PRESIDENT print name and title		
				Date Check	DTIN
De!		Print/Type pre		1 1	PTIN
Paid			BREYFOGLE WY I SAUFFY COOPE	1/18/10/6 self-employe	
	narer	Firm's name	MCPHERSON BREYFOGLE DAVELIAGE & GOODE	RICH Firm's EIN	84-0628988
use	Only	Firm's addres	· ·		
			PUEBLO, CO 81003-3131	Phone no ('	719)543-0516
May	the IF	RS discuss th	is return with the preparer shown above? (see instructions)		X Yes No

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

orm	990 (2012) COLORADO LIONS FOUNDATION	84-6032226	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
			
1	Briefly describe the organization's mission'		
	PROVIDE SUPPORT FOR EDUCATIONAL SCHOLARSHIPS AND HUMANIT	'ARIAN	
	PROJECTS.		
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		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 14,909 · including grants of \$ 14,909 ·) (Revenue	¢	١
40			
	PROVIDE GRANTS AND FINANCIAL SUPPORT TO ORGANIZATIONS FO	OR VISION AND	
	HEARING PURPOSES.		
4b	(Code) (Expenses \$ 5,000 • including grants of \$ 5,000 •) (Revenue	ue \$	
40		ie \$	/
	PROVIDE SCHOLARSHIP GRANTS TO HIGH SCHOOL STUDENTS.		
		 	
4-	Vi-		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	16 \$	/
		······································	
			
	Other and the Control of Control		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 9,743. including grants of \$) (Revenue \$		
4e	Total program service expenses ► 29,652.		
		Form 9	90 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.,,
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	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			Х
^	Schedule D, Part III	8		
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	9		
10	endowments, or quasi-endowments? If "Yes." complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		•	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 <u>f</u>	ļ	_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	ļ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	If "Yes," and if 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
14a		14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	}		
	or more? 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	170	 	- ^
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	l	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
		F	agn.	(0040)

Form 990 (2012) COLORADO LIONS FOUNDATION
Part IV 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 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	L
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	L	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			ļ
	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 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	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	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			ļ
	instructions for applicable filing thresholds, conditions, and exceptions)			7.7
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		X
C	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	200		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more trial \$25,000 in horroast contributions. In res, complete schedule in	25		
50	contributions? If "Yes," complete Schedule M	30	}	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 00		
• •	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	<u> </u>	<u> </u>	
_	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	<u> </u>	
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		}
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2012)

	Check if Schedule O contains a response to any question in this Part V				\Box
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?	-	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
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			1
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	<u> </u>	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b	 	X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or gifts			
	were not tax deductible?		6b		-
7	Organizations that may receive deductible contributions under section 170(c).			1	3.5
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	 	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	7-	1	Х
4	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c	-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f		
q	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		L
þ	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1
11	Section 501(c)(12) organizations. Enter	1 1		1	
а	Gross income from members or shareholders	11a		[
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12 <u>a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	{	ĺ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
•	Note. See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	126		1	
	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b	{	1	1
140	Did the organization receive any payments for indoor tanning services during the tax year?	100	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b		 **
		 		990	(2012

COLORADO LIONS FOUNDATION 84-6032226 Page 6 Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 5 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 any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Х 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? 5 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. a The governing body? Х 8a b Each committee with authority to act on behalf of the governing body? 8b X 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 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 Х 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 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 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 with a X taxable entity during the year? 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 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) available for public inspection. Indicate how you made these available. Check all that apply

___ Another's website W Upon request ___ Other (explain in Schedule O) Own website

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 19 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 organization THE ORGANIZATION - 719-671-7394

P O BOX 6305, AURORA, CO 80045-0305

232008 12-10-12

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

(A)	(B)			(C	;)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	Posi	more	than (one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss per	son i	s botl s/trus	n an	compensation	compensation	amount of	
	week	_	Cer ar	u a u	recto	Trus	(66)	from	from related	other	
	(list any	E CE					l	the	organizations	compensation	
	hours for	5	8			ated		organization	(W 2/1099-MISC)	from the	
	related	iste 12	trust		٠,	bens		(W-2/1099-MISC)		organization	
	organizations	를	la B	1	ploye	8 8				and related	
	below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
1) BARB FEIT	3.00							_			
PIRECTOR		X	L.,	<u> </u>				0.	0.		
2) ART WELCH	3.00					į i					
RESIDENT			L	Х				0.	0.		
3) WALTER LEMON	3.00										
VICE PRESIDENT		1		X		l		0.	0.	(
4) DONNA SLY-REED	3.00					Γ					
SECRETARY				x				0.	0.	(
(5) KEN SCHWOLS	3.00					 					
TREASURER		1		x		[0.	0.	(
RUASORER			†		_	1	-	<u> </u>			
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232008 12-10-12

Form 990 (2012)

232009 12-10-12

Total. Add lines 11a-11d

Total revenue See instructions.

6,288. 54,046.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A)	
Λ-	Check if Schedule O contains a respon	se to any question in thi	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	40.000	10.000		
	organizations in the United States. See Part IV, line 21	19,909.	19,909.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
,	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	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)				
'' a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				··
g	Other (If line 11g amount exceeds 10% of line 25,				
Ū	column (A) amount, list line 11g expenses on Sch 0)				
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	225	205		
23	Insurance Other expanses Hamila expanses not equired	225.	225.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			Ţ	
а	SUPPLIES EXPENSE	9,031.	9,031.		
b	POSTAGE	218.	218.		
C	OTHER EXPENSE	129.	129.		
d	FILING FEES	75.	75.		
е	All other expenses	65.	65.		
25	Total functional expenses Add lines 1 through 24e	29,652.	29,652.	0.	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)				- 000

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

3b

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

2012 2012

ZUIZ
Open to Public

Inspection

Name of the organization

COLORADO LIONS FOUNDATION

Employer identification number 84-6032226

Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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, 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c ____ Type III - Functionally integrated d ____ Type III Non-functionally integrated __ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col in col (ı) listed in your organization in col. organization (described on lines 1-9 (i) organized in the US? support above or IRC section governing document? (i) of your support? (see instructions)) No Yes Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

84-6032226 Page 2

Schedule A (Form 990 or 990-EZ) 2012 COLORADO LIONS FOUNDATION 84-60322 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	ļ			j			
	include any "unusual grants ")				13,805.	24,529.	38,334	4.
2	Tax revenues levied for the organ-				ļ — — — — — — — — — — — — — — — — — — —			
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to	}			}			
	the organization without charge							
4	Total. Add lines 1 through 3				13,805.	24,529.	38,334	4.
	The portion of total contributions							
•	by each person (other than a			}	1	ĺ		
	governmental unit or publicly							
	supported organization) included	{			ĺ			
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)]		1 (0.
6	Public support. Subtract line 5 from line 4						38,32	
	ction B. Total Support			1	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
	Amounts from line 4	197.===	12/ = 3 = 3		13,805.	24,529.	38,334	4.
	Gross income from interest,							<u></u>
Ŭ	dividends, payments received on	!				}		
	securities loans, rents, royalties							
	and income from similar sources				6,292.	23,229.	29,52	1.
9	Net income from unrelated business				3,722			
Ū	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)				333.	6,288.	6.62	1 .
11	Total support. Add lines 7 through 10		· · · · · · · · · · · · · · · · · · ·			3/2001	6,62 74,47	
	Gross receipts from related activities,	etc (see instruction			4	12		<u></u>
	First five years. If the Form 990 is for	•	•	rd. fourth: or fifth t	ax vear as a sectio			
. •	organization, check this box and stor	•		,	,	- 1-11-1	►	
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2012 (I			column (f))		14	51.46	%
	Public support percentage from 2011		•	. ,,		15	67.57	%
	33 1/3% support test - 2012. If the c		-	on line 13, and line	14 is 33 1/3% or n	nore, check this bo		
	stop here. The organization qualifies	-					►C	X
b	33 1/3% support test - 2011. If the		_		d line 15 is 33 1/3%	or more, check th		-
	and stop here. The organization qual	-				•	▶Ĺ	
17a	10% -facts-and-circumstances tes		•		e 13, 16a, or 16b. a	and line 14 is 10%	or more,	
	and if the organization meets the "fac	-						
	meets the "facts-and circumstances"			•	·	,	▶ [
b	10% -facts-and-circumstances tes				_	17a, and line 15 is 1	0% or	
~	more, and if the organization meets the	_						
	organization meets the "facts-and-circ				•		▶ſ	\neg
18	Private foundation. If the organization		-	•			, • •	司
<u> </u>						edule A (Form 990		112

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")	1		ĺ			
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	1					
	are not an unrelated trade or bus- iness under section 513	· · · · · · · · · · · · · · · · · · ·					
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	l					
5	The value of services or facilities furnished by a governmental unit to the organization without charge	 					
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and	I					
t	3 received from disqualified persons 3 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						
	Add lines 7a and 7b		ļ	ļ —————	 	 	
	Public support (Subtract line 7c from line 6) ction B. Total Support		L	L	<u> </u>		l
	endar year (or fiscal year beginning in)	(=) 2008	(b) 2000	(=) 2010	(4) 2011	(e) 2012	(f) Total
	Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(i) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ł	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	r the organization	s first second the	rd fourth or fifth	tax year as a section	on 501(c)(3) organi	zation
.7	check this box and stop here	and organization	55t, 555511 4 , thi	-			
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (ine 8, column (f) c	livided by line 13,	column (f))		15	%
<u>16</u>	Public support percentage from 2011	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	·			
17	Investment income percentage for 20)12 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from:					18	%
19	a 33 1/3% support tests - 2012. If the	organization did i	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	•	= :				
ı	5 33 1/3% support tests - 2011. If the 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	this box and see in	structions	
					C-	hadula A /Farm OC	N 000 F71 0040

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

Employer identification number

	COLORADO LIONS FOU	NDATION	84-6032226
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Im	e 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 advised f	funds
	are the organization's property, subject to the organization's	· ·	Yes No
6	Did the organization inform all grantees, donors, and donor a	5	
	for charitable purposes and not for the benefit of the donor of	3 3	•
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990, Part	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	, ,	
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement 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	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements durin	g the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year > \$
8	Does each conservation easement reported on line 2(d) abor-	ve satisfy the requirements of section 170(h)(4	1)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	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	easures, or other similar assets for financial ga	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

		ONS FOUNDATION	Ţ	84	-6032226 Page 3
<u></u>	VII Investments - Other Securities. See				
	SCRIPTION OF SECURITY OF CATEGORY (including name of security)	(b) Book value	(c) Method of valuati	on Cost or end	i-of-year market value
	ancial derivatives				
	sely-held equity interests				
(3) Oth					
(A)	INVESTMENTS HELD FOR	73,537.	END-OF-YEAF	MADVET	TAT IID
(B)	OTHERS INVESTMENTS - OTHER	13,331.	END-OF-IEAR	MARKET !	VALUE
(C) (D)	INVESTMENTS - OTHER SECURITIES	1,065,246.	END-OF-YEAF	МАРКЕТ	T/AT.IIF
(E)_	SECORITIES	1,005,240.	END-OF TEAT	· MARKET	VALIOL
(F)_					
(G)					
(H)					· · · · · · · · · · · · · · · · · · ·
(I)					
	Col (b) must equal Form 990, Part X, col. (B) line 12.)	1,138,783.			
	VIII Investments - Program Related. See				
	(a) Description of investment type	(b) Book value		on Cost or end	l-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)_					
(8)					
(9)					· · · · · · · · · · · · · · · · · · ·
(10)					
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13)				
Part		Description		· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)	(a) L				(D) DOOR VAIGO
(1)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	Column (b) must equal Form 990, Part X, col (B) line	15)			
Part					
1	(a) Description of liability	(t	o) Book value		
(1)_	Federal income taxes				
(2)	DUE TO OTHERS - INVESTMENT	<u>r</u>	72 527		
(3)	ACCOUNTS		73,537.		
(4)					
(5)					
(6)	· · · · · · · · · · · · · · · · · · ·				
<u>(7)</u> (8)					
(9)					
(10)					
(11)					
	Column (b) must equal Form 990, Part X, col (B) line	25)	73,537.		
	148 (ASC 740) Footnote In Part XIII, provide the tex			ements that rec	oorts the organization's
	ollity for uncertain tax positions under FIN 48 (ASC 74	=			

chedule D (Form 990) 2012 COLORADO LIONS FOUNDATI		84-6032226 Page
Part XI Reconciliation of Revenue per Audited Financial Sta	atements With Reven	ue per Return
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	1 1	}
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
Subtract line 2e from line 1		3
Amounts included on Form 990, Part VIII, line 12, but not on line 1.	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
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
art XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	nses per Return
Total expenses and losses per audited financial statements		1
Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
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
Subtract line 2e from line 1		3
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
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18)	5
art XIII Supplemental Information Implete this part to provide the descriptions required for Part II, lines 3, 5, and 9 and 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this		
	 	Schodulo D (Form 000) 20

SCHEDULE O (Form 990 or 990-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.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Internal Rev	enue Service					Attach	to Form	990 01 99	U-EZ.				Ins	pection
Name of	the organ	ization	CO	LORADO	LION	S FOU	NDAT:	ION					er identifi 60322	cation number
FORM	990,	PART	VI,	SECT	ON B,	LINE	11:	FORM	990	IS	REVIEW	ED BY	PRES	IDENT
AND '	TREAS	URER	PRIO	R TO I	FILING	THE	RETUI	RN.						
									· — · — · · ·			 _	·	
FORM	990,	PART	VI,	SECT	ION C,	LINE	19:	AVAI	LABLE	<u> UP</u>	ON REC	UEST.	'	
							· · · · -							
	 				·							·· 		
														.
														
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