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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

A	For the 20	012 calen	dar year, or tax year beg	inning 12/01	, 2012, a	nd endin	g 11/		, 2013		
В	Check if appl	licable	С					D Employer I	dentification N	umber	
	Address	change	COLORADO 500 CH					84-09	86727		
	Name d	hange	2561 FRYING PAN					E Telephone	number		
	Initial re	eturn	BASALT, CO 8162	1				970-9	27-4010		
	Termina	ated									
	\vdash	ed return						G Gross recei	pts \$	107,697	
	\vdash	tion pending	F Name and address of princ	ipal officer			H(a) Is this	a group return fo	r affiliates?	Yes X	
		den penanig	SAME AS C ABOVE				H(b) Are al	ll affiliates include ' attach a list (se	ď?	_	No
	Tax-exem	nt status	X 501(c)(3)		4947(a)(1) or	527	If 'No,	' attach a list (se	e instructions)		
•	Website			() (1110011110.)	1017(0)(17 01		H(c) Group	exemption numb	er ►		
<u>.</u> К			Corporation Trust	Association Other	I va	ar of Format			of legal domic		
	Form of or	•		Association Other	L 1e	ar or ronnat	1011	III State	or legal donnic	ite .	_
Pa	rt I S	ummar	y ibe the organization's mi	ceion or most significan	of activities: MO	DDOME	DE 3.00	CTCMANCE	TNI MIID	CODM OF	_
		-	_	_	<u> </u>			SISTANCE_		FORM_OF	
ဗ္ပ			<u> SHIPS AND GRANTS</u>	TO MORTHY TIND	TATDOVP2 VIV	D_OKG	MTVVI	10N2 IN 7	WE215KM		-
a	<u> </u>	<u>LORADO</u>	<u>ار</u> ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ								· —
Activities & Governance	2	ck this bo	ov Duf the organizat	ion discontinued its ope	erations or dispos	sed of mo	re than 3	25% of its net			-
3o			oting members of the gov			seu oi iiio	ile triair z		3		1
ķ			dependent voting memb			1b)			4		ō
les			r of individuals employed			ŕ		<u> </u>	5		ŏ
i.			r of volunteers (estimate						5		0
Ac			ed business revenue fror						7 a).
	b Net	unrelated	d business taxable incom	e from Form 990-T, line	e 34				7 b).
				F*			F	Prior Year	Cui	rrent Year	
,	8 Con	tributions	s and grants (Part VIII, III		67,430).	97,373	}.			
Revenue		-	vice revenue (Part VIII, li								
	10 Inve	estment in	ncome (Part VIII, column	(A), lines 3, 4, and 7d))	2 8 12) S		1,133	3.	10,324	ŀ.
ř	11 Oth	er revenu	ue (Part VIII, column (A), e – add lines 8 through								
							<u> </u>	68,563		107,697	
			sımılar amounts paid (Pai			<u></u> 또		87,125	5.	68,050	<u>) .</u>
			d to or for members (Part				ļ				
"	15 Sala	aries, oth	er compensation, employ	ree benefits (Part IX, co	olumn (A), lines 5	5-10)					
Se	16a Pro	fessional	fundraising fees (Part IX								
Expenses	b Tota	al fundrais	sing expenses (Part IX, o	column (D), line 25)							
Ĕ			ses (Part IX, column (A),)			11,055	.	47,909	
			ses. Add lines 13-17 (mus					98,180	_	115,959	_
			s expenses Subtract line		1 (7), IIIIC 20)		 	-29,617	_	-8,262	
<u>ਰ ਨੂੰ</u>	13 1464	enue less	s expenses Subtract line	10 110111 111110 12			Paning				• •
anc	20 Tota	al accote	(Part X, line 16)				Beginni	ng of Current Ye	_	d of Year	, -
Net Assets o Fund Balance			es (Part X, line 26)					596,332	2.	588,070) <u>.</u>
5											_
			r fund balances. Subtrac	l line 21 from line 20				596,332	2.	588,070	<u>.</u>
			re Block								_
Jnde	er penalties of	f perjury, I de	eclare that I have examined this arer (other than officer) is based	eturn, including accompanying	schedules and stateme	ents, and to t	he best of r	ny knowledge and	l belief, it is tru	e, correct, and	
	JICIC DCCIDIO		arer (officer brain officer) is based		gerer nas any renomeag						
		- A	ure of officer	allemon/1				ate /	<u>.5</u> , /	4	_
Sig								•			
Нe	re		LACE DALLENBACH				PRES	IDENT			_
			r print name and title				-	1 1	DTW		
			preparer's name	Preparer's signature		Date	,	Check if			
а	id	CHRIST	TOPHER B. SMITH	685 61	24	4/12	414	self-employed	P0096	2008	_
re	eparer	Firm's name	e NED COLLUM	CPA PC						·	
S	e Only	Firm's addr	ess 351 SOUTHSI	DE DRIVE				Firm's EIN ▶	<u>84-12</u> 38	071	
			BASALT, CO					Phone no (970) 92	7-4780	_
	the IDS	discuss th	his return with the prepar				-	<u> </u>	XY		

G17

Form 990 (2012) COLORADO 500 CHARITY FUND Partity Checklist of Required Schedules

	1	-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		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, 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		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			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
1	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	11 b		Х
(c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	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	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u> </u>
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		<u> </u>
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E a Did the organization maintain an office, employees, or agents outside of the United States?	13		<u> </u>
		14a		
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		<u>x</u>
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		<u> </u>
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		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		_ <u>x</u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
	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		<u> </u>
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV | Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 Х 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 Х 22 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 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?... 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a 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 'Ye's,' complete Schedule L, Part I 25b X 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 Х 26 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 Х Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 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 Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II Х 32 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 Х X 35a 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х 37

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Form 990 (2012)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

га	rt 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
1	a 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 1 b 0			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
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			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3 b		
4	a 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)?	4 a		Х
	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			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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	1	1	
	services provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	/ b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			v
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
٥	Sponsoring organizations maintaining donor advised funds.	-		
	a Did the organization make any taxable distributions under section 4966?	9a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	-		
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter.			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them).	10.		
	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	1	1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12		
	a 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			
	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			
	c Enter the amount of reserves on hand			
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule Q</i>	14b		

Par	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 cha Schedule O. See instructions.	nges ii	n	
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	ion A. Governing Body and Management			
-			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1		
t	Enter the number of voting members included in line 1a, above, who are independent 1b	i 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		X
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		х
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
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7 a		х
t	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
-	The governing body?	8 a		Х
	Each committee with authority to act on behalf of the governing body?	8 b		Х
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code.</u>		
10 -	Did the organization have local chapters, branches, or affiliates?	10 a	Yes	No X
		104		<u> </u>
	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10 b		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	114		<u> </u>
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a		X
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.	12 c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-		
	The organization's CEO, Executive Director, or top management official	15 a		X
	Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)	15 b		_
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X
t	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	100		
	organization's exempt status with respect to such arrangements?	16 b		
	tion C. Disclosure			
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 (501(c)(3)s only)	 availabl	e for p	 public
	Inspection Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule 0)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available during the tax year SEE SCHEDULE O			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	I		
BAA	WALLACE J. DALLENBACH 2561 FRYING PAN ROAD BASALT CO 81621 970-927-4010 TEEA0106L 08/08/12	Form	990 (2012)

Partivile Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee Position (do not check more than one box, unless person is both an officer and a director/trustee) (A) (B) Reportable compensation from related organizations (W-2/1099-MISC) Name and Title Reportable compensation from Estimated amount of other Average hours per week (list any hours for related the organization (W-2/1099-MISC) compensation Officer from the organization and related employee Individual trustee Highest compensated nstutuonal (ey employee director organiza-tions below dotted organizations l trustee tine) (1) WALLACE J. DALLENBACH 0 0 0 DIRECTOR 0 0. (2) (4) (5) (6) (7)(8) (10)(11) (12)(13) (14)

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Part VII Section A. Officers, Directors, Trus		\ey	Em		_	es,	and	nighest Con	ipensated Emp	loyees	(COIII)
• (A) Name and title	Average hours per week	box offic	, unle	heck ss pe	ition more erson direct	than is both	h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	Est amou	(F) imated nt of other
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	fro orga and	ensation om the inization related nizations
(15)					-						-
(16)											
(17)											
<u>(18)</u>											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Sub-total	-						•	0.	0.		0.
c Total from continuation sheets to Part VII, Section	A						•	0.	0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to	those li	sted	abov	/e) v	vho	ecen	ved	0. more than \$100,00	0.0 of reportable comp	ensation	0.
from the organization 0											Yes No
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or trus	tee,	key	emį	ploy	ee, c	r hi	ighest compensate	ed employee	3	X
4 For any individual listed on line 1a, is the sum of rithe organization and related organizations greater	eportabl	e co	mpe	nsa If 'Y	tıon ′es′	and comi	oth olet	er compensation e Schedule J for	from		
such individual 5 Did any person listed on line 1a receive or accrue	compen	satio	n fro	om a	anv	unre	late	ed organization or	ındıvıdual	4	X
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	te Sc	ched	ule	J to	r suc	:h p	erson		5	<u> </u>
Complete this table for your five highest compensation from the organization Report compensation.	ited inde	epend	dent	cor	ntrac	ctors	tha	t received more the	nan \$100,000 of		
(A) Name and business addre			270111		, 00.	0.10		(B) Description of		(C) Compen) isation
-											
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ▶		ted to	tho	se li	sted	abo	ve) v	who received more	than		
ΒΔΔ	-	TEFAO	1001	01/2	14/12					Form 0	90 (2012)

		neck if Schedule O	contains a resi	onse to any questi	on in 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
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Mem c Func d Rela e Gover f All otl	erated campaigns abership dues draising events ted organizations anment grants (contribut ther contributions, gifts, ar amounts not included	grants, and	97,373.				
SONT AND AND	-	sh contributions include	ed in Ins 1a-1f \$		<u> </u>			
뿔	n I ota	I. Add lines 1a-1f		Business Code	97,373.			
PROGRAM SERVICE REVENUE		ther program servi	ce revenue					
	3 Inve	stment income (inc r similar amounts) me from investmer		•	10,324.	10,324.		
	c Renta	ss rents rental expenses I income or (loss) rental income or (lo		(ii) Personal				
	b Less and s c Gain	amount from sales of s other than inventory cost or other basis ales expenses or (loss) gain or (loss)	(i) Securities	(II) Other				
OTHER REVENUE	(not of co See b Less	is income from fun including \$	d on line 1c).	a b				
)	9 a Gros See	income or (loss) from gar Part IV, line 19 direct expenses	_	a b				
		ncome or (loss) from	om gamıng actı	~L			 	
		ss sales of inventor allowances cost of goods sol		a b			, ,	
		income or (loss) fro	om sales of inv					
	11 a b	Miscellaneous Reven	ue	Business Code				
		ther revenue						
		il. Add lines 11a-11 I l revenue. See ins		•	107,697.	10,324.	0.	0.

Part IX Statement of Functional Expenses

Check If Schedule O contains a response to any question in this Part IX Do not include a mounts resported on lines 6b, 76, 8b, 9b, and 10b of Part VIII or 10b of Part VIII or 10b of Part VIII or 11b of Par	Secti	on 501(c)(3) and 501(c)(4) organizations must con			omplete column (A)	
Up not include amounts reported on lines ob. 7 8, 58, 59, and 10 of Part VIII 1 Grants and other assistance to governments and organizations in the United States. See and the Intel States. See and the Intel States See Tail VI, 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 of current officers, directors, trustees, and key employees 7 Other salaries and wages 8 Parson plan acruads and contributions (include section 4016) and section 403(b) employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Profesional fundrasing services. See Part IV, line 17 firvestiment management fees g Other (I line 1) questions of the Payroll travelenge and promotion 3 Office expenses 11 Information technology 15 Royattes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses or and expenses or since 24 it line 24e around excepts 10% of line 25 column (A) amount, list line 24 expenses on School or and meetings in line 24e. If line 24e around excepts 10% of line 25 column (A) amount, list line 24e expenses on School or 27, 540. A Outs State Stat					(C)	(D)
and organizations in the United States. See Part IV, line 21 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 company of the company o			Total expenses	Program service	Management and	Fundraising expenses
Part IV, Inne 21 16,150.	1	Grants and other assistance to governments				
2 Grants and other assistance to individuals in the United States See Part IV, line 22		Part IV, line 21	16.150.	16,150.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 8 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualished persons (as defined under section 4958(f)(11) and persons described in section 4918(f) and section 403(b) employer contributions (include section 401(f) and section 403(b) employer contributions (include section 401(f) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbyring e Professional fundrains services. See Part IV, line 17 f Investment management fees 9 Other (if line 11) ant excess 10% of line 25, collosidated in the second of line 11 and excess 10% of line 25, collosidated in 11 and excess 10% of line 25, collos	2	Grants and other assistance to individuals in				
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5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(6) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying Professional fundrating services. See Part IV, line 17 f Investment management fees 9 Other (it in 12) and excells 10% of line 25, column (A) and, list line 110 expenses on Sch 0) 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 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Indrize expenses rot covered above (List miscellaneous expenses of the 25 column (A) and insurance 24 Other expenses Interize expenses rot covered above (List miscellaneous expenses of the 25 column (A) and insurance 24 Other expenses Interize expenses rot covered above (List miscellaneous expenses of the 25 column (A) amount, list line 24e expenses on Schedule 0 a OUTSIDE SERVICES 27,540. 27,540. 27,540. b ADMINISTRATIVE 17,250. c MISCELLANEOUS 2,000. 2,000. c All other expenses. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B)	3	organizations, and individuals outside the				
Trustices, and key employees	4	Benefits paid to or for members				
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26 Joint costs. Complete this line only if the organization reported in column (B)	25	Total functional expenses. Add lines 1 through 24e	115,959.	68,050.	47,909.	0.
joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720).	26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year 59,194. 50,223 Cash - non-interest-bearing. 2 2 Savings and temporary cash investments 513,036 513,804. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 18,000 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 15,072. 10 c b Less accumulated depreciation 10b 15,072 15,072 11 Investments — publicly traded securities. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 596,332 16 588,070 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 26 0 0. Total liabilities. Add lines 17 through 25 X and complete N E T Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34. ASSETS 27 Unrestricted net assets 596,332 27 588,070. 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. FUZD 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 BALANCES 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 Total net assets or fund balances 596,332 588,070.

BAA

34

Total liabilities and net assets/fund balances

34

596,332

Forn	m 990 (2012) COLORADO 500 CHARITY FUND 84-0	<u>)986727 </u>		Pa	ige 12
Pai	rt XI Reconciliation of Net Assets				_
	. Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	07, (<u> 597.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	15,9	959 <u>.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		-8,2	262.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	5	96,3	332.
5	Net unrealized gains (losses) on investments	5			
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	5	88,0)70.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response to any question in this Part XII				П
_				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	a on a			
	Separate basis Consolidated basis Both consolidated and separate basis	ļ			
	b Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	e.			
4	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	t 	3 b		
BA/			Form	990	(2012)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

				ry fund							98672			
Par					(All organizations					See I	nstruct	tions.		
The o	orga		•		e it is: (For lines 1 thro									
1		A church,	convention	n of churches or asso	ciation of churches des	cribed in	section	n 170(b)	(1)(A)(i)	١.				
2	П	A school	described i	n section 170(b)(1)(A)(ii). (Attach Schedule &	Ξ.)								
3	П	A hospita	l or a coop	erative hospital servic	e organization describe	ed in sec	tion 17	0(b)(1)(<i>A</i>	4) (iii).					
4	П	A medica	I research o	organization operated	I in conjunction with a h	nospital (describe	d in sec	ction 17	0(b)(1)(A	AXIII) E	nter the hos	spital's	5
	_		y, and state											
5		170(b)(1)(A)(iv). (Co	mplete Part II)	college or university own					I unit des	scribed in	section		
6					overnmental unit descri									
7	X	in section	170(b)(1)(A)(vi). (Complete Pa				ental un	it or fron	n the ger	neral pub	olic described	j	
8	Ц		•		70(b)(1)(A)(vi). (Comple		•							
9		related to unrelated b	its exempt f	unctions – subject to c	re than 33-1/3% of its sup ertain exceptions, and (2 I1 tax) from businesses acq) no mor	e than 3.	3-1/3% c	of its suc	port fron	n aross ii	nvestment ir	m activ icome	ities and
10		-	_	•	exclusively to test for pu		-							
11		supported	organization	zed and operated exclus ns described in section tion and complete line	sively for the benefit of, to 509(a)(1) or section 509 is 11e through 11h.	perform (a)(2). Se	the func ee sectio	tions of, on 509(a)	or carry (3). Che	out the p ck the bo	urposes ox that de	of one or mo escribes the	re pub type o	licly f
		а Птур	el b	Type II c	Type III - Function	nally inte	egrated		d 🗍 .	Type III	– Non-f	unctionally	ıntegr	ated
е		By checki other than section 50	foundation	x, I certify that the org managers and other th	anization is not control an one or more publicly s	led direction	tly or in Lorganiz	directly ations d	by one escribed	or more in section	disqual on 509(a)	ıfıed persor)(1) or	ns	
f			nization rec	eived a written determi	nation from the IRS that	is a Type	I, Type	II or Typ	e III sup	porting o	organizat	ion,		
g		Since Aug	gust 17, 20	06, has the organizati	on accepted any gift o	r contrib	ution fr	om any	of the f	ollowing	persons	s ²		
													Yes	No
		(i) A pe	erson who ow, the gov	directly or indirectly c erning body of the su	ontrols, either alone or pported organization?	togethe	r with pe	ersons d	lescribe	d in (ii)	and (III)	11 g (i)		
		(ii) A fa	mily memb	per of a person descri	bed in (i) above?							11 g (ii)		
		(iii) A 35	5% controll	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide th	ne following	j information about th	e supported organization	on(s)								
		(i) Name of organiz	supported ation	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in) listed in overning ment?	(v) Did yo the organ column (supp	ization in	organiz colur organize	s the sation in mn (i) ed in the S ?	(vii) Amoun sup	of mon port	etary
						Yes	No	Yes	No	Yes	No			
(A)												· · · ·		
(A)				 		 								
(B)														
(C)														
			··									-		
(D)		- · · · · · · · · · · · · · · · · · · ·										-		
(E)														
														
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 I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	2	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	105,208.	63,750.	92,593.	6,740.	97,3	73.	365,664.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0.		
4	Total. Add lines 1 through 3	105,208.	63,750.	92,593.	6,740.	97,3	73.	365,664.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0.		
6	Public support. Subtract line 5 from line 4							365,664.		
Sec	tion B. Total Support									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	2	(f) Total		
7	Amounts from line 4	105,208.	63,750.	92,593.	6,740.	97,3	73.	365,664.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,886.	3,978.	2,225.	1,133.	10,3	24.	23,546.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,	,	·				0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0.		
11	Total support. Add lines 7 through 10							389,210.		
12	Gross receipts from related activ	ities, etc (see inst	ructions)		<u> </u>		12	0.		
13	First five years. If the Form 990 is organization, check this box and		's first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)		▶ 🗌		
Sec	tion C. Computation of Pul	blic Support P	ercentage			•				
	Public support percentage for 20		•	e 11, column (f)).			14	93.95%		
15	Public support percentage from 2	2011 Schedule A,	Part II, line 14			Ĺ	15	97.85%		
16 a	33-1/3% support test — 2012. If and stop here. The organization				id the line 14 is 3	3-1/3% or m	ore, c	heck this box		
t	b 33-1/3% support test — 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
17 a	7a 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est The organizal	' test, check this l tion qualifies as a	box and stop here publicly supporte	e. Explain in ed organizati	Part ion	IV how the ▶ □		
	Private foundation. If the organization	zation did not ched	ck a box on line 1	o, 16a, 16b, 1/a,						
BAA					Sch	edule A (For	rm 990	0 or 990-EZ) 2012		

Part III	Support Schedule for Orga	nizations Described in	n 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)

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) >	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a						
	governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support				T		
9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		-				
13	Total support. (Add ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3) ► ∏
	tion C. Computation of Pul	blic Support P					
	Public support percentage for 20			ne 13, column (f))		15	
16	Public support percentage from 2	2011 Schedule A,	Part III, line 15			16	%
Sec	tion D. Computation of Inv	estment Incor	ne Percentage	9			
17	Investment income percentage for	or 2012 (line 10c,	column (f) divide	d by line 13, colu	mn (f))	17	
18	Investment income percentage for	rom 2011 Schedu	le A, Part III, line	17 .		18	%
	33-1/3% support tests — 2012. If is not more than 33-1/3%, check	this box and sto	p here. The orgar	nization qualifies a	as a publicly supp	orted organizati	on 🕨 📗
t	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%	the organization, check this box	did not check a b and stop here. Th	ox on line 14 or l e organization qu	ine 19a, and line alifies as a public	16 is more than ly supported org	33-1/3%, and ganization . ►
	Private foundation. If the organization						_

SCHEDULE D (Form 990) ·

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012
Open to Public

Inspection
Employer identification number

COLORADO 500 CHARITY FUND 84-0986727 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Nο are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2 a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic 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 during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. Revenues included in Form 990, Part VIII, line 1 ▶\$ (ii) Assets included in Form 990, Part X **⊳** \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items **►** \$ a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X **►** \$

Schedule D (Form 990) 2012 COLORADO 50	0 CHAR	ITY FUND		84-098	36727	Page 2
Part III Organizations Maintaining Co	llections	of Art, Histor	ical Treasures, o	r Other Similar Ass	sets (contin	nued)
3 Using the organization's acquisition, accession items (check all that apply)	, and other	records, check any	of the following that a	re a significant use of its	collection	
a Public exhibition		d Loan or	exchange programs			
b Scholarly research		e 🗌 Other				
c Preservation for future generations						
4 Provide a description of the organization's coll Part XIII		•	-			
5 During the year, did the organization solicit to be sold to raise funds rather than to be in	or receive naintained	donations of art, as part of the org	historical treasures, or panization's collection	or other similar assets	Yes	No
Part IV Escrow and Custodial Arrangement reported an amount on Form S	s. Comple 190, Part	te if the organizat X, line 21.	ion answered 'Yes' to	o Form 990, Part IV, III	ne 9, or	
1 a is the organization an agent, trustee, custo on Form 990, Part X?				her assets not included	Yes	No
b If 'Yes,' explain the arrangement in Part XI	ll and com	plete the following	g table			
_				1-	Amount	
c Beginning balance				1 c		
 d Additions during the year e Distributions during the year 				1 e		
f Ending balance				16		
2 a Did the organization include an amount on	Form 990	Part X line 217		<u> </u>	Yes	No
b If 'Yes,' explain the arrangement in Part XI			on has been provided	d in Part XIII	□ .••	H
bit 763, explain the arrangement in Fare 20		ioro ir tivo explaint	5p. 555p. 6			Ш
Part V Endowment Funds. Complete	ıf the or	ganization ans	wered 'Yes' to Fo	rm 990, Part IV, III	ne 10.	
(a) Cui		(b) Prior year	(c) Two years	(d) Three years	(e) Four ye	ears
1 a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance	· -					
2 Provide the estimated percentage of the cu	rrent year	end balance (line	1g, column (a)) held	as		
a Board designated or quasi-endowment ▶		%				
b Permanent endowment ▶	- % -					
c Temporarily restricted endowment		_ %				
The percentages in lines 2a, 2b, and 2c sh	ould equal	100%				
3 a Are there endowment funds not in the possess organization by	ion of the c	organization that are	e held and administered	d for the	Yes	No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related organization	ns listed a	s required on Sch	edule R?		3b	
4 Describe in Part XIII the intended uses of t						<u> </u>
Part VI Land, Buildings, and Equipme						
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment			15 070			E 070
e Other	t agust E-	rm 000 Port V as	15,072.			<u>5,072.</u>
Total. Add lines 1a through 1e. (Column (d) mus	equal FO	in 330, rail A, CC	numi (B), line TU(C))		tule D (Form 99	5,072.

Part VII	Investments - Other Securities. See	Form 990, Part X,	line 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation end-of-year market	
(1) Finance	cial derivatives		end of year market	
	y-held equity interests			
(3) Other				
(A)				
(B)				
(C) (D) (E)				
(D)				
(E)				
(F)				
(F) (G) (H)				
				
(l) 				
	inii (b) mast equal i biiii boo, i art x, bolanii (b) mio 12.	Form 000 Port V	line 13. N/A	
Part VIII	(a) Description of investment type	(b) Book value	(c) Method of valuation	Cost or
	(a) Description of investment type	(b) Book Value	end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	mn (b) must equal Form 990, Part X, column (B) line 13)	<u> </u>	-	
Part IX	Other Assets. See Form 990, Part X,	line 15. N/A		
I di Cix		escription		(b) Book value
(1)				
(2)				-
(3)				
(4)				
(5)				
(6)				····
(7)				
(8)			· . · · · · · · · · · · · · · · · · · ·	
(9)				
(10)	olumn (b) must equal Form 990, Part X, column	(B) line 15.)	•	
Part X	Other Liabilities. See Form 990, Part			
Fartx	(a) Description of liability	(b) Book value		
(1) Fed	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	mn (b) must equal Form 990, Part X, column (B) line 25)	<u> </u>		
	ASC 740) Footnote In Part XIII, provide the text of the footnote 8 (ASC 740) Check here if the text of the footnote has been pro		statements that reports the organization's liability	Tor uncertain tax positions

Schedule D (Form 990) 2012 COLORADO 500 CHARITY FUND	84-0986727	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return N/A	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities 2 b		
c Recoveries of prior year grants		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
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)		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return N/	'A
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 2 a		
b Prior year adjustments		
c Other losses 2c		
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2 e	
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.		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
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, Part ine 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional in	20; Part V, formation
BAA	Schedule D (F	Form 990) 2012
DMA	ochedule b (r	OHH 330) 2012

SCHEDULE I

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

84-0986727

COLORADO 500 CHARITY FUND Department of the Treasury Internal Revenue Service Name of the organization

Partl

General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 7

% ⊠

Yes

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. (h) Purpose of grant or assistance (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of non-cash assistance (d) Amount of cash grant 16,150 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table VARIOUS (p) EIN 501 (C) (3) ORGANIZATIO 39_CONTRIBUTIONS _ SEE_ATTACH 1 (a) Name and address of organization or government 1111 111111 1 ı ١ 1 (1) VARIOUS ε ! |ତ୍ର' ଫ୍ର¦ €¦ ତ୍ର <u>|</u>@ €

Schedule 1 (Form 990) (2012)

TEEA3901L 11/30/12

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

Parallis 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 can be duplicated if additional space is needed. 84-0986727 COLORADO 500 CHARITY FUND Schedule I (Form 990) (2012)

Page 2

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 27,500 24,400 (c) Amount of cash grant 13 (b) Number of recipients 2 ASSISTANCE TO MINISTRIES (a) Type of grant or assistance 3 AID TO INDIVIDUALS 1 SCHOLARSHIPS Pent W Ŋ 9 4

BAA

Schedule I (Form 990) (2012)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization COLORADO 500 CHARITY FUND Employer identification number

84-0986727

Part I	Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b							
1	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Co				
		person and organization		Yes	No			
(1)								
(2)								
(3)					<u> </u>			
(4)					L			
(5)					<u> </u>			
(6)					<u></u>			

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under **►**\$ section 4958 **>**\$

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			То	From			Yes	No	Yes	No	Yes	No
(1) WALLY DALLEN	BACH											
(2)			Х		18,000.	27,540.		Х		Х		X
(3)												
(4)												
(5)									<u></u>			
(6)									<u> </u>			
(7)												
(8)			<u> </u>				<u> </u>	ļ				
(9)			ļ				ļ					
(10)				L								
Total		-			► \$	27,540.						

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of Assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					ļ <u></u>
(10)					

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

Schedule L (Form 990 or 990-EZ) 2012

, Complete if the organization answ (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
(1)						
(2)						
(3)					<u> </u>	
(4)					<u> </u>	
(5)					├	
(6)					 	
(8)				 		
(9)						
(10)						
Part V Supplemental Information						
Complete this part to provide additi	ional information for responses	to questions on Sched	fule L (see instructions).			
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number Name of the organization 84-0986727 COLORADO 500 CHARITY FUND FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE NO DOCUMENTS AVAILABLE TO THE PUBLIC