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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 private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public

Department of the Treasure internal Relienue Service

▶ Information about Form 990 and its instructions is at www irs gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, C Name of organization D Employer identification number Check if applicable Address COLORADO LIONS FOUNDATION Name change 84-6032226 Doing Business As Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin 719-671-7394 P O BOX 6305 return City or town, state or province country, and ZIP or foreign postal code G Gross receipts \$ Applica AURORA, CO 80045-0305 H(a) Is this a group return nendina F Name and address of principal officer BRYAN COOPER Yes X No for subordinates? 81212 1035 S 12TH ST, CANON CITY, CO H(b) Are all subordinates included? Yes Tax exempt status X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527 If No 'attach a list (see instructions) J Website ▶ WWW.COLIONSFOUNDATION.ORG H(c) Group exemption number K Form of organization X Corporation Association Other > Year of formation 1957 **M** State of legal demicile CO Trust Part I | Summary Briefly describe the organization's mission or most significant activities PROVIDE SUPPORT FOR EDUCATIONAL SCHOLARSHIPS AND HUMANITARIAN PROJECTS. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 5 4 , Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V. line 2a) 11 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII column (C), line 12 0. b Net unrelated business taxable income from Form 990 T, line 34 **Current Year** Prior Year 24,529. 48,466. Contributions and grants (Part VIII line 1h) Program service revenue (Part VIII, line 2g) 0. 0. 23,229 31,729. Investment income (Part VIII: column (A) lines 3, 4, and 7d) 6,288. 312. Other revenue (Part VIII column (A) lines 5, 6d 8c 9c 10c, and 11e) 80,507. 54,046. Total revenue add lines 8 through 11 (must equal Part VIII, column (A) line 12) 19,909. 58,665. Grants and similar amounts paid (Part IX column (A) lines 13) 0. Benefits paid to or for members (Part IX column (A) line 4) 0. 0. 0. Salaries other compensation, employee benefits (Part IX, column (A) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e b Total fundraising expenses (Part IX, column (D) line 25) 9,743. 12.714. 17 Other expenses (Part IX, column (A), lines 11a 11d 11f 24 19 29,652 71,379. Total expenses Add lines 13 17 (must equal Part IX colum 9,128. 24,394 Revenue less expenses. Subtract line 18 from line 12. Assets or I Beginning of Current Year End of Year 1,147,673. 1,552,446. Total assets (Part X, line 16) <u>356,127</u>. 73,537 21 Total liabilities (Part X line 26) Vet A 074,136. 196,319. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 12-7-2016 Date Sign BRYAN COOPER, CURRENT PRESIDENT Here Type or print name and title Received in Satching Ogden Care Only Coden PTIN Plebarer's signature Print/Type preparer's name | self employed | 1200467399 ROY H. BREYFOGLE Firm s name MCPHERSON BREYFOGLE DAVELING GOODRICH Firm s EIN 84-0628988 된 Use Only Firm s address 503 N. MAIN ST., PUEBLO, CO 81003-3131 Phone no (719)543-0516 X Yes \_\_ No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2013)

Part IV | Checklist of Required Schedules

|     |  |             | Yes | No_           |
|-----|--|-------------|-----|---------------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |             |     | ı             |
|     | If 'Yes," complete Schedule A  | _1          | Χ_  |               |
| 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           |     | Х             |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |             |     |               |
| 7   | during the tax year? If Yes, "complete Schedule C, Part II   | 4           |     | Х             |
| 5   | Is the organization a section 501(c)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues assessments or  |             |     | <del></del> _ |
| Ū   | 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           |     | Х             |
| 7   | Did the organization receive or hold a conservation easement including easements to preserve open space,   |             |     |               |
|     | the environment historic land areas or historic structures? If "Yes," complete Schedule D. Part II   | 7           |     | X             |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |             |     |               |
|     | Schedule D. Part III   | 8           |     | X             |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability serve as a custodian for  |             |     | ì             |
|     | 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           |     | X             |
| 10  | Did the organization directly or through a related organization hold assets in temporarily restricted endowments permanent   |             |     |               |
|     | endowments or quasi endowments? If Yes," complete Schedule D, Part V   | 10          |     | X             |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII IX or X   |             |     |               |
|     | as applicable  | [           |     |               |
| а   | Did the organization report an amount for land buildings, and equipment in Part X. line 10? If Yes, "complete Schedule D,  |             |     |               |
|     | Part VI  | <u>11a</u>  |     | <u>X</u>      |
| þ   | Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total  | 446         | X   |               |
| _   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total  | 11b         | Λ.  |               |
| С   | assets reported in Part X, line 16? If 'Yes, 'complete Schedule D, Part VIII   | 11c         |     | х             |
|     | 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   | 110         |     | 11            |
| u   | Part X line 16? If "Yes," complete Schedule D, Part IX   | 11a         |     | X             |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e         | Х   |               |
| 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   | 1 1 f       |     | Х             |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes " complete  |             |     |               |
|     | Schedule D. Parts XI and XII   | 12a         |     | X             |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  |             |     | ł             |
|     | 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 | Did the organization maintain an office employees, or agents outside of the United States?   | 14a         |     | <u>X</u>      |
| þ   | · · · · · · · · · · · · · · · · · · ·  |             |     |               |
|     | investment, and program service activities outside the United States or aggregate foreign investments valued at \$100,000  |             |     | <u></u>       |
|     | or more? If 'Yes," complete Schedule F, Parts I and IV   | 1 <u>4b</u> |     | X             |
| 15  | Did the organization report on Part IX, column (A) line 3 more than \$5,000 of grants or other assistance to or for any  |             | ]   |               |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15          |     | X             |
| 16  | Did the organization report on Part IX, column (A), line 3 more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If Yes, complete Schedule F, Parts III and IV  | 16          |     | X             |
| 47  | Did the organization report a total of more than \$15 000 of expenses for professional fundraising services on Part IX   | 10          |     | <del></del>   |
| 17  | 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          | L   | X             |
| 19  | Did the organization report more than \$15 000 of gross income from garning activities on Part VIII line 9a? If "Yes "   |             |     |               |
| -   | complete Schedule G, Part III  | 19          |     | X             |
| 20a | The state of the s | 20a         |     | X             |
| b   | If "Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b         |     | <u> </u>      |
|     |  | Form        | 990 | (2013)        |

Part IV Checklist of Required Schedules (continued)

|     |   |             | Yes          | No           |
|-----|---|-------------|--------------|--------------|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                   |             |              |              |
|     | government on Part IX, column (A) line 1? If "Yes," complete Schedule I, Parts I and II                                       | 21          | X            |              |
| 22  | Did the organization report more than \$5 000 of grants or other assistance to individuals in the United States on Part IX    |             |              |              |
|     | column (A), line 27 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          |              | Χ_           |
| 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              |             |              | ł            |
|     | Schedule K If No", go to line 25a   | 24a         |              | _X_          |
| b   | Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?                             | 24b         |              |              |
| С   | 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         |              |              |
| d   | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?                       | 24d         | ļ            |              |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a            |             | 1            |              |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a         |              | Χ            |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and    |             | 1            |              |
|     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If Yes, "complete          |             |              |              |
|     | Schedule L. Part I  | 25b         |              | X            |
| 26  | Did the organization report any amount on Part X, line 5-6, or 22 for receivables from or payables to any current or          |             |              |              |
|     | former officers, directors, trustees, key employees highest compensated employees, or disqualified persons? If so             |             |              | l            |
|     | complete Schedule L, Part II  | 26          |              | Χ.           |
| 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          |              | <u>X</u>     |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV             |             |              |              |
|     | instructions for applicable filing thresholds, conditions, and exceptions)  |             |              |              |
| а   | A current or former officer, director trustee, or key employee? If Yes," complete Schedule L. Part IV                         | 28a         | <u> </u>     | X            |
| þ   | A family member of a current or former officer director, trustee, or key employee? If "Yes," complete Schedule L, Part IV     | 28b         | ļ            | _X           |
| С   | An entity of which a current or former officer, director trustee, or key employee (or a family member thereof) was an officer |             |              |              |
|     | director trustee or direct or indirect owner? If Yes, complete Schedule L. Part IV  | 28c         | 1.           | X_           |
| 29  | Did the organization receive more than \$25 000 in non-cash contributions? If 'Yes, complete Schedule M                       | 29          |              | X            |
| 30  | Did the organization receive contributions of art historical treasures or other similar assets or qualified conservation      |             |              |              |
|     | contributions? If Yes, "complete Schedule M   | 30          |              | X            |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |             |              |              |
|     | If 'Yes complete Schedule N, Part I   | 31          | ļ            | X            |
| 32  | Did the organization sell, exchange dispose of or transfer more than 25% of its net assets? If "Yes," complete                |             |              |              |
|     | Schedule N, Part II   | 32          |              | X            |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                    |             |              | ١.,          |
|     | sections 301 7701 2 and 301 7701 32 If "Yes, complete Schedule R, Part I  | 33          | -            | X.           |
| 34  | Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV and      |             |              | ,,           |
|     | Part V, line 1  | 34          | -            | X_           |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                       | 35a         |              | X            |
| þ   | 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         |              | <del> </del> |
| 36  | Section 501(c)(3) organizations Did the organization make any transfers to an exempt non charitable related organization?     | l           |              | ٠,,          |
|     | If 'Yes " complete Schedule R Part V, line 2  | 36          | <del> </del> | X            |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization              |             |              | v            |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                  | 37          | ·            | X            |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197                | 1 ~~        | ₩.           |              |
|     | Note All Form 990 filers are required to complete Schedule O  | <u>  38</u> | X<br>agn     | (2013)       |
|     |   | Forn        | 1 250        | (2013)       |

| Par    |  |             |  |              |
|--------|--|-------------|--|--------------|
|        | Check if Schedule O contains a response or note to any line in this Part V   | <del></del> | I  | <u> </u>     |
|        | Enter the pumber reported to Day 2 of Farm 1006 Enter A if not cooken blo  | 0           | Yes  | No           |
|        | Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable  Enter the number of Forms W 2G included in line 1a Enter 0 if not applicable  1b  |             |  |              |
|        | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   | 픡           |  |              |
| ·      | (gambling) winnings to prize winners?  | 1c          |  |              |
| 2a     | Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,  | <u> </u>    |  |              |
| 20     | 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 returns?   | 2ь          |  |              |
| _      | Note If the sum of lines 1a and 2a is greater than 250 you may be required to e-file (see instructions)  | _           |  |              |
| За     | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | За          |  | Х            |
|        | If 'Yes has it filed a Form 990 T for this year? If No, to line 3b, provide an explanation in Schedule O   | 3b          |  |              |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |             |  |              |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a          |  | Χ_           |
| 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          | ļ  | _X_          |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b          |  | X            |
|        | If "Yes ' to line 5a or 5b did the organization file Form 8886 T?  | 5c          | <u> </u>   | <b></b>      |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000 and did the organization solicit   | 1           |  |              |
|        | any contributions that were not tax deductible as charitable contributions?  | 6a          | .  | X            |
| b      | If Yes did the organization include with every solicitation an express statement that such contributions or gifts  |             |  |              |
|        | were not tax deductible?   | 6b_         | -  | ₩            |
| 7      | Organizations that may receive deductible contributions under section 170(c)   |             |  | v            |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor   |             | <del> </del>                                     | _X_          |
| b      | · · · · · · · · · · · · · · · · · · ·  | 7b          | ·  |              |
| С      | Did the organization sell, exchange or otherwise dispose of tangible personal property for which it was required   | 7c          |  | х            |
| _      | to file Form 8282? If 'Yes ' indicate the number of Forms 8282 filed during the year 7d 7d   | 10          | -  |              |
| d      | If 'Yes' indicate the number of Forms 8282 filed during the year  Did the organization receive any funds-directly or indirectly to pay premiums on a personal benefit contract?  |             | -  |              |
| e<br>f | Did the organization during the year pay premiums, directly or indirectly on a personal benefit contract?  | 71          | <del>                                     </del> | <u> </u>     |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g          |  | <u> </u>     |
| 9<br>h | 1000 C   |             |  |              |
| 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           |  |              |
| 9      | Sponsoring organizations maintaining donor advised funds   |             |  |              |
| а      | Did the organization make any taxable distributions under section 4966?  | 9a          |  | <u> </u>     |
| b      | The state of the s | 9b          |  | <u> </u>     |
| 10     | Section 501(c)(7) organizations Enter  | -           |  |              |
| а      | Initiation fees and capital contributions included on Part VIII line 12  | <u> </u>    |  |              |
| b      | Gross receipts included on Form 990. Part VIII, line 12, for public use of club facilities.  | _           |  |              |
| 11     | Section 501(c)(12) organizations Enter   |             |  |              |
| а      | Gross income from members or shareholders 11a  |             |  |              |
| b      |  |             |  | }            |
|        | amounts due or received from them)   | ┥           |  |              |
|        | Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041?  | 12a         | <del> </del>                                     | <del> </del> |
|        | If "Yes ' enter the amount of tax exempt interest received or accrued during the year 12b  | —           |  |              |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers  | 10-         | <del></del>                                      | +            |
| а      | ·  | 13a         | +-   | +-           |
| L      | Note See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the  |             |  |              |
| Q      | organization is licensed to issue qualified health plans   |             |  |              |
| С      | 402  | 7           |  |              |
| 14a    |  | 14a         |  | X            |
|        | If "Yes ' has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b         |  |              |
| _==    |  |             | _  | (2013)       |

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| Par   | t VI Governance, Management, and Disclosure For each Yes' response to lines 2 through 7b below and for   | a "No re   | espon        | se             |
|-------|--|------------|--------------|----------------|
|       | 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 or note to any line in this Part VI  |            |              | X              |
| Sect  | tion 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   | <u>5</u>   |              |                |
|       | 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 0   |            |              |                |
| b     | Enter the number of voting members included in line 1a, above who are independent 1b   | 5          |              |                |
| 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          |              | Х              |
| 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          |              | Х              |
| 7a    | Did the organization have members, stockholders or other persons who had the power to elect or appoint one or  |            |              |                |
|       | more members of the governing body?  | 7a         |              | Х              |
| h     | Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or  |            |              |                |
| -     | persons other than the governing body?   | 7ь         |              | Х              |
| 8     | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |            |              |                |
| а     | The governing body?  | 8a         | Х            |                |
|       | Each committee with authority to act on behalf of the governing body?  | 8b         | Х            |                |
| 9     | Is there any officer director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the  |            |              | -              |
| 9     | organization's mailing address? If Yes, 'provide the names and addresses in Schedule O   | 9          | ļ            | Х              |
| Sec   | tion B Policies (This Section B requests information about policies not required by the Internal Revenue Code )  | ·          |              |                |
| ===   | The state of the s | _          | Yes          | No             |
| 10°a  | Did the organization have local chapters branches or affiliates?   | 10a        |              | Х              |
|       | 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?  | 10Ь        |              |                |
| 115   | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a        | Х            |                |
|       | Describe in Schedule O the process, if any used by the organization to review this Form 990  | _          |              | T -            |
|       | Did the organization have a written conflict of interest policy? If "No, go to line 13   | 12a        | l            | Х              |
|       | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?   | 12b        |              |                |
|       | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |            |              |                |
| ·     | in Schedule O how this was done  | 12c        |              |                |
| 13    | Did the organization have a written whistleblower policy?  | 13         |              | Х              |
| 14    | Did the organization have a written document retention and destruction policy?   | 14         |              | Х              |
| 15    | Did the process for determining compensation of the following persons include a review and approval by independent   |            |              |                |
| 13    | persons comparability data, and contemporaneous substantiation of the deliberation and decision?   |            |              |                |
| _     | The organization's CEO, Executive Director, or top management official   | 15a        |              | Х              |
|       | Other officers or key employees of the organization  | 15b        |              | X              |
| D     | If 'Yes' to line 15a or 15b describe the process in Schedule O (see instructions)  | 135        |              | <u> </u>       |
| 16-   | Did the organization invest in contribute assets to or participate in a joint venture or similar arrangement with a  |            |              |                |
| loa   |  | 16a        |              | X              |
| h     | taxable entity during the year?  If "Yes, did the organization follow a written policy or procedure requiring the organization to evaluate its participation   | 100        |              | <del> </del> - |
| U     | In joint venture arrangements under applicable federal tax law and take steps to safeguard the organization's  |            |              |                |
|       | exempt status with respect to such arrangements?   | 16b        |              |                |
| Sec   | tion C Disclosure  | , .02      | 1            | <del></del> -  |
| 17    | List the states with which a copy of this Form 990 is required to be filed ► NONE  |            | -            |                |
| 18    | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 990 and 990 T (Section 501(c)(3)s only  | /) availat | ole          | •              |
| 10    | for public inspection. Indicate how you made these available. Check all that apply   |            |              |                |
|       | Own website Another's website X Upon request Other (explain in Schedule O)   |            |              |                |
| 19    | Describe in Schedule O whether (and if so how) the organization made its governing documents, conflict of interest policy  | and final  | ncial        |                |
|       | statements available to the public during the tax year   |            |              |                |
| 20    | State the name physical address and telephone number of the person who possesses the books and records of the organi   | zation 🕽   | <b>-</b>     |                |
|       | THE ORGANIZATION - 719-671-7394  |            |              |                |
|       | P O BOX 6305, AURORA, CO 80045-0305  |            |              |                |
| 33200 | 6 10 29 13   | For        | n <b>990</b> | (2013          |

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

Check if Schedule O contains a response or note to any line in this Part VII

### 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 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 report able 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 is 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     | >)            |                              | isati  | (D)                                    | (E)                                  | (F)  |  |
|------------------------------|--|---|-----------------------|--------|---------------|------------------------------|--------|--|--------------------------------------|--|--|
| Name and Title               | Average<br>hours per<br>week   | Posit<br>(do not check in<br>box unless part<br>officer and a dir |                       |        | more than one |                              | าลา    | Reportable<br>compensation<br>from     | Reportable compensation from related | Estimated<br>amount of<br>other  |  |
|                              | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual liustee or director                                    | institutional frustee | Опісеі | Key employee  | Highest compensated employee | Former | the<br>organization<br>(W 2/1099 MISC) | organizations<br>(W 2/1099 MISC)     | compensation<br>from the<br>organization<br>and related<br>organizations |  |
| 1) ART WELCH                 | 3.00   |   |                       |        |               |                              |        |  | •                                    |  |  |
| DIRECTOR                     |  | X   |                       | _      |               |                              |        | 0.                                     | 0.                                   | 0  |  |
| 2) DONNA SLY-REDD            | 3.00   |   |                       | Х      |               |                              |        | 0.                                     | 0.                                   | 0  |  |
| PRESIDENT                    | 3.00   |   |                       | Λ      |               |                              | -      | <u></u>                                | <u></u>                              |  |  |
| (3) WALTER LEMON             | 3.00   |   |                       | х      | ļ             |                              |        | 0.                                     | 0.                                   | C  |  |
| VICE PRESIDENT               | 3.00   | -   |                       | Λ      | _             | -                            | _      |  |                                      |  |  |
| (4) MIKE REAGER<br>SECRETARY | 3.00   | i   |                       | Х      |               |                              |        | 0.                                     | 0.                                   | (  |  |
| (5) BARB FEIT                | 3.00   |   |                       |        | <u> </u>      | <u> </u>                     |        |  |                                      |  |  |
| TREASURER                    |  | 1   |                       | Х      |               |                              |        | 0.                                     | 0.                                   | (  |  |
|                              |  |   | _                     |        |               |                              |        |  |                                      |  |  |
|                              |  |   |                       |        |               |                              |        |  |                                      |  |  |
|                              |  |   |                       |        |               |                              |        |  |                                      |  |  |
|                              |  |   |                       | _      |               |                              |        |  |                                      |  |  |
|                              |  |   |                       |        |               |                              | _      |  |                                      |  |  |
|                              |  |   |                       |        |               |                              |        |  |                                      |  |  |
|                              |  |   |                       |        |               |                              |        |  |                                      |  |  |
|                              |  |   |                       |        |               |                              |        |  |                                      |  |  |
|                              |  | 1   |                       |        |               |                              |        |  |                                      |  |  |

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CLFOLD 1

09551118 700352 CLFOLD

| (A) Name and title  | (B) Average hours per week (list any hours for related organizations below line)       | stee or director op your op)      | not cl<br>unte:      | (C<br>Posi<br>heck i<br>ss per       | c)<br>ition<br>more<br>rson<br>racto |                               | one<br>nan<br>lee)_    | (D)  Reportable compensation from the organization (W 2/1099 MISC)        | (E) Reportable compensatio from related organizations (W 2/1099 MIS | 5              | am<br>comp<br>fro<br>orga<br>and | (F) imated ount o other pensation the inization relate nization | f<br>lon<br>on<br>d                   |
|---|--|-----------------------------------|----------------------|--------------------------------------|--------------------------------------|-------------------------------|------------------------|---|---|----------------|----------------------------------|---|---------------------------------------|
|   |  |                                   |                      |                                      |                                      |                               |                        |   |   |                |                                  |   |                                       |
| Sub-total     C Total from continuation sheets to Part V     d Total (add lines 1b and 1c)     Total number of individuals (including but compensation from the organization ▶  |  | nose                              | liste                | ed al                                | bove                                 | e) wl                         | ► NO FE                | 0.<br>0.<br>0.<br>eceived more than \$100                                 | 0,000 of reportab   | 0.<br>0.<br>0. |                                  |   | 0.                                    |
| <ul> <li>3 Did the organization list any former officed line 1a? If Yes complete Schedule J for</li> <li>4 For any individual listed on line 1a is the sand related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," consection B. Independent Contractors</li> </ul> | such individual<br>um of reportab<br>50,000? If "Yes<br>accrue compe<br>inplete Schedu | ole co<br>," co<br>nsat<br>le J i | omp<br>ompli<br>on t | ensa<br>ete S<br>from<br>uc <u>h</u> | atioi<br>Schi<br>any<br>pers         | n and<br>eduk<br>y uni<br>son | d otl<br>e J /<br>elat | her compensation from<br>for such individual<br>red organization or indiv | the organization  |                | 3 4 5                            | Yes   | X<br>X<br>X                           |
| Complete this table for your five highest c<br>the organization. Report compensation for<br>(A)     Name and busines.   | the calendary  | /ear                              |                      | ing v                                |                                      |                               |                        |   | year  |                | ation fr<br>(C<br>omper          | )   | · · · · · · · · · · · · · · · · · · · |
| Total number of independent contractors     \$100,000 of compensation from the organ  | -  | not la                            | ımıte                | ed to                                |                                      | ose li                        | stec                   | d above) who received in  | nore than   |                | -                                |   |                                       |

332008 10 29 13

| rai   | t VIII   | Check if Schedule O cont                        |                 | or note to any lin-                          | e in this Part VIII |  |   |  |
|---|----------|---|-----------------|--|---------------------|--|---|--|
|   |          | Oneck ii Schedule O com                         | ans a response  | or note to any III                           | (A) Total revenue   | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512 514 |
| nts   | 1 a      | Federated campaigns                             | 1a              |  |                     | ·                                      |   |  |
| gra<br>10 LT  | b        | Membership dues                                 | 1b              |  |                     |  |   |  |
| S E   | С        | Fundraising events                              | 10              |  |                     |  |   |  |
| Ę jā  | d        | Related organizations                           | 1d              |  |                     |  |   |  |
| S, E  | е        | Government grants (contribut                    | · ——            |  |                     |  |   |  |
| e ja  | f        | All other contributions, gifts, gran            |                 |  |                     |  |   |  |
| 들뒤  |          | similar amounts not included abo                | ve <b>1f</b>    | 48,466.                                      |                     |  |   |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | -        | Noncash contributions included in lines         | s 1a 1'\$       |  | 40 466              |  |   |  |
| O e   | <u>h</u> | Total Add lines 1a 1f                           |                 | <b>P</b>                                     | 48,466.             |  |   |  |
|   | 0 -      |   |                 | Business Code                                |                     |  |   |  |
| VIC.  | 2 a      | ·   |                 |  | <u> </u>            |  |   |  |
| Ser   | ь        | <del></del>                                     |                 |  |                     |  |   |  |
| E S   | c<br>d   | <del></del>                                     |                 |  |                     |  |   | <del></del>  |
| Program Service<br>Revenue                                | u<br>0   |   |                 |  |                     |  |   |  |
| rg  | í        | All other program service reve                  | enue            |  |                     |  |   |  |
|   |          | Total Add lines 2a 2f                           |                 | <b>•</b>                                     |                     |  |   |  |
|   | 3        | Investment income (including                    | dividends inter | est and                                      |                     |  |   |  |
|   |          | other similar amounts)                          |                 | <b>&gt;</b>                                  | 30,570.             | 30,570.                                |   |  |
|   | 4        | Income from investment of ta                    | x exempt bond   | proceeds 🕨                                   |                     |  |   |  |
| ļ   | 5        | Royalties                                       |                 | <b>.</b>                                     |                     |  |   |  |
|   |          |   | (i) Real        | (II) Personal                                |                     |  |   |  |
|   | 6 a      | Gross rents                                     |                 |  |                     |  |   |  |
|   | b        | Less rental expenses                            |                 |  |                     |  |   |  |
|   | С        | Rental income or (loss)                         |                 | 1  |                     |  |   |  |
|   |          | Net rental income or (loss)                     |                 | <u>,                                    </u> |                     |  |   |  |
|   | 7 a      | Gross amount from sales of                      | (i) Securities  | (II) Other                                   |                     |  |   |  |
|   |          | assets other than inventory                     | 109,227         | <del>-</del>                                 |                     |  |   |  |
|   | b        | Less cost or other basis                        | 100 060         |  |                     |  |   |  |
|   |          | and sales expenses                              | 1,159           |  |                     |  |   |  |
|   |          | Gain or (loss)                                  | L 1,139         | • <u> </u>                                   | 1,159.              | 1,159.                                 |   |  |
|   |          | Net gain or (loss) Gross income from fundraisin | na events (not  |  | <u> </u>            | 1,133.                                 |   |  |
| une   | o a      | including \$                                    | •               |  |                     |  |   |  |
| eve   |          | contributions reported on line                  |                 |  |                     |  |   |  |
| Other Revenue   |          | Part IV, line 18                                | ,               | ,  |                     |  |   |  |
| the   | ь        | Less direct expenses                            | t               |  |                     |  |   |  |
| 0   | С        | Net income or (loss) from fun-                  | draising events | •  |                     |  |   |  |
|   | 9 a      | Gross income from gaming a                      | ctivities See   |  |                     |  |   |  |
|   |          | Part IV line 19                                 | í               | ı  |                     |  |   |  |
|   |          | Less direct expenses                            | t               |  |                     |  |   |  |
|   |          | Net income or (loss) from gan                   |                 | <u> </u>                                     |                     |  |   |  |
|   | 10 a     | Gross sales of inventory less                   | returns         |  |                     | [                                      |   |  |
|   |          | and allowances                                  |                 |  |                     |  |   |  |
|   |          | Less cost of goods sold                         |                 | · L  |                     |  |   |  |
|   | С        | Net income or (loss) from sale                  |                 |  |                     |  |   | _  |
|   |          | Miscellaneous Revenu                            | пе              | Business Code<br>812900                      | 312.                | 312.                                   |   |  |
|   |          | MISCELLANEOUS                                   | ·               | 812900                                       | 314.                | J12 •                                  |   |  |
|   | p        |   |                 |  |                     | -                                      |   |  |
|   | , c      | All other revenue                               |                 |  |                     |  |   |  |
|   | u<br>a   | Total Add lines 11a 11d                         |                 | <u> </u>                                     | 312.                |  |   |  |
|   | 12       | Total revenue See instructions                  |                 | •  | 80,507.             | 32,041.                                | 0.                                      | 0.   |
| 33200   |          |   |                 |  |                     |  |   | Form <b>990</b> (2013)                               |

| Section | on 501(c)(3) and 501(c)(4) organizations must comp  |                       |                              | mplete column (A)                         |  |
|---------|---|-----------------------|------------------------------|---|--|
|         | Check if Schedule O contains a respons  |                       |                              | - (0)                                     |  |
|         | not include amounts reported on lines 6b,<br>Bb, 9b, and 10b of Part VIII   | (A)<br>Total expenses | (B) Program service expenses | (C)<br>Management and<br>general expenses | ( <b>D)</b><br>Fundraising<br>expenses |
| 1       | Grants and other assistance to governments and  |                       |                              |   |  |
|         | organizations in the United States See Part IV, line 21   | 58,665                | 58,665.                      |   |  |
| 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   |                       |                              |   | <u> </u>                               |
| 5       | Compensation of current officers directors,   |                       |                              |   |  |
|         | trustees and key employees  |                       |                              |   | ··                                     |
| 6       | Compensation not included above, to disqualified  |                       |                              |   |  |
|         | persons (as defined under section 4958(f)(1)) and   |                       |                              |   |  |
|         | persons described in section 4958(c)(3)(B)  |                       |                              |   |  |
| 7       | Other salaries and wages  |                       |                              |   |  |
| 8       | Pension plan accruals and contributions (include  |                       |                              |   |  |
|         | section 401(k) and 403(b) employer contributions)   |                       |                              |   |  |
| 9       | Other employee benefits   |                       |                              |   |  |
| 10      | Payroll taxes   |                       |                              |   |  |
| 11      | Fees for services (non employees)   |                       |                              |   |  |
| а       | Management  |                       | ·                            |   |  |
| b       | Legal   | _                     |                              |   |  |
| C       | Accounting  |                       |                              |   |  |
| d       | Lobbying  |                       |                              |   |  |
| e       | Professional fundraising services See Part IV, line 17  |                       | . <u>-</u> .                 |   |  |
| f       | Investment management fees  | <u>9,670</u> .        | 9,670.                       |   |  |
| 9       | Other (If line 11g amount exceeds 10% of line 25,   |                       |                              |   |  |
|         | 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  |                       |                              |   |  |
| 23      | Insurance   | 225.                  | 225 <u>.</u>                 |   |  |
| 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.) |                       |                              |   |  |
| а       | SUPPLIES EXPENSE  | 2,093.                | <u>2,093.</u>                |   |  |
| b       | AWARD EXPENSE   | 450.                  | <u>450.</u>                  |   |  |
| С       | POSTAGE   | 128.                  | 128 <u>.</u>                 |   |  |
| d       | FILING FEES   |                       | 75 <u>.</u>                  |   |  |
| е       | All other expenses  | 73.                   | 73.                          |   |  |
| 25      | Total functional expenses Add lines 1 through 24e   | 71,379.               | <u>71,379.</u>               | 0.  | 0.                                     |
| 26      | Joint costs Complete this line only if the organization   |                       |                              |   |  |
|         | reported in column (B) joint costs from a combined  |                       |                              |   |  |
|         | educational campaign and fundraising solicitation   |                       |                              |   |  |
|         | Check here I if following SOP 98 2 (ASC 958 720)  |                       |                              |   |  |

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 8,890. 5,419. Cash non interest bearing 1 2 2 Savings and temporary cash investments 3 3 Piedges and grants receivable net Accounts receivable net 4 4 Loans and other receivables from current and former officers directors, trustees key employees and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation Investments publicly traded securities 11 11 1,138,783. 1,547,027. 12 Investments other securities See Part IV line 11 12 Investments program related See Part IV line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,147,673. 552,446 Total assets Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17 24). Complete Part X of <u>356,127.</u> <u>73,537.</u> 25 Schedule D 356,127. 73,537. 26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34 Net Assets or Fund Balances 27 27 Unrestricted net assets Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34 30 Capital stock or trust principal or current funds 0. 0. 31 Paid in or capital surplus, or land, building, or equipment fund <u>1,074,136</u>. <u>1,196,319.</u> Retained earnings, endowment accumulated income, or other funds 32 1,074,136. 1,196,319. 33 Total net assets or fund balances 1,147,673. 1,552,446. Total liabilities and net assets/fund balances

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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

Form 990 (2013)

3a

Х

Act and OMB Circular A 133?

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

Part I

(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

COLORADO LIONS FOUNDATION

Reason for Public Charity Status (All organizations must complete this part.) See instructions

▶ Information about Schedule A (Form 990 or 990 EZ) and its instructions is at www irs gov/form990

2013

Open to Public Inspection

Name of the organization

Employer identification number

84-6032226

| The organ  | ization is not a | private foundation  | because it is (For lines 1    | through 1    | 1, check o   | only one b  | ox)          |                         |                  |  |
|------------|------------------|---------------------|-------------------------------|--------------|--------------|-------------|--------------|-------------------------|------------------|--|
| 1 🖳        | A church, cor    | ention of churche   | es, or association of churc   | hes descr    | ibed in se   | ction 170(  | b)(1)(A)(ı)  |                         |                  |  |
| 2 🖳        | A school desc    | cribed in section 1 | 70(b)(1)(A)(ii) (Attach Sch   | nedule E)    |              |             |              |                         |                  |  |
| 3          | A hospital or a  | a cooperative hosp  | oital service organization d  | lescribed i  | n section    | 170(b)(1)(  | A)(111)      |                         |                  |  |
| 4          | A medical res    | earch organization  | operated in conjunction v     | with a hosi  | oital descr  | ibed in se  | ction 170(   | b)(1)(A)(iii            | i) Enter i       | the hospital's name                                      |
|            | city and state   | e                   |                               |              |              |             | ····-·-      |                         |                  |  |
| 5 🔲        | An organization  | on operated for the | e benefit of a college or un  | iiversity ov | vned or op   | erated by   | a governn    | nental unit             | describ          | ed in  |
|            | section 170(     | b)(1)(A)(iv) (Comp  | lete Part II )                |              |              |             |              |                         |                  |  |
| 6          | A federal star   | te or local governr | nent or governmental unit     | described    | l in sectio  | n 170(b)(1  | )(A)(v)      |                         |                  |  |
| 7 X        |                  | =                   | ceives a substantial part o   |              |              |             |              | r from the              | general          | public described in                                      |
|            | -                | b)(1)(A)(vi) (Compl |                               |              |              | •           |              |                         | _                | •  |
| в          | •                |                     | section 170(b)(1)(A)(vi) (    | Complete     | Part II )    |             |              |                         |                  |  |
| 9 🗀        |                  |                     | ceives (1) more than 33 1     |              |              | om contrib  | outions m    | embershii               | o fees. a        | nd aross receipts from                                   |
| •          |                  |                     | unctions subject to certain   |              |              |             |              |                         |                  |  |
|            |                  |                     | taxable income (less secti    |              |              |             |              |                         |                  |  |
|            |                  | 509(a)(2) (Comple   |                               | 1011 011 14  | n, nom ba    | 311100000   | oquii ou o   | ,o o.ga                 |                  |  |
| 10         |                  |                     | operated exclusively to tes   | at for publi | c safety S   | See section | n 500(a)(4   | ı)                      |                  |  |
| 11         | -                | _                   | operated exclusively for th   |              |              |             |              |                         | v out the        | ournoses of one or                                       |
| " —        | -                | =                   | zations described in section  |              |              |             |              |                         |                  |  |
|            |                  |                     | g organization and comple     |              |              |             | , 000 300    | 111011 005(             | и <b>до</b> ј оп | on the box that  |
|            | a Type I         |                     |                               |              | nctionally i |             | d            | I Tyn                   | ell No           | n functionally integrated                                |
| ٦٦٦        |                  |                     | nat the organization is not   |              | •            | -           |              |                         |                  |  |
| e []       |                  |                     | than one or more publicly     |              |              |             |              |                         |                  |  |
|            |                  |                     | ritten determination from t   |              |              |             |              |                         | γ(α)( · γ Ο·     | \$5\$11011 \$55(\$\alpha_1\$,\alpha_1\$)                 |
| f          | =                |                     |                               | ne mo me     | ппзату       | pe i, Type  | полурс       | , ,,,                   |                  |  |
|            |                  | rganization, check  |                               | auft ar a    |              | from one    | of the follo | nuna nari               | cone?            |  |
| g          |                  |                     | organization accepted an      |              |              |             |              |                         |                  | Yes No   |
|            |                  |                     | directly controls either alo  | one or tog   | emer with    | persons u   | escribed     | ii (ii) and (           | iii) Delow       |  |
|            |                  |                     | supported organization?       |              |              |             |              |                         |                  | 11g(ı)   |
|            | • •              |                     | on described in (i) above?    |              | - 1          |             |              |                         |                  | 11g(a)   |
|            | • •              | •                   | a person described in (i) o   |              |              |             |              |                         |                  | <u>  11g(iii)                                       </u> |
| h          | Provide the fo   | ollowing informatio | n about the supported org     | ganizationi  | (S)          |             |              |                         |                  |  |
|            |                  |                     |                               | I            |              |             |              | tual le                 | the              |  |
| (ı) Name   | of supported     | (11) EIN            | I titll i the or organization |              | rganization  |             |              | (vi) ls<br> organizatio | on in col        | (viii) Amount of monetary                                |
| org        | anization        |                     |                               | governing    | sted in your | (i) of your |              | (ı) organız<br>U S      | ed in the        | support  |
|            |                  |                     | (see instructions))           | Yes          | No           | Yes         | No           | Yes                     | No               |  |
|            |                  |                     |                               | 165          | 140          | 163         | 110          | 103                     | 110              |  |
|            |                  |                     |                               |              |              |             |              |                         |                  |  |
|            |                  |                     |                               |              |              |             |              |                         |                  | <u> </u>   |
|            |                  |                     |                               |              |              |             |              |                         |                  |  |
|            |                  |                     |                               |              | -            |             |              |                         | <u> </u>         |  |
|            |                  |                     |                               | ļ            |              |             |              |                         |                  |  |
|            |                  | -                   |                               |              |              |             |              |                         | <del> </del>     |  |
|            |                  |                     |                               |              |              |             |              |                         |                  |  |
| _          |                  |                     | -                             |              |              | <u> </u>    |              |                         | ļ                |  |
|            |                  |                     |                               |              |              |             |              |                         |                  |  |
|            |                  |                     |                               | ļ            | ļ            |             |              |                         | ļ .              |  |
|            |                  |                     |                               |              |              |             |              |                         |                  |  |
| Total      |                  | <u> </u>            |                               |              | <u> </u>     | L           |              |                         |                  | <u> </u>   |
| I HA For I | Danarwork Re     | duction Act Notic   | a see the Instructions for    | or           |              |             |              | Schedul                 | le A (For        | m 990 or 990-EZ\ 2013                                    |

332021 09 25 1

Form 990 or 990-EZ

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 Lor 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  | tion A Public Support                     |                           |                      |  |                     | <u>.</u>             |                      |
|--|------|---|---------------------------|----------------------|--|---------------------|----------------------|----------------------|
| memborship fees received (05 not included any funished received for the organization is benefit and either pead to or expended on its behalf or a feet of the organization without charge.  1 The value of services or facilities illuminated by a governmental unit to the organization without charge.  1 Total Add Insert through 3   | Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2009                  | (ь) 2010             | (c) 2011   | (d) 2012            | (e) 2013             | (f) Total            |
| Tax revenues level for the organization   13,805. 24,529. 48,466. 86,800.  | 1    | Gifts, grants contributions and           |                           |                      |  |                     |                      |                      |
| 2 Tax revenues leved for the organ trations benefit and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to or expended on its behalf and either paid to the organization without charge and and organization without charge and and expended on the 1 think exceeds 2% of the amount shown on line 11 column (i) 4.448.  5. Public support servacines beginning in ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (fi) Total Centerly expended organization (state) and expended on securines licens year to fine the state of the amounts shown on line 11 (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (fi) Total Centerly expended on securines licens year to fine and an expended on securines licens year to fine and an expended on securines licens years, coyalities and income from smallar sources (expended on securines licens years, coyalities and income from smallar sources (expended on the state) and the business is regularly carried on 10. Other income to no not include gain or loss from the sale of capital assets (Explain in Part IV) (a) 17 Total support 40 (files 2 Hought) (b) 18 Total support 40 (files 2 Hought) (b) 19 Total support 40 (files 2 Hought) (b) 10 Total  |      | membership fees received (Do not          |                           |                      |  |                     |                      |                      |
| uzation a benefit and either paid to or expended on its behalf or expended on its behalf or expended on its behalf or expended on the behalf of the organization without charge of the organization without charge of the organization of total contributions by each person (either than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f) 4, 448.  8 Public support Seasctime 3 tenting in   (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total amount shown on line 11 column (f) 4  |      | include any "unusual grants")             |                           | <u> </u>             | 13,805.  | 24,529.             | 48,466.              | <u>86,800.</u>       |
| 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 I through 3  5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f)  6. Public support Suppor | 2    | Tax revenues levied for the organ         |                           |                      |  |                     |                      |                      |
| 3 The value of services or facilities furmished by a governmental unit to the organization without charge 4 Total Add lines 1 through 3  |      | ization's benefit and either paid to      |                           |                      |  |                     |                      |                      |
| turnshed by a governmental unit to the organization without charge 4 Total Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f) 4,448. 6 Public support Secretion 5 From leng 4 8 Coston B Total Support  Calendar year (of fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Support  Calendar year (of fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Support  A mounts from line 4 8 Gross income from linerest dividends payments received on securines forms received in securines forms received on securines forms received in the securine shown in line 1 to 10 Chter income Do not include gain or loss from the sale of capital assistatives, whether or not the business is regularly carried on Or Other income Do not include gain or loss from the sale of capital in 1 Total support Add lines 7 through 10 Security carried on 1 Securit |      | or expended on its behalf                 |                           |                      |  |                     |                      |                      |
| Total Add lines 1 through 3  13,805. 24,529. 48,466. 86,800.  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)  4,448.  6 Public support Sup | 3    | The value of services or facilities       | 1                         |                      | 1  |                     |                      |                      |
| 4 Total Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f) 6 Public support September 3 from line 4 6 Public support September 3 from line 4 8 Gross income from interest dividends payments received on securities loans rents, royalties and incremental or on set the form sources accurate the surface of the support september of the form sources accurate the surface of the form sources accurate t  |      | . •                                       | I                         |                      |  |                     |                      |                      |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f)  6 Public support Supractines's fremines*  8 Cass income from interest dividence of the support some from interest dividence organization or loss from the sell of capital assets (Explain in Part IV)  10 Other income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sell of capital assets (Explain in Part IV)  10 Cross records from related activities of (see instructions)  11 Total support Add lines? //linough 10  |      | the organization without charge           | ļ                         |                      | <del>                                     </del> |                     |                      |                      |
| 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 (i) 4, 448.  6 Public support Sequest less 5 from line 4 82, 3552.  Section B Total Support  Catendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 3, 805. 24, 529. 48, 456. 86, 800. 8 Gross income from interest dividences payments received on securities loans rents, royalties and income from similar sources (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 3, 805. 24, 529. 48, 466. 86, 800. 9 (e) 2010 (e) 2011 (e) 2011 (e) 2012 (e) 2013 (f) Total 4, 466. 86, 800. 9 (e) 2010 (e) 2011 (e) 2012 (e) 2013 (f) Total 4, 466. 86, 800. 9 (e) 2010 (e) 2011 (e) 2012 (e) 2013 (f) Total 4, 466. 86, 800. 9 (e) 2010 (e) 2011 (e) 2012 (e) 2013 (f) Total 4, 466. 86, 800. 9 (e) 2010 (e) 2011 (e) 2012 (e) 2013 (f) Total 4, 466. 86, 800. 9 (e) 2010 (e) 2011 (e) 2012 (e) 2013 (e) | 4    | •   | <del></del>               |                      | 13,805.  | 24,529.             | 48,466.              | 86,800.              |
| governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f)  6 Public support Subrectine 5 from line 4  8 Gross income from interest dividences payments received on sociumites form line 4  8 Gross income from interest dividences payments received on sociumites from line 4  9 Not income from uncertaid business and income from uncertaid business and income from uncertaid business activities, whether or not the business are regularly carried on or loss from the sate of capital assets (Explain in Part IV)  10 Other income Do not include gain or loss from the sate of capital assets (Explain in Part IV)  11 Total support Add lines? Illinough 10  12 First five years if the Form 990 is for the organization of the programization of Public Support Percentage  14 Public support percentage from 2012 Re 6, column (f) divided by line 11 column (f))  15 Public support percentage from 2012 Bit color organization of Public Support Percentage  14 Public support percentage from 2012 Re 6, column (f) divided by line 11 column (f))  15 33 1/3% support test - 2012 If the organization did not check he box on line 13 and line 14 is 33 1/3% or more check this box and stop here The organization qualifies as a publicly supported organization meets the 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 check this box and stop here Explain in Part IV how 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 check this box and stop here Explain in Part IV how the organization meets the ' | 5    | The portion of total contributions        | 1                         |                      |  |                     |                      |                      |
| supported organization) included on line 1 that exceeds 2% of the amount shown on line 1 that exceeds 2% of the amount shown on line 11 column (f)  6 Public support  Section B Total Support  Calendar year (or fiscal year beginning in)   (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4  8 Gross income from interest dividends payments received on securities (leans rorts, royalhes and income from unrelated business activities, whether or not the business regularly carried on 10 Other income Do not include gain or loss from the sale of capital assest (Explain in Part IV)  10 Total support Add lines 7 through 10  11 Total support Add lines 7 through 10  12 Gross receipts from related activities etc (see instructions)  12 First five years if the Form 990 is for the organizations sirrs, second, thirid, fourth, or fifth tax year as a section 501(c)(3) organization check his box and stop here  14 Public support percentage for 2013 (line 6, column (f) divided by line 11 column (f))  15 Public support percentage from 2012 Schedule A Part II, line 14  16a 33 1/3% support test - 2013 II the organization did not check hos box on line 13, and line 14 is 33 1/3% or more check this box and stop here The organization qualifies as a publicly supported organization in 13 (fa, or 16b and line 14 is 10% or more and if the organization qualifies as a publicly supported organization in 13 (fa, or 16b and line 14 is 10% or more and if the organization qualifies as a publicly supported organization in 20 (facts—and-circumstances test - 2013 II the organization did not check a box on line 13 (fa, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances test The organization qualifies as a publicly supported organization meets the "facts and circumstances test The organization qualifies as a publicly supported organization meets the "facts and circumstances test The organization qualifies as a publicly supported organization meets the "facts and circumstances test. The  |      | , · · · ·                                 | 1                         |                      |  |                     |                      |                      |
| on line 1 that exceeds 2% of the amount shown on line 11 column (f) 4,448.  6 Public support Subjection 3 from loss 4  8 Cost of Public Support Subjection 3 from loss 4  8 Cost of Public Support Subjection 3 from loss 4  8 Cost of Public Support Subjection 3 from loss 4  8 Cost of Public Support Subject Su  |      |   |                           |                      |  |                     |                      |                      |
| amount shown on line 11  |      |   |                           |                      |  |                     | 1                    |                      |
| Column (f) 4, 448.  6 Public support Subsection 8 from line 4  8 Gross income from interest dividends payments received on securities loans rents, royalities and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  13 First live years if the Form 990 is for the organization did not check a box on line 13 not 16a, and line 14 is 33 1/3% or more check this box and stop here. The organization meets the "facts and circumstances' test, check this box and stop here Explain in Part IV bow 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, check this box and stop here Explain in Part IV how the organization meets the "facts and circumstances' test, check this box and stop here Explain in Part IV bow 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, check this box and stop here Explain in Part IV how the organization and not check the facts and circumstances' test. The organization of under the sail payment test and payments and payments are publicly supported organization payments as a publicly supported organization by Private foundation if the organization meets the "facts and circumstances' test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances' test, check this box and stop here Explain in Part IV how the organization payments the "facts and circumstances test, check this box and stop here Explain in Part IV how the organization Private foundation if the organization of line to the payments of t  |      |   |                           |                      |  |                     |                      |                      |
| 8 Cection B Total Support Section B Total Support    Amounts from line 4   |      |   |                           |                      |  |                     |                      | 4 440                |
| Section B Total Support  Calendar year (or fiscal year beginning in)    (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  7 Amounts from line 4  8 Gross income from interest dividends payments received on securities loans rents, royallies and income from smilar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support Add lines 7 Iltriough 10  12 Gross receipts from related activities etc (see instructions)  12 If strip five years if the Form 990 is for the organization strips, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here  Section C Computation of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11 15 Public support percentage for 2013 (line 6, acution) (f) divided by line 11 16 33 1/3% support test - 2013 Ill the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012 Ill the organization did not check a box on line 13 (fig. and line 14 is 10% or more and if the organization meets the "facts and circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test. The organization operation says apported organization b 10% -facts-and-circumstances test - 2012 Ill the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test. The organization operation says apported organization b 10% -facts-and-circumstances test - 2012 Ill the organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organi |      | **  |                           |                      |  |                     |                      | 4,448.               |
| Calendar year (or fiscal year beginning in)    (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total  7 Amounts from line 4  8 Gross income from interest dividends payments received on securities loans rents, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support Add lines 7 litrough 10  23 Gross receipts from related activities etc (see instructions)  13 First five years if the Form 990 is for the organization strist, second, third, fourth, or fifth tax year as a section 501c(i3) organization check this box and stop here  4 Public support percentage for 2012 (line 6, column (f) divided by line 11 column (f))  15 Public support percentage from 2012 Schedule A Part II, line 14  16a 33 1/3% support test - 2013 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2012 If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more and if the organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2013 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. 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, check this box and stop here Explain in Part IV how 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 did not check a box on line 13, 16a, 16b, 17a, or 17b, |      |   | <u> </u>                  | <u> </u>             | <u> </u>   |                     |                      | 82,352.              |
| 7 Amounts from line 4 8 Gross income from interest dividends payments received on securities loans rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 17 Total support Add lines 7 through 10 18 First five years if the Form 990 is for the organization of high line 1, 200 from 1, 3, 3, 3, 4, 3, 5, 5, 6, 9, 3, 8, 3, 12, 6, 9, 3, 8, 11 19 Private foundation of Public Support Percentage 19 Public support percentage from 2013 (line 6, column (f) divided by line 11 column (f)) 19 Sal 31/3% support test - 2013 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here The organization qualifies as a publicly supported organization by 31/3% support test - 2012 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 by 31/3% support 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 qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2013 If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here Explain in Part IV how the organization meets the 'facts and circumstances' test, check this box and stop here Explain in Part IV how 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, check this box and stop here Explain in Part IV how 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, c |      |   | 1.0000                    | #1.0010              |  | 4-IV 0010           | 4-1-0010             | At Tatal             |
| 8 Gross income from interest dividends payments received on securities loans rents, royalties and income from smilar sources 6,292. 23,229. 30,570. 60,091.  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  1 Total support Add lines 7 librough 10  2 Gross receipts from related activities etc (see instructions)  12 If its five years. If the Form 990 is for the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here.  14 Public support percentage for 2013 (line 6, column (f) divided by line 11 column (f))  15 Public support percentage from 2012 Schedule A. Part II, line 14  16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10% -facts-and-circumstances test - 2013. 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.  17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 10% or more and if the organization meets the "facts and circumstances" test check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances test the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances test. The organization dualifies as a publicly supported organization when the organization meets the "facts and circumstances test. The organization dualifies as a publicly supported organization.  15 Private foundation If the  |      |   | (a) 2009                  | (b) 2010             |  |                     |                      |                      |
| dividends payments received on securities loans (rents, royallies and income from similar sources  |      |   |                           |                      | 13,603.  | 24,323.             | 40,400.              | 00,000.              |
| securities loans rents, royalties and income from similar sources  9. Net income from unrelated business activities, whether or not the business is regularly carried on  10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11. Total support. Add lines 7 through 10.  12. Gross receipts from related activities etc. (see instructions)  13. First five years if the Form 990 is for the organization shrist, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here. The organization of Public Support Percentage.  14. Public support percentage for 2013 (line 6, column (f) divided by line 11. column (f))  15. 3. 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33. 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization.  16. 33. 1/3% support test - 2012. If the organization did not check a box on line 13 in 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 check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part  | 8    |   |                           |                      |  |                     |                      |                      |
| and income from similar sources  9  Net income from unrelated business activities, whether or not the business is regularly carried on  10  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11  Total support Add lines 7 librough 10  12  Gross receipts from related activities etc (see instructions)  13  First five years if the Form 990 is for the organization shrist, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here  14  Public support percentage from 2012 Schedule A Part II, line 14  15  Public support percentage from 2012 Schedule A Part II, line 14  16  33 1/3% support test - 2013 II the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2013 If the organization did not check a box on line 13 16a, 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 check this box and stop here Explain in Part IV how the organization 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  15a 17a 17b, 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  15a 17b, check this box and stop here Explain in Part IV how 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, check this box and stop here Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies |      | • •                                       |                           |                      |  |                     |                      |                      |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  11 Total support Add lines / Through 10   |      | · •                                       |                           |                      | 6 202  | 22 220              | 30 570               | 60 NO1               |
| 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 Parl IV) 333.6,288.312.6,933. 11 Total support. Add lines 7 through 10 153,824. 12 Gross receipts from related activities etc. (see instructions) 12 153,824. 12 Gross receipts from related activities etc. (see instructions) 12 155 (see instructions) 12 15   | _    |   | <del></del>               |                      | 0,292.   | 43,449.             | 30,370.              | 00,091.              |
| business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support. Add lines 7 (Ihrough 10   | 9    |   |                           |                      | 1  |                     |                      |                      |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  11 Total support Add lines 7 librough 10  12 Gross receipts from related activities etc (see instructions)  13 First five years if the Form 990 is for the organization s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here  Section C Computation of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11 column (f))  15 Public support percentage from 2012 Schedule A Part II, line 14  16a 33 1/3% support test - 2013 II the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here The organization qualifies as a publicly supported organization  17a 10% -facts-and-circumstances test - 2013 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  17a 10% -facts-and-circumstances test - 2013 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, check this box and stop here Explain in Part IV how 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, check this box and stop here Explain in Part IV how 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, check this box and stop here Explain in Part IV how 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 publi |      | ·   |                           |                      |  |                     | 1                    |                      |
| or loss from the sale of capital assets (Explain in Part IV)  11 Total support Add lines 7 librough 10  12 Gross receipts from related activities etc (see instructions)  13 First five years if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here  Section C Computation of Public Support Percentage  14 Public support percentage from 2012 Schedule A Part II, line 14  15 Fublic support percentage from 2012 Schedule A Part II, line 14  16a 33 1/3% support test - 2013 II the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012 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 and stop here The organization qualifies as a publicly supported organization 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, check this box and stop here Explain in Part IV how 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, check this box and stop here Explain in Part IV how 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, 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  18 Private foundation If the organization did not check a box on line 13 16a, 16b, 17a, or 17b, check this box and see instructions   | 40   | - '                                       |                           | <del> </del>         | +  |                     | -                    | <del></del>          |
| assets (Explain in Part IV)  Total support Add lines 7 through 10  Gross receipts from related activities etc (see instructions)  First five years. If the Form 990 is for the organization shirst, second, third, fourth, or fifth tax year as a section 501(c)(3)  organization check this box and stop here.  Section C Computation of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11 column (f))  15 Public support percentage from 2012 Schedule A Part II, line 14  16a 33 1/3% support test - 2013 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10% -facts-and-circumstances test - 2013 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.  17a 10% -facts-and-circumstances test - 2013 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.  17a 10% -facts-and-circumstances test - 2012 If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part IV how 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, 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 org | 10   | <del>-</del>                              |                           |                      |  |                     |                      |                      |
| Total support Add lines 7 librough 10  |      |   |                           |                      | 222  | 6 288               | 312                  | 6 933                |
| 12 Gross receipts from related activities etc (see instructions)  13 First five years if the Form 990 is for the organization shirst, second, third, fourth, or fifth tax year as a section 501(c)(3) organization check this box and stop here  Section C Computation of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11 column (f))  15 Public support percentage from 2012 Schedule A Part II, line 14  16a 33 1/3% support test - 2013 II the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization.  16 b 33 1/3% support test - 2012. 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.  17a 10% -facts-and-circumstances test - 2013. 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, 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.  |      |   |                           | <del> </del> -       | 7,7,7,1  |                     | 312.                 |                      |
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| organization check this box and stop here  Section C Computation of Public Support Percentage  14 Public support percentage for 2013 (line 6, column (f) divided by line 11 column (f))  15 Public support percentage from 2012 Schedule A Part II, line 14  16a 33 1/3% support test - 2013 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization.  15 S1.46 %  16 33 1/3% support test - 2012 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.  17a 10% -facts-and-circumstances test - 2013 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 - 2012 If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here.  |      | •   | •                         |                      | urd fourth or fifth ta                           | y wear as a section |                      |                      |
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| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11 column (f))  15 Public support percentage from 2012 Schedule A Part II, line 14  16a 33 1/3% support test - 2013 II the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization.  15 J J J J J J J J J J J J J J J J J J J  | Se   | ction C Computation of Publ               | ic Support Pe             | ercentage            |  | ·                   |                      | <u> </u>             |
| 15 Public support percentage from 2012 Schedule A Part II, line 14  16a 33 1/3% support test - 2013 If the organization did not check the box on line 13, and line 14 is 33 1/3% or more check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10% -facts-and-circumstances test - 2013. 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 check this box and stop here. Explain in Part IV how the organization meets the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part IV how the organization 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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.   |      |   |                           |                      | column (f))                                      |                     | 14                   | 53.54 %              |
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| b 33 1/3% support test - 2012 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.  17a 10% -facts-and-circumstances test - 2013. 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 did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part IV how 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.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.   |      |   |                           |                      |  |                     |                      | $\triangleright [X]$ |
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| meets the facts and circumstances' test. The organization qualifies as a publicly supported organization  b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.   | 178  | 10% -facts-and-circumstances tes          | t - <b>2013</b> If the or | ganization did not   | check a box on line                              | 13 16a, or 16b      | and line 14 is 10%   | or more              |
| b 10% -facts-and-circumstances test - 2012 If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here Explain in Part IV how the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization  Private foundation If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  |      | and if the organization meets the 'fac    | cts and circumsta         | nces test check      | this box and stop he                             | ere Explain in Pa   | rt IV how the organ  | ization              |
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| organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization.  18 Private foundation if the organization did not check a box on line 13 16a, 16b, 17a, or 17b, check this box and see instructions.  | ì    |   |                           |                      |  |                     | 17a and line 15 is   | 10% or               |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.   |      | more, and if the organization meets t     | he 'facts and circ        | umstances' test, (   | check this box and s                             | stop here Explaii   | n in Part IV how the |                      |
|  |      |   |                           |                      |  |                     |                      | ▶Щ                   |
| Schedule A (Form 990 or 990-EZ) 2013   | 18   | Private foundation If the organization    | on did not check a        | a box on line 13 1   | 6a, 16b <sub>,</sub> 17a, or 17b                 |                     |                      |                      |
|  |      |   |                           |                      |  | Sch                 | edule A (Form 990    | or 990-EZ) 2013      |

| Schedule A (Form 990 or 990 EZ) 2013  Part III   Support Schedule for   | COLORADO L          | IONS FOUN            | DATION                | 1/2)               | 84-603                 | 2226 Page 3    |
|---|---------------------|----------------------|-----------------------|--------------------|------------------------|----------------|
|   | =                   |                      |                       |                    |                        |                |
| (Complete only if you check   |                     |                      | rganization failed t  | o quality under Pa | irt II If the organiza | ition fails to |
| qualify under the tests listed  | l below, please com | plete Part II )      | <del></del>           | <del> </del>       |                        |                |
| Section A Public Support  |                     |                      |                       |                    | (10010                 | 48 T I         |
| alendar year (or fiscal year beginning in)  | (a) 2009            | <b>(b)</b> 2010      | (c) 2011              | (d) 2012           | (e) 2013               | (f) Total      |
| 1 Gifts grants contributions and  |                     |                      |                       |                    |                        |                |
| membership fees received (Do not  |                     |                      |                       |                    |                        |                |
| include any 'unusual grants')   |                     |                      | <del> </del>          |                    | -                      |                |
| 2 Gross receipts from admissions,<br>merchandise sold or services per<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax exempt purpose |                     |                      |                       |                    |                        |                |
| 3 Gross receipts from activities that   |                     |                      |                       |                    |                        |                |
| are not an unrelated trade or bus<br>iness under section 513  |                     |                      |                       |                    |                        |                |
| 4 Tax revenues levied for the organ   |                     |                      |                       | l                  |                        |                |
| ization's benefit and either paid to  |                     |                      |                       |                    |                        |                |
| or expended on its behalf   |                     |                      |                       |                    |                        |                |
| 5 The value of services or facilities   |                     |                      |                       |                    |                        |                |
| furnished by a governmental unit to   | ,                   |                      |                       |                    |                        |                |
| the organization without charge   |                     |                      |                       |                    |                        |                |
| 6 Total Add lines 1 through 5   |                     |                      |                       |                    |                        |                |
| 7a Amounts included on lines 1, 2, an   | d                   |                      |                       |                    |                        |                |
| 3 received from disqualified person   | 1                   |                      |                       |                    |                        |                |
| b Amounts included on lines 2 and 3 received  |                     |                      | - ··                  |                    |                        |                |
| from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year.   |                     |                      |                       |                    | <u> </u>               |                |
| c Add lines 7a and 7b   |                     |                      |                       |                    |                        |                |
| 8 Public support (Subtract line 7c from line 5)   |                     | <u> </u>             | <u></u>               | <u> </u>           |                        | <u></u>        |
| Section B Total Support   |                     | <del>,</del>         |                       |                    |                        | 1-             |
| Calendar year (or fiscal year beginning in)   | (a) 2009            | <b>(b)</b> 2010      | (c) 2011              | (d) 2012           | (e) 2013               | (f) Total      |
| 9 Amounts from line 6   |                     |                      |                       |                    |                        |                |
| 10a Gross income from interest<br>dividends payments received on<br>securities loans rents royalties<br>and income from similar sources   |                     |                      |                       |                    |                        |                |
| <b>b</b> Unrelated business taxable income  |                     |                      |                       |                    |                        |                |
| (less section 511 taxes) from business  | es                  |                      |                       |                    |                        |                |
| acquired after June 30, 1975  |                     |                      |                       |                    |                        | <u> </u>       |
| c Add lines 10a and 10b   |                     |                      |                       |                    |                        |                |
| 11 Net income from unrelated busines<br>activities not included in line 10b<br>whether or not the business is<br>regularly carried on   | SS                  |                      |                       |                    |                        |                |
| 12 Other income Do not include gain or loss from the sale of capital  |                     |                      |                       |                    |                        |                |
| assets (Explain in Part IV)  13 Total support (Add tines 9, 10c, 11, and 10   | ?)                  |                      |                       |                    |                        |                |
| 14 First five years If the Form 990 is  |                     | s first, second, thi | rd fourth, or fifth t | ax year as a secti | on 501(c)(3) organiz   | zation         |
| check this box and stop here  |                     |                      |                       | _                  |                        |                |
| Section C Computation of Pu   | blic Support Po     | ercentage            | ·                     |                    |                        |                |
| 15 Public support percentage for 201  |                     | <del></del>          | column (f))           |                    | 15                     | %              |
| 16 Public support percentage from 20  |                     |                      |                       |                    | 16                     | %              |
| Section D Computation of Inv  |                     |                      | )                     |                    |                        |                |
| 17 Investment income percentage for   |                     |                      |                       |                    | 17                     | %              |

18 Investment income percentage from 2012 Schedule A, Part III, line 17

19a 33 1/3% support tests - 2013 If the organization did not check the box on line 14 and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3% check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2013

18

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| nedule A     | Form 990 or 990 EZ) 2013 COLORADO LIONS FOUNDATION  Supplemental Information Provide the explanations required by Part II, line 10 Part II, line 17 | 84-6032226 Pag                |
|--------------|---|-------------------------------|
| art IV       | Supplemental Information Provide the explanations required by Part II, line 10 Part II, line 17   | a or 17b and Part III line 12 |
|              | Also complete this part for any additional information (See instructions)   |                               |
|              |   |                               |
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## **SCHEDULE D**

Depair ment of the Treasury

Internal Revenue Service

(Form 990)

## **Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

OMB No. 1545 0047 Open to Public Inspection

Name of the organization

COLORADO LIONS FOUNDATION

Employer identification number 84-6032226

| Par | t I Organizations Maintaining Donor Advise  | d Funds or Other Similar Fund               | s or Accounts Complete if the                 |  |  |  |  |
|-----|---|---|---|--|--|--|--|
|     | organization answered "Yes" to Form 990 Part IV line 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 advi  | sed funds                                     |  |  |  |  |
|     | are the organization's property subject to the organization's   | exclusive legal control?                    | Yes No  |  |  |  |  |
| 6   | Did the organization inform all grantees, donors, and donor a   |   | e used only                                   |  |  |  |  |
|     | for charitable purposes and not for the benefit of the donor of   | or donor advisor, or for any other purpose  | e conferring                                  |  |  |  |  |
|     | impermissible private benefit?  |   | Yes No  |  |  |  |  |
| Par | t II Conservation Easements Complete if the org   | ganization answered "Yes" to Form 990,      | Part IV, line 7                               |  |  |  |  |
| 1   | Purpose(s) of conservation easements held by the organizat  | ion (check all that apply)                  |   |  |  |  |  |
|     | Preservation of land for public use (e.g. recreation or e   | education) Preservation of an hi            | storically important land area                |  |  |  |  |
|     | Protection of natural habitat   |   | rtified historic structure                    |  |  |  |  |
|     | Preservation of open space  |   |   |  |  |  |  |
| 2   | Complete lines 2a through 2d if the organization held a quali   | fied conservation contribution in the form  | n 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  |  |  |  |  |
| þ   | 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   | after 8/17/06 and not on a historic struc   | ture  |  |  |  |  |
|     | listed in the National Register   |   | 2d  |  |  |  |  |
| 3   | Number of conservation easements modified transferred re  | eleased, extinguished, or terminated by th  | ne organization 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  | modic monitoring inspection, handling of    | <u> </u>                                      |  |  |  |  |
|     | 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 durin      | g the year ► \$                               |  |  |  |  |
| 8   | Does each conservation easement reported on line 2(d) abo   | ve satisfy the requirements of section 17   |   |  |  |  |  |
|     | and section 170(h)(4)(B)(ii)?   |   | └ Yes └ No                                    |  |  |  |  |
| 9   | In Part XIII describe how the organization reports conservat  |   |   |  |  |  |  |
|     | include if applicable, the text of the footnote to the organization   | ition's financial statements that describes | s the organization's accounting for           |  |  |  |  |
| _   | conservation easements  | <u> </u>                                    | Dille of Control Annual Control               |  |  |  |  |
| Pa  | t III Organizations Maintaining Collections of  |   | Other Similar Assets                          |  |  |  |  |
|     | Complete if the organization answered "Yes' to Form   | <del></del>                                 |   |  |  |  |  |
| 1a  | if the organization elected, as permitted under SFAS 116 (A   |   |   |  |  |  |  |
|     | historical treasures or other similar assets held for public ex   |   | ance of public service, provide in Part XIII, |  |  |  |  |
|     | the text of the footnote to its financial statements that descr   |   |   |  |  |  |  |
| ь   | If the organization elected, as permitted under SFAS 116 (A   |   |   |  |  |  |  |
|     | 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   |   |   |  |  |  |  |
|     | (i) Revenues included in Form 990 Part VIII, line 1   |   | ► \$<br>► \$                                  |  |  |  |  |
|     | (ii) Assets included in Form 990 Part X   |   |   |  |  |  |  |
| 2   | If the organization received or held works of art historical tre  |   | ial gain, provide                             |  |  |  |  |
|     | the following amounts required to be reported under SFAS:   | 116 (ASC 958) relating to these items       |   |  |  |  |  |
| а   | Revenues included in Form 990 Part VIII, line 1   |   | \$  |  |  |  |  |
| b   | Assets included in Form 990 Part X  |   | <b>&gt;</b> \$                                |  |  |  |  |

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Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

| Part VII Investments - Other Securities                                    |  | <u> </u>                       |  |
|--|--|--------------------------------|--|
| Complete if the organization answered 'Yes'                                | to Form 990, Part IV line                      |                                |  |
| (a) Description of security or category (including name of security)       | (b) Book value                                 | (c) Method of valuation        | on Cost or end of year market value              |
| (1) Financial derivatives  |  |                                |  |
| (2) Closely held equity interests  |  |                                |  |
| (3) Other  |  |                                |  |
| (A) INVESTMENTS HELD FOR   |  | <u>-</u>                       |  |
| (B) OTHERS   | 356,127.                                       | END-OF-YEAR                    | MARKET VALUE                                     |
| (C) INVESTMENTS - OTHER  |  |                                |  |
| (D) SECURITIES   | 1,190,900.                                     | END-OF-YEAR                    | MARKET VALUE                                     |
| (E)  |  |                                | ·  |
| (F)  |  |                                |  |
| (G)  |  |                                |  |
| (H)  | 1 547 007                                      | -                              |  |
| Total (Col (b) must equal Form 990, Part X, col (B) line 12 )              | 1,547,027.                                     | <u> </u>                       | <del></del>                                      |
| Part VIII Investments - Program Related.                                   | . 5 000 5                                      | 44 O E 000 D . V               | 110  |
| Complete if the organization answered 'Yes'  (a) Description of investment | (b) Book value                                 |                                | , line 13<br>on Cost or end of year market value |
|  | (b) book value                                 | (C) WELLIOU OF VAIDALIC        | on Cost of Cha of year market value              |
| (1)  |  |                                |  |
| (2)  |  | -                              | ·  |
| (3)  |  |                                |  |
| (4)  |  |                                |  |
| (5)  |  |                                |  |
| (6)  |  |                                | <del></del>                                      |
| (8)  |  |                                |  |
| (9)  |  |                                |  |
| Total (Col (b) must equal Form 990 Part X, col (B) line 13 )               |  |                                |  |
| Part IX Other Assets   | · · · · · · · · · · · · · · · · · · ·          | <del> </del>                   |  |
| Complete if the organization answered Yes'                                 | to Form 990 Part IV line                       | 11d See Form 990, Part X       | Cline 15   |
| <del></del>  | Description                                    |                                | (b) Book value                                   |
| (1)  | <del></del> -                                  |                                |  |
| (2)  |  |                                |  |
| (3)  |  |                                |  |
| (4)  |  |                                |  |
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| (7)  |  |                                |  |
| (8)  |  |                                |  |
| (9)  |  |                                |  |
| Total (Column (b) must equal Form 990, Part X, col. (B) lir                | ne 15)   |                                | <u> </u>   |
| Part X Other Liabilities   |  |                                |  |
| Complete if the organization answered 'Yes                                 | to Form 990, Part IV line                      |                                | Part X line 25                                   |
| 1 (a) Description of liability   |  | (b) Book value                 |  |
| (1) Federal income taxes   |  |                                |  |
| (2) DUE TO OTHERS - INVESTMEN  | 1 <u>T                                    </u> |                                |  |
| (3) ACCOUNTS   |  | 356,127.                       |  |
| (4)  |  |                                |  |
| (5)  |  |                                |  |
| (6)  |  |                                |  |
| (7)  |  |                                |  |
| (8)  |  |                                |  |
| (9)  | -051   | 256 127                        |  |
| Total (Column (b) must equal Form 990 Part X col (B) In                    |  | 356,127.                       |  |
| 2 Liability for uncertain tax positions. In Part XIII provid               |  |                                |  |
| organization s liability for uncertain tax positions unde                  | er HIN 48 (ASC 740) Checi                      | k nere ii the text of the foot |  |
|  |  |                                | Schedule D (Form 990) 2010                       |

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

| UMB No 1545 0047 | 2013 |
|------------------|------|
|                  |      |

Information about Schedule I (Form 990) and its instructions is at www irs gov/form990

Open to Public Inspection Employer identification number

å [ 84-6032226 (h) Purpose of grant or assistance X Yes DISASTER RELIEF 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 WATER SYSTEM 1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection (g) Description of non cash assistance (f) Method of valuation (book FMV appraisal 0 0 (e) Amount of assistance non cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5 000. Part il can be duplicated if additional space is needed 19,350 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable COLORADO LIONS FOUNDATION Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government WOODLAND PARK, CO 80863 DISTRICT 6 NE LIONS COLORADO LIONS CAMP Name of the organization PO BOX 9043 Part

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Schedule I (Form 990) (2013)

## **SCHEDULE 0**

Internal Relienue Service

(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 Information about Schedule Q (Form 990 or 990 EZ) and its instructions is at www irs gov/form990 OMB No. 1545 0047 Open to Public Inspection

| Name of the organization  COLORADO LIONS FOUNDATION       | Employer identification number 84-6032226 |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11:                    |   |
| EXPLANATION: FORM 990 IS REVIEWED BY PRESIDENT AND TREASU | RER PRIOR TO                              |
| FILING THE RETURN.  |   |
|   | <del></del>                               |
| FORM 990, PART VI, SECTION C, LINE 19:                    |   |
| EXPLANATION: AVAILABLE UPON REQUEST.                      |   |
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