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Filed IN CON UNCTION WITH
EXTENDED TO FEBRUARY 15, 2017 FORM 8940

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Δ [or the	2015 calendar year, or tax year beginning JUL 1, 2015 and	ending J	UN 30, 20	16		
_	_				ntification number		
	heck if pplicable	C Name of organization		Employer ider	THICAGON WATER		
	⊟Addres	S COLODADO LIONE FOUNDATION					
_	_ichange □Name	COLORADO LIONS FOUNDATION		94.	-6032226		
_	_lchange □lnitial	Doing business as	Room/suite	-			
_	return	Number and street (or P 0 box if mail is not delivered to street address)	E Telephone nun	number 719-671-7394			
	Final return/	P O BOX 6305					
	termin- aled	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	421,284		
L	_Amend∈ return	MONONA, CO 00043-0303		H(a) is this a grou			
	Application	Finance and address of principal officer Division Cooperation		for subordina	ates? Yes X No		
	pending	1035 S 12TH ST, CANON CITY, CO 81212		H(b) Are all subordina	ates included? Yes No		
1	ах ехе	mpt status $X = 501(c)(3) = 501(c)(4)$ (insert no.) 4947(a)(1)	or 527	If "No," attac	ch a list (see instructions)		
JI	Nebsite	▶ WWW.COLIONSFOUNDATION.ORG		H(c) Group exem	ption number		
KF	orm of	organization X Corporation Trust Association Other	L Year	of formation 195	7 M State of legal domicile Co		
,	art I	Summary					
	1 [Briefly describe the organization's mission or most significant activities PROV	IDE SU	PPORT FOR	EDUCATIONAL		
ဦ		SCHOLARSHIPS AND HUMANITARIAN PROJECTS.					
ã	-	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its ne	et assets		
Ve		Number of voting members of the governing body (Part VI, line 1a)			3		
ဌိ	1	Number of independent voting members of the governing body (Part VI, line 1b)			4		
<u>ಇ</u>	1				5		
ţ	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		ŀ	6		
Activities & Governance	i	Total number of volunteers (estimate if necessary)					
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12					
-	bi	Net unrelated business taxable income from Form 990 T, line 34			-		
Revenue			Prior Year	0. Current Year 20,515			
	1	Contributions and grants (Part VIII, line 1h)	26,28	$0. \frac{20,313}{0}$			
	1	Program service revenue (Part VIII, line 2g)					
ě	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	77,35				
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,81				
	12	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		105,44			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1 3)		21,66			
	14	Benefits paid to or for members (Part IX column (A), line 4)			0. 0		
Ø)	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lipeq 5 10)			0. 0		
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)			0. 0		
ĝ	Ь.	Total fundraising expenses (Part IX, column (D), line 25)	0.				
ũ	17 (Other expenses (Part IX, column (A), lines 11a 11e 31 (34)		13,48	1. 14,569		
	18	Total expenses Add lines 13.17 (must equal Part X patimn (A) Ima (S)		3 <u>5,1</u> 4			
	19		\	70,30	1. 14,798		
Net Assets or Fund Balances		Revenue less expenses Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26)	Be	ginning of Current Yo	ear End of Year		
est Ingli	20	Total assets (Part X, line 16)		1,600,55	9. 1,539,637		
ASS	21	Fotal liabilities (Part X, line 26)		369,92			
ĕĔ	22	Net assets or fund balances Subtract line 21 from line 20		1,230,63			
	art II	Signature Block	•				
		ties of perjury, I declare that I have examined this return including accompanying schedule	s and statem	nents and to the best	of my knowledge and belief, it is		
		and complete. Declaration of preparer (other than officer) is based on all information of w			•		
		Duan Chader Hosidant	<u> </u>	1/2.	14-2016		
Q.,	_	Signature of officer		Date	1 - 1 - 1		
Sig	- 1	BRYAN COOPER, PRES					
He	e	Type or print name and title					
_			/	Date , Chec	k PTIÑ		
n.	.	Print/Type preparer's name Preparer's signature	170K, 1	aliuh ali 💷	D00467300		
Pai	t t	ROY H. BREYFOGLE 1941 NEW COLUMN TO THE PROPERTY OF THE PROPER					
	parer	Firm's name MCPHERSON BREYFOGLE DAVELINE	ראחסמש	CH Firm's EIN	04-0020300		
Use	Only	Firm's address 503 N MAIN ST, STE 740			710 542 0516		
		PUEBLO, CO 81003-3131		Phone no	719-543-0516		
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

Form 990 (2015)

orm	990 (2015) COLORADO LIONS FOUNDATION	84-6032226 Page 2
Par	t III Statement of Program Service Accomplishments	
		
1	Briefly describe the organization's mission	TARIAN
	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission PROVIDE SUPPORT FOR EDUCATIONAL SCHOLARSHIPS AND HUMANITARIAN PROJECTS. Ord the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ? If 'Yes,' describe these new services on Schedule O Ord the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported (Code) (Expenses \$ 14,192. including grants of \$ 14,192.) (Revenue \$ 14,192.)	
2	Did the exceptation undertake any planthant program conjugate during the year which were not listed on	
2	the prior Form 990 or 990 EZ?	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	ners, the total expenses, and
4a	(Code) (Expenses \$14,192. including grants of \$14,192.) (Rever	nue\$)
	PROVIDE GRANTS AND FINANCIAL SUPPORT TO ORGANIZATIONS F	OR VISION AND
	HEARING PURPOSES.	
		<u> </u>
		
4b	(Code) (Expenses \$) (Rever	nue \$ }
		
4c	(Code) (Expenses \$ Including grants of \$) (Reve	nue \$)
		<u></u>
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 14,569 • including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 28,761.	
53200	12	Form 990 (2015)

CLF___1

Part IV Checklist of Required Schedules

			V	Na
4	Is the experience described in section 501/a/(3) or 4047/a)(1) (other than a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		_	<u> </u>
•	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			 -
•	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
ŭ	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If 'Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
•	as applicable	ļ		
а	Did the organization report an amount for land buildings, and equipment in Part X, line 10° If 'Yes,' complete Schedule D			
	Part VI	11a		X
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII	11b	Х	
С	Date to the state of the state			
	assets reported in Part X, line 167 If 'Yes," complete Schedule D, Part VIII	11c		X
d	The second secon]	
	Part X line 16? If 'Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ŀ		1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	1 <u>1f</u>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	ļ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			,,
	If 'Yes," and if the organization answered "No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, 'complete Schedule E	13		X
14a		14a	_	Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States or aggregate foreign investments valued at \$100,000	l		l v
	or more? If 'Yes," complete Schedule F, Parts I and IV	14b	-	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			х
	foreign organization? If 'Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1.0		х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		Х
	column (A), lines 6 and 11e? If Yes, complete Schedule G, Part I			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		х
	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	 	
19		19		х
	complete Schedule G, Part III		990	(2015)
		. 0111		,,,

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Form 990 (2015) COLORADO LIONS FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	,		
	domestic government on Part IX, column (A), line 1º If Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer 'Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year that was issued after December 31, 2002? If "Yes, 'answer lines 24b through 24d and complete			,,
	Schedule K. If 'No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax exempt bonds?	24c		
	Did the organization act as an on behalf of issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		i	177
	transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a_		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			v
	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 "Yes,"			v
	complete Schedule L, Part II	26		Х
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			х
••	of any of these persons? If "Yes, 'complete Schedule L, Part III	27	ļ	^
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)	28a		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		1
С		28c		х
^^	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non cash contributions? If 'Yes, complete Schedule M	29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			i
30	contributions? If "Yes," complete Schedule M	30		X
24	Did the organization liquidate, terminate, or dissolve and cease operations?	- 55		
31	If 'Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
ΨŽ	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301 7701 2 and 301 7701 3? If 'Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax exempt or taxable entity? If "Yes,' complete Schedule R, Part II, III, or IV, and		_	
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non charitable related organization?			
	If 'Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If Yes,' complete Schedule R, Part VI	37	L_	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note All Form 990 filers are required to complete Schedule O	38	X	
		Forn	990	(2015)

1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable 1 1 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 1 0 0 0 0 1 0		Check if Schedule O contains a response or note to any line in this Part V			
Enter the number of Forms W 2G included in line 1a. Enter 0 if not applicable De Det the organization comply with backup withholding rules for reportable payments to vondors and reportable gamining (gambling) with making with providing and the provided payments to vondors and reportable gamining (gambling) with making with or within the year covered by the return 22. Enter the number of employees reported on Form W 3, Transmittel of Wape and Tax Statements, filed for the calendary year ending with or within the year covered by the return 33. Did the organization have unrebiset business gross income of \$1,000 or more during the year? 34. At any time during the calendar year, did the organization have an interest in, or a signiture or other authority ower, a finishesial ecount in a foreign country. While, the xib grower are explanation in Schedule O 44. At any time during the calendar year, did the organization have an interest in, or a signiture or other authority ower, a finishesial ecount in a foreign country. While, the xib grower are explanation in Schedule O 45. When the organization for fronger country. While, the xib grower are explanation in Schedule O 46. When the organization for fronger country. While, the xib grower are explanation in Schedule O 47. If Year, it one is an organization that it was or is a portly to a prohibited tax sheller transaction? 48. If Year, it one is an organization that it was or is a portly to a prohibited tax sheller transaction? 49. If Year, it one is an organization shell it was or is a portly to a prohibited tax sheller transaction? 40. If Year, it one is an organization tax of the conganization should writh every solicitation an express statement that such contributions or gifts were not tax deductibles from 888 17. 49. If Year, indicate the number of Forms 8282 fixed during the year 40. If Year, indicate the number of Forms 8282 fixed during the year 41. If Year, indicate the number of Forms 8282 fixed during the year 42. If the organization received a co				Yes	No
C Did the organization comply with backop withholding rules for reportable payments to vendors and reportable garring (gambing) winnings to prize winners? 2 Einter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. 3 If all least one is reported on line 22 and the organization file all required federal employment fax returns? Note If the sum of lines 1a and 2a is greater than 25.0, you may be required to e-file (see instructions) 3 If all least one is reported on line 22 and the organization file all required federal employment fax returns? 3 If year, has it filed a form 990 T for the year? If No, 16 line 26, provide an explanation in Schodide O 4 A ray 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)? 5 If Yes, 1 and 1 filed a foreign country (such as a bank account, securities account, or other financial accounts (FBAF) 5 Was the organization a party to a prohibitod tax sheller transaction at any time during the tax year? 5 If Yes, 1 to line 5 or 55, dot the organization that it was or is a party to a prohibitod tax sheller transaction at any time during the tax year? 5 If Yes, 2 to line 5 or 55, dot the organization that it was or is a party to a prohibitod tax sheller transaction as any time during the tax year? 5 If Yes, 2 to the organization and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5 If Yes, 3 the organization and party to require the prohibit of the party of the organization receive a contribution of care in the party of the organization receive and include with every solicitation and party for goods and services provided to the payor? 5 If Yes, 3 the organization received a		Litter the number reported in box of 1 orn 1 dec Enter of in 10 applicable			
dispatchingly winnings to prize winners? a First thin number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b I at least one is reported on line 2a did the organization file all required federal employment tax returns? Note II the sum of lines 1 and 2a is greater than 550, you may be required to e-file (see instructions) 30 bid the organization have unriedsed business gross income of \$1,000 or more during the year? 40 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 foregan country (such as a bank account, source) as one shank accounts, or other financial accountly? 41 A at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foregan country by the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foregan country by the calendar year. All the organization and some shall be a did not a signature or other authority over, a financial account in a foregan country by the calendar year. All the organization and some shall be a shall be a did not any contributions for filing requirements for FinoENE Form 114. Report of Foregin Bank and Financial Accounts (FBAR) 50 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and the organization foregan to tax deductables. 61 If Yes, if the organization that we end tax deductables or a charable contributions. 62 If Yes, if did the organization will be done of the value of the year of the property for which it was required. 63 If Yes, if the organization receive a payment in excess of \$75 andep partly as a contribution of partly as a contri		Enter the Hallings of Forms W 20 molecular line for Enter 6 miles applicable			
2a Enter the number of employees reported on Form W.3. Transmitted of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 2	¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
the for the calendary year ending with or within the year covered by this return bit at least one is reported on the 2s dud the organization file at lequide (deed employment tax returns? Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bit the organization have unrelated business gross income of \$1,000 or more during the yea? 5 bit 11'ves, 1's and 1'fed a form 990 To froit his year? 1'fe0, 1'o law 2b, provide an explanation in Schedule 0 3 bit 1'ves, 1's and 1'fed a form 990 a bank account, 1'e organization of the sum of the sum of 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 accountly? 4 a Al any time during the calendary 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 accountly? 5 bit 1'ves, 1'enter the name of the foreign country See instructions for filing requirements for Fince(RF) Form 114, Report of Foreign Bank and Financial Accounts (FBAF) 5 a Was the organization a party to a prohibited tax sheller transaction? 6 bit 1'ves, 1'enter the name of the foreign country for the security of the prohibited tax sheller transaction? 6 bit 1'ves, 1'en line Sa or Sb, did the organization that if was or is a party to a prohibited tax sheller transaction? 6 bit 1'ves, 1'do line Sa or Sb, did the organization that if was or is a party to a prohibited tax sheller transaction? 7 bit 1'ves, 1'do line Sa or Sb, did the organization had with every solicitation an express statement that such contributions or grifts were not tax deductable? 7 organizations that many receive deductable contributions of undersective than \$100,000, and did the organization solicit and the second of the value of the goods or services provided? 7 organizations that many receive deductable contr			1c		
If at least one is reported on line 2a did the organization file all required federal employment tax returns? Note If the sum of lines 1a and 2a is greater than 250 you may be required to e-file (see instructions)	2a	1			
Note if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a Form 930 T for this year? if "No," to line 3t, provide an explanation in Schedule O a Al any time during the calendar year, did the organization have an interest in, or a signature or other authonty over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?) 4 b if "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FineCRF form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization a party to a prohibited tax sholter fransaction at any time during the tax year? 5 b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction? 6 if Yes," ion he sa' or 5b, did the organization in febrom 8881? 6 b Id which the same annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantrable contributions. 6 b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c) bit the organization sell, exchange, or otherwise dispuse of tangible personal property for which it was required to file Form 8882? d If Yes," indicate the number of Forms 8282 filed during the year 10 b If the organization received a contribution of the value of the goods or services provided? 7 b If the organization received an contribution of interectly, to pay premiums on a personal benefit contract? 7 b If the organization received an contribution of admitsed funds. Did a donor advised funds and services provided? 8 sponsoring organization have excess business holdings at any time during the y		mice for the defended year chains with at within the year covered by the retain			
3a 3a 3a 3a 3a 3a 3a 3a	þ		2b		
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f Did the organization, during the year pay premiums directly or indirectly, on a personal benefit contract? g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations Enter a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers a is the organization licensed to issue qualified health plans in more than one state? Note See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14 Did the organization receive any payments for indoor tanning services during the tax year? 14 If Yes, * has it flied a Form 720 to report these payments? If "No," provide an explanation in Schedule O	d	11 Tool Interest of the House o	ļ		
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b if res, has if filed a Form 720 to report these payments 7 if No, provide an explanation in Schedule 0	14a	Did the organization receive any payments for indoor tanning services during the tax year?			1 A k
FARIT MMLLTZ	b	IT "Yes," has it filed a Form 720 to report these payments on two, provide an explanation in Schedule O		<u> 990</u>	(2015)

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Part VI Governance, Management, and Disclosure For each "Yes' response to lines 2 through 7b below, and for a No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	to line da, bb, or rob below, describe the circumstances, processes, or changes in deficious or declinistrations			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	$\overline{}$	Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year		res	140
18	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0		-	
h	Enter the number of voting members included in line 1a, above who are independent 1b 5	,		
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
L	officer director, trustee, or key employee?	2	ĺ	Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, or trustees or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes," provide the names and addresses in Schedule O	9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			37
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	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		X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4-		Х
a	The organization's CEO, Executive Director, or top management official	15a		X
Ь	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	1 1		
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		х
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
ь	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		
900	tion C. Disclosure	1.05		<u> </u>
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)	availab	le .	
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, an	d finan	cral	
. •	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BRYAN COOPER - 719-671-7394			
	1035 S. 12TH ST, CANON CITY, CO 81212			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

X Check this box if neither the organiza (A) Name and Title	(B) Average hours per week	(B) verage (do not bottom of the control of the co				i than e	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual frustee or director	Institutional frustæ	Officer	Кеу етріоуве	Highest compensated employee	Former	the organization (W 2/1099 MISC)	organizations (W-2/1099 MISC)	compensation from the organization and related organizations
(1) KEN SCHWOLS	3.00								_	_
DIRECTOR		Х				1		0.	0.	0.
(2) WALTER LEMON	3.00	_								_
PRESIDENT		<u> </u>	<u> </u>	Х	_	<u> </u>		0.	0.	0.
(3) JERRY FRICKE	3.00	1		<u>. </u>					_	_
VICE PRESIDENT		<u> </u>		Х				0.	0.	_ 0.
(4) MIKE REAGER	3.00	-					l		_	_
SECRETARY	2.00	├ -	_	Х			_	0.	0.	0.
(5) BRYAN COOPER	3.00	-		,,				_	_	_
TREASURER		╀	ļ	X	_	₩—	_	0.	0.	0.
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Form 990 (2015)

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Form 990 (2015) COLORADO									84-6	322	226	Pa	age 8	
Part VII Section A Officers, Directors, Trus		ploy	ees			ghe	st C	1			_			
(A) Name and title	(B) Average hours per week (list any	box offi	not c unle	Pos heck ss pe	rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	ภ	am	(F) timate nount other	of	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	_	organizations compensations (W 2/1099 MISC) from the organization and related organization				
		_												
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1b Sub-total		<u> </u>	1	<u> </u>			<u> </u>	0.		0.			0.	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.	
Total number of individuals (including but recompensation from the organization	not limited to th	10Se	: IISte	ed a	.DOV	e) wi	no r	eceived more than \$100) ооо от геропав	ie		Yes	0 No	
3 Did the organization list any former officer line 1a? If 'Yes,' complete Schedule J for s			e, ke	ey e	mpk	oyee	, or	highest compensated e	mployee on		3		Х	
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	ole co							the organization	Ĭ	4	,	х	
Did any person listed on line 1a receive or rendered to the organization? If 'Yes," con	accrue compe	nsal	ion '	from	n an <u>y</u>	y uni			idual for services		5		х	
Section B Independent Contractors									£100,000 of one					
Complete this table for your five highest or the organization. Report compensation for								n the organization's tax		———				
(A) Name and business	address	N	MC	E				(B) Description of s	services	С	ompe	nsatio	n	
										<u> </u>				
														
Total number of independent contractors		not li	ımıte	ed to		_	stec	above) who received n	nore than					
\$100 000 of compensation from the organ	i <u>zatio</u> n ▶					0		 			Form '	990 (2015)	

		Check if Schedule O con	tains a response	or note to any line	e in this Part VIII			
		1		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Ts	1 a	Federated campaigns	1a					
흔히	b	Membership dues	1b					
A m	c	: Fundraising events	1c					
분히	d	Related organizations	1d					
, <u>E</u>	е	Government grants (contribu	itions) 1e					
호	f	All other contributions, gifts grain	nts and					
호		similar amounts not included abo	ove 1f	20,515.				
힐	g	Noncash contributions included in line	s 1a 1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	_ h	Total Add lines 1a 1f		•	20,515.			
				Business Code				
8	2 a	ı				_		
او ڲ	b	·						
8 2	c	:						
E a	d	1						
Program Service Revenue	e	·						
<u>-</u>	f	All other program service rev	enue					
\rightarrow	g	Total Add lines 2a 2f		>				
	3	Investment income (including	g dividends intere	est, and				
		other similar amounts)		▶	49,11 <u>0.</u>	49,110.		
	4	Income from investment of ta	ax exempt bond p	oroceeds 🕨		_		
	5	Royalties		•	,,,,,			
			(i) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)		<u></u>				1
	c	d Net rental income or (loss)		•				
	7 a	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	351,253.					
	b	Less cost or other basis						1
		and sales expenses	377,725. <26,472.	ļ				
	c	Gain or (loss)	< 26, 4/2.		.0.6. 4.7.0	106 470	_	
	c	d Net gain or (loss)			<26,472.	> <26,472.	>	
e l	8 a	Gross income from fundraising	ng events (not					
enr		including \$	of					
Зe		contributions reported on line	e 1c) See					
Other Revenu		Part IV, line 18	а					
츙		Less direct expenses	b					1
-		Net income or (loss) from fun		<u> </u>				
	9 a	 Gross income from gaming a 	activities See					
		Part IV line 19	a			5		
		Less direct expenses	ь			-		1
		Net income or (loss) from gain		•				
	10 á	a Gross sales of inventory, less	s returns					
		and allowances	a .					
		Less cost of goods sold	b			•		
		Net income or (loss) from sal						
		Miscellaneous Reven	ıue	Business Code	406.	406.		1
		MISCELLANEOUS		812900	400.	400.	-	
	t	b						
		C						
	•	d All other revenue			406.			-
	4.0	e Total Add lines 11a 11d Total revenue, See instructions			43,559.	23,044.	0	. 0.
		THE THEFTHE AND INCIDENTANCE			1 1 1 1 1 1 1 1 A			-, 0

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Form **990** (2015)

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Part IX Statement of Functional Expenses

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			mpiete column (A)	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		5,450,155	gonolai onponoso	374911000
_	and domestic governments. See Part IV, line 21	14,192.	14,192.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign	-			
	Individuals See Part IV. lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	11,374.	11,374.		
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,106.	1,106.		
18	Payments of travel or entertainment expenses				
	for any federal, state or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	225	225.		
23	Insurance	225.	223.		
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)	1	ļ		
	amount list line 24e expenses on Schedule O)	1,462.	1,462.		
а	SUPPLIES	202.	202.		
b	POSTAGE	185.	185.		
c	FILING FEES	15.	15.		
d	BANK CHARGES				·
e	·	28,761.	28,761.	0.	0.
25	Total functional expenses Add lines 1 through 24e	20, /01.	20,701.	V •	
26	Joint costs Complete this line only if the organization			ł	
	reported in column (B) joint costs from a combined		l		
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958 720)				Form 990 /2015)

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1 Cash non interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(8) and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees: beneficiary organizations of section 501(c)(9) voluntary employees: and enterpolyees and contribution of section 501(c)(9) voluntary employees and contribution of the basis Complete Part IV of Schedule D 10a Land, buildings and equipment cost or other basis Complete Part IV of Schedule D 11b Investments: publicity traded securities 11c Investments: publicity fraced securities 11c Investments: publicity fraced securities 11d Intangible assets 11d I	
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Deferred revenue Tax exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 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 Schedule D Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and	
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21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17 24) Complete Part X of Schedule D 26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	
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key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17 24) Complete Part X of Schedule D 26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and	
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17 24) Complete Part X of Schedule D 26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17 24) Complete Part X of Schedule D 26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17 24) Complete Part X of Schedule D 26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	
25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17 24) Complete Part X of Schedule D 26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	
parties, and other liabilities not included on lines 17 24) Complete Part X of Schedule D 26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	
Schedule D 369,929 ⋅ 25 26 Total liabilities Add lines 17 through 25 369,929 ⋅ 26 Organizations that follow SFAS 117 (ASC 958), check here ► and	
26 Total liabilities Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	69,573.
Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	69,573.
∞ complete lines 27 through 29, and lines 33 and 34	
27 Unrestricted net assets	
28 Temporarily restricted net assets	
29 Permanently restricted net assets 29	
Organizations that do not follow SFAS 117 (ASC 958), check here ► X	
5 and complete lines 30 through 34	
complete lines 27 through 29, and lines 33 and 34 Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34 Capital stock or trust principal, or current funds Paid in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total act assets 29 O 30 1,230,630,32 1,230,630,33	0.
31 Paid in or capital surplus, or land, building, or equipment fund	0.
32 Retained earnings, endowment, accumulated income, or other funds 1,230,630. 32 1,	70,064.
33 Total net assets of futio balances	70,064 <u>.</u>
34 Total liabilities and net assets/fund balances 1,600,559. 34 1,5	39 , 637.

Form 9	990 (2015) COLORADO LIONS FOUNDATION	84-60	32226	Page 12
	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A) line 12)	1		3,559.
2	Total expenses (must equal Part IX, column (A), line 25)	_2	28	3,761.
3 I	Revenue less expenses Subtract line 2 from line 1	3		1,798.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0,630.
5 I	Net unrealized gains (losses) on investments	5	<75	364.>
6 I	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9 (Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10 I	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,170	0,064.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other" explain in Schedule	<u> </u>		Yes No
	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes ' check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis			x
	Were the organization's financial statements audited by an independent accountant?		2b	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,		
•	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngte Audit		- v
-	Act and OMB Circular A 133?		3a	<u> </u>
	If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000 (00 = 5)
			Form '	990 (2015)

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SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of t	ne organization	DADO TIONS	ECHNDARION		' '	34-6032226		
Part I	Reason for Public (FOUNDATION	amplete this part \ S		54-0032220		
								
	zation is not a private found							
1	A church, convention of chi				1)(A)(I)			
2	A school described in secti							
3 📙	A hospital or a cooperative				•	- 4b le		
4 🗀	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II)							
6	A federal state, or local gov	•	nental unit described in	section 170(b)(1)(A)(v)			
_ =	An organization that normal	-				l public described in		
	section 170(b)(1)(A)(vi) (Co			-	_	•		
8 🗔	A community trust describe		1)(A)(vi) (Complete Par	E1D)				
9 🗀	An organization that normal				ons, membership fees.	and gross receipts from		
•	activities related to its exem							
	Income and unrelated busin							
	See section 509(a)(2) (Cor		(icas acation or ritary ii	0111 20011100000 0004	and by the organization			
10	An organization organized a	•	vely to test for public sa	ifety. See section 5	09(a)(4)			
11	An organization organized a					e numoses of one or		
—	more publicly supported or							
	lines 11a through 11d that	=						
a [_	Type I A supporting orga					ν αινικά		
• _	the supported organization							
	organization You must d			a majority or the dire	octors or traditions or the	oupporting .		
ь	Type II A supporting org			tion with its support	ied organization(s), by h	avino		
	control or management o							
	organization(s) You mus			ame persone that e	ominor or manage are so	pportoc		
c 🗆	Type III functionally inte			in connection with	and functionally integra	ted with.		
	its supported organization	•						
a \square						nization(s)		
4 _	Type III non-functionally integrated: A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness							
	requirement (see instruct							
e [Check this box if the orga					I		
•	functionally integrated, or				71 . 71 . 71			
f Ente	er the number of supported of		,	5				
	vide the following information	-	ed organization(s)					
	i) Name of supported	(n) EIN	(III) Type of organization	(iv) is the organization	(v) Amount of monetary	(vi) Amount of		
	organization		(described on lines 1.9 above (see instructions))	listed in your governing document?	support (see	other support (see		
			adove (see instituctions))	Yes No	nstructions)	instructions)		
	-							
						<u> </u>		
								
Total								
		· · · · · · · · · · · · · · · · · · ·						

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ 532021 09 23 15

Schedule A (Form 990 or 990-EZ) 2015

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

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

Sec	tion A. Public Support					,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013_	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and		ļ				
	membership fees received (Do not						
	include any unusual grants)	13,805.	24,529.	48,466.	26,280.	20,515.	133,595.
2	Tax revenues levied for the organ						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				ŀ		
	furnished by a governmental unit to						
	the organization without charge						
4	Total Add lines 1 through 3	13,805.	24,529.	48,466.	26,280.	20,515.	133,595.
5	The portion of total contributions			ì			
	by each person (other than a			1			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			1			
	column (f)					' '	2,098.
6	Public support Subtract line 5 from line 4				<u> </u>		131,497.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning In) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	13,805.	24,529.	48,466.	26,280.	20,515.	133,595.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties				45 600		1-4 001
	and income from similar sources	6,292.	23,229.	30,570.	45,620.	49,110.	154,821.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other Income Do not include gain			1			
	or loss from the sale of capital				1 010	400	0 140
	assets (Explain in Part VI)	333.	6,288.	312.	1,810.	406.	9,149. 297,565.
11	Total support Add lines 7 through 10						297,363.
12						12	
13	First five years If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	. —
_	organization, check this box and stor	here					
	ction C. Computation of Publ				·		44.19 %
	Public support percentage for 2015 (olumn (f))		14	
	Public support percentage from 2014				44 00 4/00/	15	
16a	33 1/3% support test - 2015 If the c				14 IS 33 1/3% OF II	nore, check this bu	x and ►X
	stop here The organization qualifies				lune 15 to 22 1/20/	Cormore abacktl	
t	33 1/3% support test - 2014 If the				ime to is 33 1/3%	ormore check to	INS DOX
	and stop here. The organization qual				13 160 At 16h	and line 14 is 1004	or more
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fac					ic vi now the organ	Incations
	meets the 'facts and circumstances'	test The organiza	tion qualities as a	publicly supported	organization	170 and line 15 :-	10% 0
ı	10% -facts-and-circumstances tes	t - 2014 If the org	anization did not d	neck a box on line	e io ioa, ioo, or etan hara Evalar	ira, and line to is	1 U 70 UI
	more, and if the organization meets to						▶ □
	organization meets the 'facts and circ						
18	Private foundation If the organization	on ala not check a	oox on line 13, 16	a, 100, 17a, 01 17t			or 990-EZ) 2015
					GCIIC	saule a profitti 330	, J. 555 LL; LV15

Schedule A (Form 990 or 990 EZ) 2015 COLORADO LIONS FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be	elow, please comp	plete Part II)				
Section A. Public Support					1	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	_(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any unusual grants)						
2 Gross receipts from admissions, merchandise sold or services per formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose						
3 Gross receipts from activities that			1			
are not an unrelated trade or bus rness under section 513						
Tax revenues levied for the organ ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities		_				
furnished by a governmental unit to						
the organization without charge]				
6 Total Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons		1				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5 000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			·			
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			_			
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975		l				
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part VI) 13 Total support (Add lines 9 10c 11 and 12)						
14 First five years If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here	Ū			<u> </u>		_
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2015 (I			column (f))		15	%
16 Public support percentage from 2014					16	44.80 %
Section D. Computation of Inves						
17 Investment income percentage for 20					17	
18 Investment income percentage from 2					18	46.46 %
19a 33 1/3% support tests - 2015 If the			on line 14 and line	e 15 is more than		
more than 33 1/3%, check this box a						▶ □
b 33 1/3% support tests - 2014 If the						and
line 18 is not more than 33 1/3%, che						
20 Private foundation If the organization						▶ □
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Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

_	Sections A, D, and E. If you checked 11d of Part I complete Sections A and D. and complete Part V.)			
<u>Sec</u>	tion A. All Supporting Organizations		· · · · · ·	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VIhow the supported organizations are designated If designated by			ĺ
_	class or purpose, describe the designation If historic and continuing relationship, explain	11		 -
2	Did the organization have any supported organization that does not have an IRS determination of status			ĺ
	under section 509(a)(1) or (2)? If 'Yes, 'explain in Part VIhow the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes," answer			
_	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VIwhen and how the	ما		ĺ
	organization made the determination	3b		<u> </u>
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	20		İ
	purposes? If "Yes," explain in Part VIwhat controls the organization put in place to ensure such use	3c		
48	Was any supported organization not organized in the United States ('foreign supported organization'')? If			
	"Yes, 'and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If 'Yes,' describe in Part Vihow the organization had such control and discretion	46		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			ł
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part Vi what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4c		ĺ
F-	purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		
эa	answer (b) and (c) below (if applicable). Also, provide detail in <i>Part Vi</i> , including (i) the names and <i>ElN</i>			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
h	Type I or Type II only Was any added or substituted supported organization part of a class already			
-	designated in the organization's organizing document?	5b	į .	
c	Substitutions only Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
·	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			-
	Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79			
	If "Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a	ļ	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			1
	the supporting organization had an interest? If "Yes," provide detail in Part VI	9b	ļ	<u> </u>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI	9c	 	ļ
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	}	-	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non functionally integrated	-	}	
	supporting organizations)? If "Yes," answer 10b below	10a		—
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	1
	determine whether the organization had excess business holdings)	10b	1	1

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determine whether the organization had excess business holdings)

Pa	t IV Supporting Organizations (continued)			
			Yes	No_
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a_		
b	A family member of a person described in (a) above?	11b_		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes' to a, b, or c, provide detail in Part VI	11c	i]	
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No, ' describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated supervised, or controlled the supporting organization? If 'Yes, 'explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If 'No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	_ 1 _		
Sec	tion D. All Type III Supporting Organizations		, _	
		,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No," explain in Part VI how	•		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ļ.,,	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If 'Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	<u></u>	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	_		
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year see instruction	ns)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions	s/	
2	Activities Test Answer (a) and (b) below		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement	2b	<u> </u>	ļ
3	Parent of Supported Organizations Answer (a) and (b) below			
а	Division of the appropriate and the appropriat	-	-	1
	trustees of each of the supported organizations? Provide details in Part VI	3a	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		L

CLF___1

Recoveries of prior year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Ition B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see			(B) Current Year (optional)
Net short term capital gain Recoveries of prior year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Ition B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see	1 2 3 4 5 5 6 6 7	(A) Prior Year	(optional)
Recoveries of prior year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Ition B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see	2 3 4 5 6 7	(A) Prior Year	
Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see	3 4 5 6 7	(A) Prior Year	(P) Current Voc
Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Ition B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see	3 4 5 6 7	(A) Prior Year	(P) Current Voc
Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see	4 5 6 7	(A) Prior Year	(P) Current Voc
Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see	5 6 7	(A) Prior Year	(P) Current Voc
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) Ition B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see	6 7	(A) Prior Year	(P) Current Voc
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see	7	(A) Prior Year	(P) Current Voc
maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see	7	(A) Prior Year	(P) Current Voc
Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see	7	(A) Prior Year	(P) Current Vess
Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see	-	(A) Prior Year	(D) Current Vee
tion B - Minimum Asset Amount Aggregate fair market value of all non exempt use assets (see		(A) Prior Year	(D) Current Vee
			(b) Current rear
I			
instructions for short tax year or assets held for part of year)			
Average monthly value of securities 1	a		
Average monthly cash balances 11	b		
Fair market value of other non exempt use assets 16	С		
Total (add lines 1a, 1b, and 1c)	d		
Discount claimed for blockage or other	-		
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non exempt use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use Enter 1 1/2% of line 3 (for greater amount,			
	4		
	5		
	6		
	7		
 	8		
tion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	2		<u> </u>
Minimum asset amount for prior year (from Section B line 8, Column A)	3		
Enter greater of line 2 or line 3	4	····	
Income tax imposed in prior year	5		
Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	· · · · · · · · · · · · · · · · · · ·	
Check here if the current year is the organization's first as a non functionally into	egrated	Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)			
Secti	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร			
4	Amounts paid to acquire exempt use assets					
_ 5	Qualified set aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions Add lines 1 through 6					
8	Distributions to attentive supported organizations to which t	the organization is responsiv	e			
	(provide details in Part VI) See instructions					
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount		<u> </u>	ļ		
		(1)	(u)	(111)		
Cont	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015		
Secti	on E - Distribution Allocations (see instructions)		F16-2015	Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6	4,111				
2	Underdistributions, if any for years prior to 2015					
	(reasonable cause required see instructions)					
3	Excess distributions carryover if any, to 2015					
a		· · · · · · · · · · · · · · · · · · ·				
b						
c		41,000	, -, ₁ ,			
d	From 2013					
е	From 2014	<u> </u>	-4	,		
f_	Total of lines 3a through e					
g	Applied to underdistributions of prior years	, , , , , , , , , , , , , , , , , , ,				
h	Applied to 2015 distributable amount	<u> </u>				
1				·,, · · · · · · · · · · · · · · · · · ·		
	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2015 from Section D,					
	line 7 \$					
-	Applied to underdistributions of prior years	· · · · · · · · · · · · · · · · · · ·				
_ b	Applied to 2015 distributable amount					
<u>c</u>	Remainder Subtract lines 4a and 4b from 4	n - n		*************		
5	Remaining underdistributions for years prior to 2015, if					
	any Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions)	ļ				
6	Remaining underdistributions for 2015 Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	Instructions)	<u> </u>				
7	Excess distributions carryover to 2016 Add lines 3j					
	and 4c		 			
8	Breakdown of line 7					
a			Intr	, ,		
b	- (0040	_				
	Excess from 2013	 	19,			
	Excess from 2014					
e	Excess from 2015		<u>. [</u>	. }		

Schedule A (Form 990 or 990-EZ) 2015

					DATION_		<u>84-6032226 Pa</u>
	Part IV, Section A, line 1, Part IV, Sec Section D, lines 5,	lines 1, 2, 3b, 3 tion D, lines 2 a	3c, 4b, 4c, 5a, 6 and 3, Part IV, S	i, 9a, 9b, 9c, 11a ection E, lines 1	i, 11b, and 11c, f c, 2a, 2b, 3a and	Part IV, Section B, line	a or 17b, Part III, line 12, es 1 and 2, Part IV, Section C, rt V, Section B, line 1e, Part V, litional information
	(See instructions)	_					
							
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				_			
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SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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		or Accounts. Complete if the				
	organization answered 'Yes' on Form 990 Part IV, lin		·				
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of 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 advise	d funds				
	are the organization's property subject to the organization's		Yes No				
6	Did the organization inform all grantees, donors, and donor a		sed only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose c	onferring				
	impermissible private benefit?		Yes No				
Par		ganization answered Yes' on Form 990, Pa	art IV, line 7				
1	Purpose(s) of conservation easements held by the organizati						
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histor	rically important land area				
	Protection of natural habitat	Preservation of a certifi	red historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form o	f a conservation easement on the last				
	day of the tax year		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	re				
	listed in the National Register		2d				
3							
	year ▶						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it holds?						
6							
	>						
7	Amount of expenses incurred in monitoring, inspecting hand	dling of violations, and enforcing conservati	on easements during the year				
	> \$						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No				
9	In Part XIII, describe how the organization reports conservati						
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organization's accounting for				
	conservation easements						
Pa	t III Organizations Maintaining Collections o		her Similar Assets.				
	Complete if the organization answered "Yes' on Form						
1a	If the organization elected as permitted under SFAS 116 (AS						
	historical treasures, or other similar assets held for public ex		ce of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descr						
b	If the organization elected, as permitted under SFAS 116 (AS						
	treasures, or other similar assets held for public exhibition le	ducation, or research in furtherance of pub	lic service, provide the following amounts				
	relating to these items						
	(i) Revenue included on Form 990, Part VIII, line 1		S				
	(ii) Assets included in Form 990, Part X		▶ \$				
2	If the organization received or held works of art, historical tre		gain, provide				
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items					
а	Revenue included on Form 990, Part VIII, line 1		> \$				
<u> </u>	Assets included in Form 990, Part X		▶ \$				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990	Schedule D (Form 990) 2015				

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

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Par	t III Organizations Maintaining C	ollections of Ar	t, <u>Hıs</u> t	orical Tre	easures, or	Other	Sımıla	r Asset	S (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that a	re a sign	ificant u	se of its o	collection it	ems
	(check all that apply)									
а	Public exhibition	d	<u> </u>	oan or excl	hange program	s				
b	Scholarly research	e		Other		<u> </u>				
¢	Preservation for future generations									
4	Provide a description of the organization's co	dections and explain	n how th	ey further tl	ne organization	's exemp	t purpos	se in Part	XIII	
5	During the year, did the organization solicit or					sımılar as	ssets		1	
	to be sold to raise funds rather than to be ma								Yes	<u>No</u>
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par	-	ete If the	organizatio	n answered "Yo	es" on Fo	orm 990,	Part IV, I	ine 9, or	
	Is the organization an agent, trustee, custodi		done for		a ar athar assa	to not in	aludod	<u> </u>		
ıa	on Form 990, Part X?	an or other internet	nary for t	:Ontroution	is of other asse	its not int	sidded		Yes	No
h	If "Yes," explain the arrangement in Part XIII:	and complete the fo	llowing t	abla				· ·) ICS	LINO
D	ii res, explain the arangement in Fart Anno	and complete me to	nowing t	able				<u> </u>	Amount	
С	Beginning balance						1c		Minount	
	Additions during the year						1d			
e	Distributions during the year						1e			
1	Ending balance						1f	-		
2a	Did the organization include an amount on Fo	orm 990. Part X. line	21. for e	scrow or ct	ustodial accour	nt liability	?		Yes	□ No
	If "Yes,' explain the arrangement in Part XIII									
Par										
		(a) Current year	(b) P	rior year	(c) Two years I	back (d)	Three ye	ars back	(e) F our ye	ars back
1a	Beginning of year balance									
b	Contributions						_		·—·	
c	Net investment earnings, gains, and losses									
þ	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g										
2	Provide the estimated percentage of the curr	rent year end bal <mark>a</mark> nd	e (line 1	g, column (a	a)) held as					
a	Board designated or quasi endowment		_%							
	Permanent endowment	%								
c	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	it are held a	nd administere	d for the	organiza	ation	Г <u>.</u>	
	by									es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations	stane listed on room	rad an C	ahadula D2					3a(II)	
	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the								55	
D ₂₁	t VI Land, Buildings, and Equipm		Milleilri	ulias						
1 01	Complete if the organization answere		0. Part IV	/. line 11a S	See Form 990. I	Part X. lin	ne 10			
	Description of property	(a) Cost or o			or other		umulate	d T	(d) Book v	/alue
	Coolingtion of property	basis (investr			(other)	• •	ciation			
	Land									
	Buildings									
	Leasehold improvements									
	Equipment .									
	Other		_							
Tota	I Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), <u>line 1</u>	(0c)			>		
								Schedule	D (Form 9	990) 2015

Part VII Investments - Other Securities	<u> </u>			
Complete if the organization answered "Yes" of				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n Cost or end	of year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other		· · · · · · · · · · · · · · · · · · ·		
(A) INVESTMENTS HELD FOR	260 572	END OF VEND	MADZEE	1/3 7 / / / /
(B) OTHERS	369,573.	END-OF-YEAR	MARKET	VALUE
(C) INVESTMENTS - OTHER	1,164,168.	END-OF-YEAR	MADVET	WATHE
(D) SECURITIES	1,104,100.	END-OF-IEAR	PIAKKEI	VALUE
(E)			_ _	
		<u> </u>		
(G)				
(H) Total (Col (b) must equal Form 990, Part X, col (B) line 12)	1,533,741.			17
Part VIII Investments - Program Related.	1/333//411			
_Complete if the organization answered Yes' of	on Form 900 Part IV line:	11c See Form 990 Part X	line 13	
(a) Description of investment	(b) Book value			d of year market value
(1)		··		
(2)			<u> </u>	
(3)				
(4)	-	-		
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col (b) must equal Form 990, Part X, col (B) line 13) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes		11d See Form 990, Part >	(, li <u>ne 15</u>	<u> </u>
(a) [Description			(b) Book value
(2)				<u> </u>
				
(4)				
				
(6)				
(8)				
(9)	15.1			
Total (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.			<u></u>	
Complete if the organization answered "Yes	on Form 990 Part IV line	11e or 11f. See Form 990	Part X. line 25)
(a) December of hability		(b) Book value		······································
		``		
(1) Federal income taxes (2) DUE TO OTHERS - INVESTMEN'	T			
(3) ACCOUNTS	-	369,573.		
(4)		· -		
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Column (b) must equal Form 990, Part X, col (B) line	25)	369,573.		<u></u>
2 Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financ	ıal statements	that reports the
organization's liability for uncertain tax positions under	FIN 48 (ASC 740) Check	here if the text of the foot	no <u>te has been</u>	provided in Part XIII
		_		nedule D (Form 990) 2015

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<u>Sche</u>	dule D (Form 990) 2015
Par	t XI Reconciliation
	Complete if the org
1	Total revenue, gains, and
2	Amounts included on line
а	Net unrealized gains (loss-
b	Donated services and use
С	Recoveries of prior year g
d	Other (Describe in Part XII
e	Add lines 2a through 2d
3	Subtract line 2e from line
4	Amounts included on Fore
а	Investment expenses not
b	Other (Describe in Part XII

COLORADO LIONS FOUNDATION of Revenue per Audited Financial Statements With Revenue per Return ganization answered "Yes" on Form 990, Part IV, line 12a other support per audited financial statements 1 but not on Form 990, Part VIII, line 12 es) on investments e of facilities rants II) m 990. Part VIII line 12, but not on line 1 included on Form 990, Part VIII, line 7b II) c Add lines 4a and 4b Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 1 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities **b** Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

CLF 1

SCHEDULE 1 (Form 990)

Department of the Treasury илеты Аечетов Service

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

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

Open to Public OMB No 1545-0047 2015

Inspection

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

² [Employer identification number 84-6032226 PURCHASE SCHOOL SUPPLIES (h) Purpose of grant or assistance FOR NEEDY CHILDREN X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance the grantees' eligibility for the grants or assistance, and the selection (g) Description of non cash assistance (f) Method of valuation (book, FMV, appraisal, other) 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 II can be duplicated if additional space is needed 5 000 (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 3 Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization POUDRE VALLEY LIONS CLUB or government Fr collins, co 80522 Name of the organization PO BOX 1898 Part Part

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

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015)

SCHEDULE 0

Internal Revenue 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 O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Open to Public Inspection

OMB No 1545 0047

Name of the organization COLORADO LIONS FOUNDATION	Employer identification number 84-6032226
FORM 990, PART VI, SECTION B, LINE 11:	
FORM 990 IS REVIEWED BY PRESIDENT AND TREASURER PRIOR TO	FILING THE RETURN.
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST	
	
	_