# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury

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

Open to Public

		enue Service	y <b>▶</b> 7	The organization may have to u	ise a copy of this re	turn to satis	sfy state rep	orting req	uirements.	Inspection	on
A	For t	he 2009 c	alendar	year, or tax year beginning	March 22	, 2009, a	nd ending	Dece	mber 31	, 20 09	
В	Check i	f applicable:	Please	C Name of organization 9-1-1C	olorado Foundati	on			D Employ	er Identification	number
		s change	use IRS label or	Doing Business As					27	050806	34
		change	print or	Number and street (or P.O. box if ma	ul is not delivered to street	address)	Room/suite		E Telepho	ne number	
	Initial r		type. See	PO Box 621323					( 303 )	948-346	38
_	Temin		Specific Instruc-	City or town, state or country, a	and ZIP + 4					0.00.0	
			tions.	Littleton, CO 80162-1323					G Gross red	eints \$	200.00
		led return tion pending	F Nan	ne and address of principal officer:	Joseph P. Benk	ert		11/22 12:15		for affiliates? Yes	
ш,	Applicat	tion pending	l	ess same as above)	occopiii . Dom				•		
$\overline{}$	Tax-e	xempt status			47(a)(1) or 527			1		ncluded? \(\sum \)Yes list. (see instruction	
				1Colorado.org				7	exemption num	,	n is)
				oration Trust Association C	Other >	L Year	of formation			legal domicile: C	0
	art I							2000		3	
	1			the organization's mission	or most significan	t activities	The Pu	moses of	f the Foun	dation are to	
	) <b>'</b>	(I) raise	funds :	and make grants to suppo	er most significan	of the 9-1	-1 System	In Color	ado, and (	ii) provide	
8	]			on regarding the effective							
튵		.P		An regulating the constant			7.110011101				
Activities & Governance	1	Chack this	hav <b>&gt;</b> [	if the organization discontinued	f its operations or dispu	seed of more	than 25% o	f ite net sec	ate		
ဗိ	2			ng members of the governing			9 11 1201 2370 0	i ila iret ass	3		5
oğ sı	3			•	• • •	•	l line dhi		4		<del>5</del>
itie	4			pendent voting members of					. 5		
븅	5			employees (Part V, line 2a)					6		
₹	<b>D</b>			volunteers (estimate if nec	• • • • • • • • • • • • • • • • • • • •				7a		1
				elated business revenue from			12,		7a 7b		0.00
	- 5	iver unrei	ateu bi	usiness taxable income fron	Troffit 990-1, IIIle	34 <i>.</i>	<u> </u>	Prior Y		Current Yea	0.00
ne								- 101 1	N/A		
	8			nd grants (Part VIII, line 1h)					N/A		00.00
Revenue	9			revenue (Part VIII, line 2g)							0.00
æ	10			me (Part VIII, column (A), lir			• • • -		N/A	· — — — — —	0.00
	11			Part VIII, column (A), lines 5					N/A		0.00
_				dd lines 8 through 11 (must e			: 12 )		N/A		200.00
	13			lar amounts paid (Part IX, c		-	· · }_		N/A		0.00
ø	14	_		or for members (Part IX, co	,			·	N/A		0.00
Expenses	15			mpensation, employee benef	•	(A), lines 5	⊢10)		N/A		0.00
8	I			draising fees (Part IX, columr			00.	2005703050	N/A	Target To the service of the	0.00
a	1		-	expenses (Part IX, column (D							MG.F.A
	1	-		(Part IX, column (A), lines 1			I		N/A		76.00
				Add lines 13-17 (must equal		(A), line 2	25)		N/A		76.00
4 10		Revenue I	ess exp	enses. Subtract line 18 from	line 12	<i>.</i>			N/A		76.00)
9 6	}						Beg	jinning of Co		End of Year	
See	20	Total ass	ets (Par	rt X, line 16)					0.00		14.00
Net Assets or Fund Balances	21			Part X, line 26)					0.00		01.00
				nd balances. Subtract line 2	21 from line 20	<u> </u>	<u> </u>		0.00	(1,88	37.00)
Рa	rt II		ature E								
		and belief	nalties of , it is true	perjury, I declare that I have examine, correct, and complete. Declaration	ied this return, including on of preparer (other the	i accompany in officer) is	ring schedule: based on all	s and staten information	nents, and to of which pres	the best of my kno parer has any know	owledge wledge.
						,		1		•	
Sig			<del></del>	fficer seph P. Benker			<u> </u>		ay 14,	2010	
He	re	Signa	ture of o	micer	,			Date	е '		
			Jo	seph P. Benker	t, ceo						
		Туре	or print n	ame and title			- Lau	· · ·			
		Preparer s				Date	Check self-	[	Preparer's ide (see instruction	ntifying number ns)	
Paid		signature	7				emplo	yed ► 📙	,	.,	
	arer's									<del>_</del>	
	Only	if self-emp						EIN	<u> </u>		
		address, a	and ZIP +					Phone no	<u>),</u> ▶ (	)	
May	/ the	IRS discu	ss this	return with the preparer sho	own above? (see i	<u>nstruction</u>	s) <u></u>		<u></u>	Yes	No

Par	art III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: The Purposes of the Foundation are to (i) raise funds and make grants to support modernization of the 9- in Colorado, and (ii) provide public education regarding the effective use of 9-1-1 and Emergency Notifical Systems.	I-1 System tion
	Systems.	•
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes 🗌 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	Yes 🛭 No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of allocations to others, the total expenses, and revenue, if any, for each program service reported.	xpenses. grants and
4a	(Code: ) (Expenses \$ 475.20 including grants of \$ ) (Revenue \$ In 2009, the 9-1-1Colorado Foundation establishment of a public information website regarding 9-1-1 and its content of the	) Emergency
	Notification Services. Among other things, the site provides a directory of non-emergency numbers for pu	
	agencies (to reduce non-emergency calls to 9-1-1 which tie up 9-1-1 lines and operators) and a central site	
	Colorado residents to register for Emergency Notification Services.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
	***************************************	
	***************************************	
	LOW Control of Control	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )	
4e		

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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_		1
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_		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; 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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes," complete Schedule D, Part VI.			
•	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.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		<b>√</b>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		<u>√</u>
14a	, , , ,	14a		✓_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III.	19		<b>√</b>
<u> 20 </u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		<b>√</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	054		,
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		<b>✓</b>
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26	✓	
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√ √
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>✓</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		<b>√</b>
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		<b>✓</b>
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
<b>h</b>	Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	_3a_		<b>√</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>	-	<b>-</b>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
b	organization solicit any contributions that were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		COMMON INCOME.	,
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<b>**</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C		7c		<b>✓</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>*</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b>√</b>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		O . 244
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12.  Gross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities.			
	Cross receipts, included on Form 350, Fart Viii, line 72, for public 350 of closs facilities			No.
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders   11a			
	areas morne normalization of control of the control			
a	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			

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.

Sec	tion A. Governing Body and Management			
	I.I.	Fig. (c. v.)	Yes	No
ta	Enter the number of voting members of the governing body	1		
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	_2_	<del> </del> -	<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		V
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<del> </del> _	1
6	Does the organization have members or stockholders?	_6_		<u> </u>
7a				,
	of the governing body?	7a	<u> </u>	\ <u>\</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? ,	7b		<b>√</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			استسف
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>V</b>	
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	9a		<b>V</b>
	tion B. Policies (This Section B requests information about policies not required by the Internal Code)	ernai		
nev	enue Code.)		Yes	No
		10a	169	No.
	Does the organization have local chapters, branches, or affillates?	iva		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	100		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	11	1	
	form?	400		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		Was at
	Does the organization have a written conflict of interest policy? If "No," go to line 13	120	· ·	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b	<b>~</b>	
	rise to conflicts?	120		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	1	
12	describe in Schedule O how this is done  Does the organization have a written whistleblower policy?	13		7
13	Does the organization have a written whisheblower policy?	14		<u> </u>
14	Did the process for determining compensation of the following persons include a review and approval by		W 754	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	1	
	Other officers or key employees of the organization	15b	1	
D	• • •			~~~
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		¥16	
100		16a		
	with a taxable entity during the year?			
Þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	W. A. H. (1974)	
Sec	tion C. Disclosure	. 420		
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 (501(c	)/3\e c	nnhA	
10	available for public inspection. Indicate how you make these available. Check all that apply.	)(U)S C	niy)	
	available for public inspection, indicate now you make these available. Check all that apply.  ☑ Own website ☐ Another's website ☑ Upon request			
40		af int-	roct	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or policy, and financial statements available to the public	n inte	i <del>U</del> SL	
20	policy, and financial statements available to the public.	do of	the	
20	State the name, physical address, and telephone number of the person who possesses the books and record organization: ► Joseph P. Benkert, 17400 W. 54th Place, Golden, CO 80403	us of		

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

## 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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co	(B)	any (	Juil		C)	OĢI, C	IN OC	(D)	(E)	(F)
* *		D14	6	•	•	<b></b>				
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and releted organizations
P. Bryan Bassett, Director (Chairperson of Board)	-0-	✓						-0-	-0-	-0-
Roger K. Crosby, Director (Vice Chairperson of Board)	-0-	1						-0-	-0-	-0-
Janice A. Hunt, Director	-0-	1						-0-	-0-	-0-
Michael L. Glaser, Director	-0-	<b>✓</b>						-0-	-0-	-0-
William J. Schueller, Director	-0-	1						-0-	-0-	-0-
Joseph P. Benkert, CEO/Secretary/Treasurer	10			<b>&gt;</b>				-0-	-0-	-0-

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loy	ees	, an	d Hig	hes	t Compensate	d Employees (c	ontinued)
	(A)	(B) Average				C)			(D)	(E)	(F)
	Name and title		ndividual trustee	E Institutional trustee	Officer	Key employee	Highest compensated employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
****											
_ <u>1b</u> 2	Total						boyo)	• · · · ·	-0-	-0-	
2	reportable compensation from the organiza		io inc	250	IISte	au a	ibovej	471	io received inc	ore man \$100,0	OU III
3	Did the organization list any former office employee on line 1a? If "Yes," complete So For any individual listed on line 1a, is the s	chedule J f	or su	ch i	indi	vidu	al .				Yes No
	the organization and related organizations of individual.	greater than	n \$15 .     .	0,0	00?	lf "	Yes,"	con	nplete Schedu	le J for such	4
5	Did any person listed on line 1a receive of services rendered to the organization? If "Y	or accrue (es," comp	comp lete S	ens Sche	atic edul	n fi le J	rom a for su	iny <i>ich</i>	unrelated orga person	anization for	5 🗸
	ction B. Independent Contractors		12.1			_		<del>.</del>			
1	Complete this table for your five highest co compensation from the organization.	mpensated	d inde	per	nde	nt c	ontrac	ctor	s that received	more than \$1	00,000 of
	(A) Name and business addr	res <b>s</b>					_		(B) Description of se	rvices	(C) Compensation
			_			_					
2	Total number of independent contractors (in					to th	nose l	iste	d above) who i	eceived	

Par	t VII	Statement of Re	venue						
	M E					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns		1a	-0-			Barrier and Strain Cons	
Contributions, gifts, grants and other similar amounts		Membership dues		1b	-0-				
S, S	ı			1c	-0-				
ar a		Related organizations		1d	-0-				
S, E		-		1e	-0-				
is is	_	dovernment grants (contributions).							
きぎ	, ,	All other contributions, gifts,		1f	200.00				
重点		and similar amounts not inclu			-0-				
2 2		Noncash contributions include Total. Add lines 1a-1f	ed in lines 1a-	IT: Φ	<b>&gt;</b>	200.00			
	<del>  "</del>	Total. Add lines 1a-11	<u> </u>	<u> </u>	Business Code	200.00			
Program Service Revenue					Dusiness Code		landitie		
Š	2a								<del></del>
č	þ	• • • • • • • • • • • • • • • • • • • •						<u> </u>	<u> </u>
₹.	c							- <u> </u>	
S	d								
Ē	e								
ğ	f	All other program servi	ce revenue						
<u>.</u>	g	Total. Add lines 2a-2f	<u> </u>	<u> </u>	<u></u> . ▶	-0-		Antonia in transfer and the control of the control	
	3	Investment income (inc	ludina divi	dends	s. interest, and				-
	•	other similar amounts)				-0-			
	4	Income from investment of				-0-			
	5	- · · · ·	· · ·		·	-0-			†
	-		(i) Real		(ii) Personal				
		O D	(7	-0-	-0-				
	ba	Gross Rents . ,		-0-	-0-				
	D	Less: rental expenses		-0-	-0-				人名英克勒 化二二烷
	C	Rental income or (loss)  Net rental income or (lo							
	ď	Net rental income or (ic		•		-0-	LEMONTO SE PROPERTO LA	The second secon	entrijskim modulaku <mark>Saaraan J</mark> ares.
	7a	Gross amount from sales of	(i) Securitie	_	(ii) Other				
		assets other than inventory		-0-			Salar de L. William		
	ь	Less: cost or other basis							
		and sales expenses .		-0-	-0-				
	C	Gain or (loss)		-0-	-0-				
	d	Net gain or (loss) , .		٠.	. <u>, .</u> , <b>&gt;</b>	-0-			
<u>e</u>	Ra	Gross income from	fundraisin						Tas Reprose Apple than Texas
Revenue		events (not including \$		٠ ۱					
Š		of contributions reported	on line 1	a).					
_		See Part IV, line 18		ัล	-0-				
Other	b	Less: direct expenses		ь	-0-				
ᅙ	C	Net income or (loss) fro	m tundrais	ina e	vents . >	-0-	·		
				_ [		#23##15 19#J			
	ya	Gross income from game See Pert IV, line 19	ing activitie	s	-0-				
	_	Less: direct expenses.			-0-				
		Net income or (loss) fro				-0-	e turs e s Buseles la cur		
				Г	1103 ,	eressantsbecke		Blancom Res 1877 198 a	HIDDELM SEEDS HIS HIS
ł	10a	Gross sales of inve		- 1	_				
- 1		returns and allowances		8	-0-				
		Less: cost of goods sol			-0-			3.36.5	
J	C	Net income or (loss) from		vento		-0-	Geletter, sale zerenne i v. i. i.e.	El martines de la granda de la company	s. Mass voys and a
		Miscellaneous Reve	nue	$ \bot $	Business Code				
	11a								
	b			[					
ĺ	C								
	đ	All other revenue							
		Total. Add lines 11a-11			•	-0-			
		Total revenue. See inst			_; ; ; ▶ □	200.00			and the second of the second o

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	o not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	-0-								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	-0-								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	- <b>0-</b>								
4	Benefits paid to or for members	-0-								
5	Compensation of current officers, directors, trustees, and key employees	-0-								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-								
7	Other salaries and wages			_						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .  Other employee benefits	-0-								
10	Payroll taxes	-0-								
11	Fees for services (non-employees):									
	Management	-0-								
b	Legal	-0-								
C		-0-			. <u> </u>					
ď		-0-	VACENTES CADARES (VALUES CONT. E	United States of Control States						
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	-0-	475.00							
g		528.00 -0-	475.00	-	53.00					
12	Advertising and promotion ,	109.00		109.00	<u> </u>					
13	Office expenses	-0-		100.00						
14 15	Information technology	-0-								
16	Occupancy	-0-								
17	Travel	-0-	_							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	0-								
19	Conferences, conventions, and meetings .	-0-								
20	Interest	-0-								
21	Payments to affiliates	-0-								
22	Depreciation, depletion, and amortization.	-0- -0-								
23	Insurance									
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)									
а	Credit Card Proc. Fees for Donations	6.00			6.00					
b	IRS Application Fees (Form 1023)	750.00		750.00						
C	Printing: Stationary and Bus. Cards	495.00		495.00						
d	Secretary of State Filing Fees	50.00		50.00						
е	PO Box Fees and Postage	38.00		38.00						
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	1,976.00	475.00	1,442.00	59.00					
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

1	Pa	irt X	Balance Sheet			
2 Savings and temporary cash investments				(A) Beginning of year		(B) End of year
2 Savings and temporary cash investments		1	Cash—non-interest-bearing	<b>-</b> 0-		304.00
3 Pledges and grants receivable, net  4 Accounts receivable, net  5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Receivables from other disqualified persons (as defined under section 4958(c)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  1 b Less: accumulated depreciation  1 Investments—program-related. See Part IV, line 11  1 Investments—program-related. See Part IV, line 11  1 Investments—program-related. See Part IV, line 11  1 Total assets. Add lines 1 through 15 (must equal line 34)  1 Counts payable and accrued expenses  9 Grants payable and accrued expenses  9 Grants payable and accrued expenses  10 Tax-exempt bond liabilities  10 Total flabilities. Add lines 17 through 25  10 Organizations that follow SFAS 117, check here ▶ □  20 Organizations that follow SFAS 117, check here ▶ □  21 Tax-exempt postericed net assets  22 Permanently restricted net assets  23 Total relabilities. Add lines 13 urplus, or land, building, or equipment fund  24 Retained earnings, endowent, accumulated income, or other funds  31 Paid-in or capital surplus, or land, building, or equipment fund  25 Retained earnings, endowent, accumulated income, or other funds  31 Total capital surplus, or land, building, or equipment fund  25 Retained earnings, endowent, accumulated income, or other funds  31 Total capital surplus, or land, building, or equipment fund  26 Retained earnings, endowent, accumulated income, or other funds  31 Total and eassets or fund balances  32 Total relabilities or fund balances  33 Total relations or fund balances  34 Total relations or fund balances  35 Total relations or fund balances  36 Total relations or fund balances  37 Total relations or fund balances  38 Total relatio		2	Savings and temporary cash investments		2	10.00
8 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule L 7 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—other securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part I of Schedule D 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 23 Event mortigages and notes payable to unrelated third parties 24 Unsecured mortes and loans payable to unrelated third parties 25 Other liabilities. Complete Part IV of Schedule D 26 Total liabilities. Complete Part IV		3			3	-0-
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8). Complete Part II of Schedule L.  7 Notes and loans receivable, net		4	Accounts receivable, net	-0-	4	-0-
Schedule L		5	Receivables from current and former officers, directors, trustees, key			
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				<u></u>	5	-0-
7   Notes and loans receivable, net   -0-   7   -0-   -0-   8   -0-   -0-   8   -0-   9   -0-   9   -0-		6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
10a						
10a	ets	7				
10a	155	8	Inventories for sale or use			
tand, Dulldrings, and equipment: cost of voter basis. Complete Part V of Schedule D b Less: accumulated depreciation	4	9	Prepaid expenses and deferred charges	- <b>0-</b>	9	
11   Investments — publicly traded securities   -0-   11   -0-   12   -0-   13   -0-   13   -0-   14   -0-   13   -0-   14   -0-   15   -0-   15   -0-   15   -0-   15   -0-   15   -0-   15   -0-   16   -0-   15   -0-   16   -0-   16   -0-   17   -0-   18   -0-   18   -0-   18   -0-   18   -0-   18   -0-   18   -0-   18   -0-   19   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-   10   -0-			other basis. Complete Part VI of Schedule D			
12   Investments — other securities. See Part IV, line 11   -0- 12   -0- 13   -0- 14   Investments — program-related. See Part IV, line 11   -0- 13   -0- 14   Intangible assets   -0- 14   -0- 15   -0- 16   -0- 15   -0- 16   -0- 17   -0- 18   -0- 18   -0- 18   -0- 18   -0- 18   -0- 18   -0- 18   -0- 19   -		b				
13   Investments — program—related. See Part IV, line 11   -0- 13   -0- 14     14   Intangible assets   -0- 14   -0- 15   -0- 16     15   Other assets. See Part IV, line 11   -0- 15   -0- 16     16   Total assets. Add lines 1 through 15 (must equal line 34)   -0- 16   -0- 16   -0- 16     17   Accounts payable and accrued expenses   -0- 17   2,201.00     18   Grants payable   -0- 18   -0- 19   -0- 19   -0- 19     19   Deferred revenue   -0- 19   -0- 20   -0- 21     20   Tax-exempt bond liabilities   -0- 20   -0- 21   -0- 20     21   Escrow or custodial account liability. Complete Part IV of Schedule D   -0- 21   -0- 20     22   Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   -0- 22   -0- 24     23   Secured mortgages and notes payable to unrelated third parties   -0- 23   -0- 24     24   Unsecured notes and loans payable to unrelated third parties   -0- 24   -0- 25     25   Other liabilities. Add lines 17 through 25   -0- 26   2,201.00     26   Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.     27   Unrestricted net assets   28   29     28   Permanently restricted net assets   29     29   Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.     29   Payables to current and former officers, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D   -0- 22   -0- 24   -0- 25   -0- 26   2,201.00     20   Organizations that follow SFAS 117, check here ▶ □ and complete lines 30 through 34.     20   Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.     21   Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.     22   Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.     30   Organizations that do not follow SFAS 117, check her		11				
14						
15 Other assets. See Part IV, line 11   -0- 15   -0- 16   314.00						
16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses			Intangible assets		$\overline{}$	
17			Other assets. See Part IV, line 11		-	
18 Grants payable	_					
Deferred revenue						·
Tax-exempt bond liabilities		l -			-	
Escrow or custodial account liability. Complete Part IV of Schedule D 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 Ofter liabilities. Complete Part X of Schedule D Ofter liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here Industrial and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Organizations that do not follow SFAS 117, check here Industrial and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here Industrial and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here Industrial and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here Industrial and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here Industrial and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here Industrial and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here Industrial and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here Industrial and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here Industrial and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here Industrial and complete lines 30 through 34.						
Secured mortgages and notes payable to unrelated third parties	z)					
Secured mortgages and notes payable to unrelated third parties	ij.		· · · · · · · · · · · · · · · · · · ·		21	- <b>0-</b> 2013 10 10 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10
Secured mortgages and notes payable to unrelated third parties	Jabili	22	employees, highest compensated employees, and disqualified			
Unsecured notes and loans payable to unrelated third parties  Other liabilities. Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ □ and 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, check here ▶ □ and complete lines 30 through 34.  Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.  Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  33 Total net assets or fund balances	_					
25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 30 Interview Inter						
Total liabilities. Add lines 17 through 25				v		
Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets						
Temporarily restricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances  34 Total net assets or fund balances  27 Total net assets  28 Temporarily restricted net assets  29 Total net assets  29 Total net assets  30 Total net assets  31 Total net assets or fund balances	ses	2.0	Organizations that follow SFAS 117, check here ▶ ☐ and		26	2,201.00
28 Temporarily restricted net assets	a	27			27	
Permanently restricted net assets Organizations that do not follow SFAS 117, 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 net assets or fund balances Total liabilities and net assets/fund balances  29  (1,887.00)	Ba					
Organizations that do not follow SFAS 117, 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 net assets or fund balances Total liabilities and net assets/fund balances  31	힏				_	
30 Capital stock or trust principal, or current funds	or Fur		Organizations that do not follow SFAS 117, check here ▶ □			
Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances  Total liabilities and net assets/fund balances  31  (1,887.00)  32  (1,887.00)  33  34  31  31  32  (1,887.00)	र्छ	30	Capital stock or trust principal, or current funds		30	
Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances  32 (1,887.00) 33 Total net assets or fund balances 34 314.00	SSe	31			31	
33 Total net assets or fund balances	۲	32			32	(1,887.00)
34 Total liabilities and net assets/fund balances	Ž		Total net assets or fund balances		33	
		34	Total liabilities and net assets/fund balances		34	314.00

Pa	rt XI Financial Statements and Reporting						
		_	Yes	No			
1	Accounting method used to prepare the Form 990: 🗹 Cash 🗆 Accrual 🗀 Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓_			
þ	Were the organization's financial statements audited by an independent accountant?	2b		✓_			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		✓			
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.	1					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a consolidated basis, separate basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	3a		✓			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b					

Form **990** (2009)

## 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. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

0508064

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 27 9-1-1Colorado Foundation

Pa	rt I	Reason	n for Public C	harity Status (All o	rganizati	ions mu	st comp	lete this	part.) S	ee instru	ictions.		
The	orga	anization is r	not a private fou	ndation because it is:	(For line	s 1 throu	gh <b>1</b> 1, c	heck only	one box	c.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2				ion 170(b)(1)(A)(ii). (At		-							
3				hospital service organ									
4			medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ili). Enter the ospital'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 government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organiza	tion that normal	ly receives a substanti I(1)(A)(vi). (Complete I	ial part of					-	the general public		
6				d in section 170(b)(1)		Complete	Part II.)						
9		An organiza receipts from support from	tion that normali m activities relat m gross investn	y receives: (1) more the ed to its exempt functionent income and unrent after June 30, 1975.	an 331/3 9 tions—su plated bu	6 of its suubject to siness ta	ipport fro certain e xable in	om contril exceptions come (les	s, and (2) ss section	no more	than 33% % of its		
10 11	= , , , , ,								(a)(2). See section				
		a ☐ Type	_	_				integrate	_	_	Type III-Other		
е		By checking persons oth	this box, I cer	tify that the organization managers and other	tion is no	ot contro	iled direc	ctly or inc	directly b	y one or	more disqualified		
f			ization received	a written determinat	ion from	the IRS	that it is	a Type	l, Type i	, or Type	e III supporting		
g		Since Augus following pe		the organization acce	epted any	gift or c	ontributi	on from a	any of the	Э			
				r indirectly controls, ending body of the sup				th persor	ns descri	bed in (ii) 	Yes No		
		(III) A 35% c	ontrolled entity	erson described in (i) a of a person described	in (i) or		?	· · ·		 	11g(ii) 11g(ii)		
h		Provide the	following inform	ation about the suppo	orted org	anization	(s).						
(A)		of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is the organization in col. (i) listed in you governing document?		ed in your the organ		(vi) is the organization in col (i) organized in the U.S.?		(vil) Amount of support		
					Yes	No	Yes	No	Yes	No			
_							-						
_						Pagas IV a	#117.0 MENZS						
								1					

Par	Support Schedule for Org (Complete only if you check	anizations ( ked the box	Described in on line 5, 7, a	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)( <sup>-</sup>	I)(A)(vi)		
Sec	tion A. Public Support								
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3	generegenaar <b>s</b> me	(029415888994A4-141-4	a sampara a sama a pro-	कार का न्यू निष्टा के प्राप्त है के हैं जान	nak senatulakkanan - wasa			
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.								
Sec	tion B. Total Support								
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	_							
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10 ′	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			records about the con-	CECERY AT HEX METER WAR	類性試験的様々分とことは			
11	Total support. Add lines 7 through 10 .		haracastauranteel.						
12	Gross receipts from related activities, etc.					12_	<del></del>		
13	First five years. If the Form 990 is for to organization, check this box and stop her	re <u>,</u>	<u> </u>						
Sec	tion C. Computation of Public Sur	port Percer	ntage						
14	Public support percentage for 2009 (line 6	3, column (f) di	vided by line 11	, column (f))		14			
15	Public support percentage from 2008 Schedule A, Part II, line 14								
1 <b>6</b> a	a 33% % support test—2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization								
	b 33% % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17a	a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
b 18	10%-facts-and-circumstances test—2008. more, and if the organization meets the "fa organization meets the "facts-and-circumstant private foundation. If the organization did	acts-and-circum nces" test. The	stances" test, ci organization qua	heck this box a lifies as a public	and <b>stop he</b> re. It by supported org	Explain in Part I	V how the		

Sche	dule A (Form 990 or 990-EZ) 2009						Page 3
Pa	t III Support Schedule for Orga				a)(2)		
	(Complete only if you checke	ed the box o	n line 9 of Pa	art I.)	<u>_</u>		
	tion A. Public Support	(-) 0005	(h) 0000	(-) 0007	(4) 0000	(-) 0000	45 T-1-1
Ci	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					\$200.00	\$200.00
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					-0-	-0-
3	Gross receipts from activities that are not an unrelated trade or business under section 513					0-	-0-
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-0-	-0-
5	The value of services or facilities furnished by a governmental unit to the organization without charge					-0-	
6	Total. Add lines 1 through 5 ,					\$200.00	\$200.00
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					\$200.00	\$200.00
ь	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					-0-	-0-
c	Add lines 7a and 7b					\$200.00	\$200.00
8	Public support (Subtract line 7c from				en e	\$11 m	
	line 6.)					4 11 11	
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(=) 2000	/A Total
		(a) 2003	(1) 2000	(0) 2007	(4) 2008	(e) 2009 \$200.00	(f) Total \$200.00
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					-0-	-0-
ь	Unrelated business taxable income (less section 511 taxes) from businesses					-0-	-0-
_	acquired after June 30, 1975					-0-	-0-
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					-0-	-0-
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					-0-	0-
13	Total support. (Add lines 9, 10c, 11,					\$200.00	\$200.00
14	First five years. If the Form 990 is for to organization, check this box and stop I						501(c)(3)
	tion C. Computation of Public Sup						<del></del>
Sec		o 0 ookumo /fi	divided by lin			15	%
Sec	Public support percentage for 2009 (line						
15 16	Public support percentage from 2008 S	chedule A, Pa	rt III, line 15	<del></del>	<u></u>	16	%
15 16 Sec	Public support percentage from 2008 Stion D. Computation of Investmen	chedule A, Pa t Income Pe	rt III, line 15 rcentage				
15 16	Public support percentage from 2008 S	chedule A, Pa t Income Pe (line 10c, colo	rt III, line 15 rcentage umn (f) divided	by line 13, co	lumn (f)) .	16 17 18	% %

17 is not more than 33% %, check this box and stop here. The organization qualifies as a publicly supported organization > 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33/5 %, and line 18 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization >

Schedule A (F	orm 990 or 990-EZ) 2009				Page <b>4</b>
Part IV	Supplemental Information Part II, line 17a or 17b; and	. Complete this I Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions.
			***************************************		
					<b>4</b>
	***************************************				
					·
					***************************************
	*****************				
		***************************************			

#### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

# Transactions With Interested Persons Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Employer identification number

9-1-1Colorado Foundation						2	7		05	0806	4	
Part I Excess Benefit Transactions ( Complete if the organization answe								Part V,	, line	40b.		
									(c) Co	rrected		
1 (a) Name of disqualified person		_		(b) L	Description o	transaction	· 				Yes	No
											1	
									_		-	
							_					
2 Enter the amount of tax imposed on the under section 4958							ng the	ə year 				
3 Enter the amount of tax, if any, on line	2, abo 	ve, reim ———	nbursed by	the orga	nization ———		•		<b>▶</b> \$			
Part II Loans to and/or From Interes  Complete if the organization and			on Form 9	90, Part I\	/, line 26,	or Form 9	990-E	Z, Pai	rt V, I	ine 3	8a.	
(a) Name of interested person and purpose		to or from	(c) Or principal		(d) Balance due		(e) In default?				(g) Written agreement?	
	To	From		ĺ			Yes	No	Yas	No	Yes	No
Joseph P. Benkert: to fund startup costs	~			2,201.16	\$	2,201.16		~	V		V	
							7535 / 44/20	2.00.27.000	\$215	energii silee ni	5.5 w 220-2	
Total		rested		<u>. ► \$</u>	\$	2,201.16	22.00-3	12. 14. 14.				
Complete if the organization and	_			90, Part IV	/, line 27.							
(a) Name of interested person	(b) Relationship between interested person and the organization					(c) Amount and type of assistance						
						<u> </u>						
										<del></del>		
Part IV Business Transactions Involvi						<u> </u>						-
Complete if the organization ans	wered	"Yes" c	n Form 99	90, Part IV	, line 28a	28b, or 2	28c.					
(a) Name of interested person		(b) Relationship between interested person and the organization				scriptio	ription of transaction			(e) Sharing of organization's revenues?		
								_			Yes	No
									_			

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 27 0508064 9-1-1Colorado Foundation Part III, Line 2: The 9-1-1Colorado Foundation was formed in March 2009, but commenced only limited operations prior to receipt of the IRS' determination of its tax-exempt status in February 2010. The Foundation's purposes are to raise funds and make grants for the modernization of the Colorado 9-1-1 System, and provide public education regarding effective use of 9-1-1 and Emergency Notification Services. The Foundation first implemented a program service in December, 2009, consisting of the publication of a its website to provide public information regarding effective use of 9-1-1 and Emergency Notification Services, provide a central location which it will publicize for Colorado residents to register for Emergency Notification Services, and provide a directory of non-emergency numbers for public safety agencies, to avoid 9-1-1 lines and operators being tied up with non-emergency calls. The website includes a facility for donations to the Foundation. Part VI, Line 12c: The Foundation has 5 Directors, and one Officer, the CEO. When the Foundation commences a program or enters Into an agreement for the purchase of goods or services, the CEO reviews the program or transaction for potential conflicts of interest or appearances of impropriety. If there is such potential, the Director brings the matter to the attention of the Board of Directors. Part VI, Line 11A: The Foundation's CEO/Secretary/Treasurer prepared the draft Form 990 with reference to the financial records of the Foundation. The Form 990 and financial records were then reviewed by a CPA retained by the Foundation. The CEO provided a copy of the Form 990 and related schedules to the Directors with a request for any corrections. When no corrections were received, the CEO signed and filed the Form 990, and posted a copy to the Foundation website. Part VI, Line 15a, b: The Foundation does not at this time have any compensated employees. The Foundation has entered into an employment agreement with the Chief Executive Officer, under which the CEO would receive compensation at such time as the Board determines that funds are available to pay the CEO compensation and reimbursement of expenses without interfering with the mission of the Foundation. That agreement includes compensation amounts based upon comparability data available when the agraement was negotiated. The employment agreement also provides that

additional comparability data may be reviewed when available and the CEO's compensation adjusted in accordance with

that data. Such data will be reviewed prior to the time the Foundation commences payment of compensation to the CEO.

Pa		
Ma	OR	-

Name of the organization	Employer identification number
9-1-1Colorado Foundation	27 0508064
Part IV, Line 19: The Foundation's governing documents have been available on the Color	ado Secretary of State's website,
and from the Foundation upon request. Other Foundation documents have been available	upon request from the
Foundation. The Foundation is in the process of making the following documents available	e to the public on its website:
(i) Articles of Incorporation, (ii) Bylaws, (iii) Minutes of Meetings of the Board of Directors	or any subcommittee thereof,
(iv) the Foundation's Form 1023, Application For Recognition Of Exemption Under Section	
Revenue Code, (v) This Form 990, Return of Organization Exempt From Income Tax (the fi	rst filed by the Foundation), and
(vi) the Foundation Conflict of Interest Policy executed by the Directors. The Foundation	s also in the process of
registering with other organizations which provide information regarding public charities	to the public and potential
donors; and some of these organizations make organizational documents such as Forms	1023 and/or Forms 990 available
on their web sites.	
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