

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2013**

Open to Public Inspection

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization 9-1-1 Colorado Foundation  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO Box 621323**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Littleton, CO 80162-1323**

**D** Employer identification number  
**27 0508064**

**E** Telephone number  
**303-948-3468**

**G** Gross receipts \$ **43,019.00**

**F** Name and address of principal officer: **Joseph P. Benkert**  
 (Address same as above.)

**H(a)** Is this a group return for subsidiaries?  Yes  No  
**H(b)** Are all subsidiaries included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.9-1-1Colorado.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2009**

**M** State of legal domicile: **CO**

**H(c)** Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>To (i) raise funds and make grants to support modernization of the 9-1-1 system in Colorado, (ii) provide public education regarding 9-1-1 and Emergency Notification Services ("ENS"), and (iii) generally support 9-1-1 and ENS in Colorado.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>4</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>4</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.00</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.00</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>10,865.00</b>	<b>43,007.00</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.00</b>	<b>0.00</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6.00</b>	<b>12.00</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.00</b>	<b>0.00</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>10,871.00</b>	<b>43,019.00</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>0.00</b>	<b>0.00</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.00</b>	<b>0.00</b>
	<b>16</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>0.00</b>	<b>0.00</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.00</b>	<b>0.00</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>86.00</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>106.00</b>	<b>28,687.00</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>106.00</b>	<b>28,687.00</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>10,765.00</b>	<b>14,332.00</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>11,414.00</b>	<b>25,746.00</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>0.00</b>	<b>0.00</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>11,414.00</b>	<b>25,746.00</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: Joseph P. Benkert, CEO  
 Date: 5-29-14

**Paid Preparer Use Only**  
 Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name ▶: \_\_\_\_\_ Firm's EIN ▶: \_\_\_\_\_  
 Firm's address ▶: \_\_\_\_\_ Phone no.: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

The Foundation's mission is to (i) raise funds and make grants to support modernization of the 9-1-1 system in Colorado, (ii) provide public education regarding effective use of 9-1-1 and Emergency Notification Services ("ENS"), and (iii) generally support 9-1-1 and ENS in Colorado.

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 637.00 including grants of \$ ) (Revenue \$ 359.00)

The Foundation has published and maintains a website to provide public information regarding 9-1-1 and Emergency Notification Services in Colorado. The website also provides links to pages maintained by or on behalf of Colorado 9-1-1 Authorities for individuals to register their wireless and/or VoIP telephone numbers with Emergency Notification Services. The Foundation incurred \$708.00 in web authoring expenses, 10% of which has been allocated to fundraising activities because the website includes a fund-raising appeal and a facility for the public to make credit card donations to the Foundation. Revenues represent public donations received through the website, which are used to meet Program, Administrative and Fundraising Expenses.

4b (Code: ) (Expenses \$ 27,833.00 including grants of \$ ) (Revenue \$ )

During prior periods, the Foundation produced, or had produced, Public Service Announcements which periodically run on Colorado broadcast stations. The Public Service Announcements encourage Colorado residents to use the Foundation website to register their wireless or VoIP telephone numbers with Emergency Notification Services. In 2013, the Foundation contracted with the Colorado Broadcasters Association (CBA) pursuant to its Noncommercial Supporting Announcement (NCSA) program for the production of television and radio commercials promoting registration for ENS, and for broadcast stations throughout Colorado to air the television commercials a total of 1,000 times per month and the radio commercials a total of 4,000 times for month.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 28,470.00

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(e)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	✓	
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 . . . . .		✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .		✓
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 . . . . .		✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		✓
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		✓
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 . . . . .		✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		✓
14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		✓
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		✓
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		✓

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		✓
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	✓
d 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) 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 . . . . .	25b	✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II . . . . .	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27	✓
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	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	✓
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	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	
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	✓
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O . . . . .	38	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Yes No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
3b If "Yes," has it filed a Form 990-T for this year?
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?
4b If "Yes," enter the name of the foreign country:
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?
6b 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).
7a 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?
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
7d If "Yes," indicate the number of Forms 8282 filed during the year
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
9 Sponsoring organizations maintaining donor advised funds.
9a Did the organization make any taxable distributions under section 4966?
9b Did the organization make a distribution to a donor, donor advisor, or related person?
10 Section 501(c)(7) organizations. Enter:
10a Initiation fees and capital contributions included on Part VIII, line 12
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
11 Section 501(c)(12) organizations. Enter:
11a Gross income from members or shareholders
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
13a Is the organization licensed to issue qualified health plans in more than one state?
13b 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
13c Enter the amount of reserves on hand
14a Did the organization receive any payments for indoor tanning services during the tax year?
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	4	
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	4	
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? . . . . .		<input checked="" type="checkbox"/>
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? . . . . .		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
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? . . . . .		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
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 . . . . .		<input checked="" type="checkbox"/>

**Section 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? . . . . .		<input checked="" type="checkbox"/>
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? . . . . .		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy? . . . . .		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy? . . . . .		<input checked="" type="checkbox"/>
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?		
a	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . .		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Joseph P. Benkert, 17400 W. 54th Place, Golden, CO 80403 (303) 948-3468

**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 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dean Nelson, Director (Chairperson of Board of Directors)	4	✓						-0-	-0-	-0-
(2) Roger K. Crosby, Director (Vice Chairperson of Board of Directors)	-0-	✓						-0-	-0-	-0-
(3) P. Bryan Bassett, Director	-0-	✓						-0-	-0-	-0-
(4) Michael L. Glaser, Director	-0-	✓						-0-	-0-	-0-
(5) Joseph P. Benkert, CEO, Sec., Treas.	4			✓				-0-	-0-	-0-
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							-0-	-0-	-0-	
<b>c Total from continuation sheets to Part VII, Section A</b>							-0-	-0-	-0-	
<b>d Total (add lines 1b and 1c)</b>							-0-	-0-	-0-	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		✓
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		✓
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a	0.00				
	b	Membership dues . . . . .	1b	0.00				
	c	Fundraising events . . . . .	1c	0.00				
	d	Related organizations . . . . .	1d	0.00				
	e	Government grants (contributions)	1e	0.00				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	43,007.00				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	<b>Total. Add lines 1a-1f</b> . . . . . ▶		43,007.00				
Program Service Revenue			Business Code					
	2a	-----						
	b	-----						
	c	-----						
	d	-----						
	e	-----						
	f	All other program service revenue .						
g	<b>Total. Add lines 2a-2f</b> . . . . . ▶		0.00					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		12.00				
	4	Income from investment of tax-exempt bond proceeds ▶		0.00				
	5	Royalties . . . . . ▶		0.00				
	6a	Gross rents . . . . .	(i) Real	(ii) Personal				
			0.00	0.00				
			b	Less: rental expenses . . . . .	0.00	0.00		
			c	Rental income or (loss) . . . . .	0.00	0.00		
	d	Net rental income or (loss) . . . . . ▶		0.00				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			0.00	0.00				
			b	Less: cost or other basis and sales expenses . . . . .	0.00	0.00		
			c	Gain or (loss) . . . . .	0.00	0.00		
	d	Net gain or (loss) . . . . . ▶		0.00				
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . a		0.00				
			b	Less: direct expenses . . . . . b	0.00			
			c	Net income or (loss) from fundraising events . . . . . ▶	0.00			
	9a	Gross income from gaming activities. See Part IV, line 19 . . . . . a		0.00				
			b	Less: direct expenses . . . . . b	0.00			
			c	Net income or (loss) from gaming activities . . . . . ▶	0.00			
	10a	Gross sales of inventory, less returns and allowances . . . . . a		0.00				
b			Less: cost of goods sold . . . . . b	0.00				
c			Net income or (loss) from sales of inventory . . . . . ▶	0.00				
Miscellaneous Revenue		Business Code						
11a	-----							
b	-----							
c	-----							
d	All other revenue . . . . .							
e	<b>Total. Add lines 11a-11d</b> . . . . . ▶		0.00					
12	<b>Total revenue. See instructions.</b> . . . . . ▶		43,019.00					

**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).

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

Do not include amounts reported on lines 6b, 7b, 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 United States. See Part IV, line 21	0.00			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0.00			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0.00			
4 Benefits paid to or for members	0.00			
5 Compensation of current officers, directors, trustees, and key employees	0.00			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.00			
7 Other salaries and wages	0.00			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.00			
9 Other employee benefits	0.00			
10 Payroll taxes	0.00			
11 Fees for services (non-employees):				
a Management	0.00			
b Legal	0.00			
c Accounting	0.00			
d Lobbying	0.00			
e Professional fundraising services. See Part IV, line 17	0.00			
f Investment management fees	0.00			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0.00			
12 Advertising and promotion	0.00			
13 Office expenses	131.00		131.00	
14 Information technology	0.00			
15 Royalties	0.00			
16 Occupancy	0.00			
17 Travel	283.00	283.00		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.00			
19 Conferences, conventions, and meetings	0.00			
20 Interest	0.00			
21 Payments to affiliates	0.00			
22 Depreciation, depletion, and amortization	0.00			
23 Insurance	0.00			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Credit Card Processing Fees on Donations	15.00			15.00
b Public Ed. Broadcast Announcements	27,550.00	27,550.00		
c Web Authoring Fees	708.00	637.00		71.00
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	28,887.00	28,470.00	131.00	86.00
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest-bearing . . . . .	109.00	1	330.00	
	2	Savings and temporary cash investments . . . . .	11,305.00	2	25,416.00	
	3	Pledges and grants receivable, net . . . . .	0.00	3	0.00	
	4	Accounts receivable, net . . . . .	0.00	4	0.00	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.00	5	0.00	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.00	6	0.00	
	7	Notes and loans receivable, net . . . . .	0.00	7	0.00	
	8	Inventories for sale or use . . . . .	0.00	8	0.00	
	9	Prepaid expenses and deferred charges . . . . .	0.00	9	0.00	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a 0.00			
	b	Less: accumulated depreciation . . . . .	10b 0.00	10c	0.00	
	11	Investments—publicly traded securities . . . . .	0.00	11	0.00	
	12	Investments—other securities. See Part IV, line 11 . . . . .	0.00	12	0.00	
	13	Investments—program-related. See Part IV, line 11 . . . . .	0.00	13	0.00	
	14	Intangible assets . . . . .	0.00	14	0.00	
	15	Other assets. See Part IV, line 11 . . . . .	0.00	15	0.00	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	11,414.00	16	25,746.00		
Liabilities	17	Accounts payable and accrued expenses . . . . .	0.00	17	0.00	
	18	Grants payable . . . . .	0.00	18	0.00	
	19	Deferred revenue . . . . .	0.00	19	0.00	
	20	Tax-exempt bond liabilities . . . . .	0.00	20	0.00	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.00	21	0.00	
	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 . . . . .	0.00	22	0.00	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	0.00	23	0.00	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .	0.00	24	0.00	
	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 . . . . .	0.00	25	0.00	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	0.00	26	0.00	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets . . . . .		27		
	28	Temporarily restricted net assets . . . . .		28		
	29	Permanently restricted net assets . . . . .		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds . . . . .		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31		
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .	11,414.00	32	25,746.00	
33	<b>Total net assets or fund balances . . . . .</b>	11,414.00	33	25,746.00		
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	11,414.00	34	25,746.00		

**Part 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	43,019.00
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,687.00
3	Revenue less expenses. Subtract line 2 from line 1	3	14,332.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,414.00
5	Net unrealized gains (losses) on investments	5	-0-
6	Donated services and use of facilities	6	-0-
7	Investment expenses	7	-0-
8	Prior period adjustments	8	-0-
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-0-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,748.00

**Part XII Financial Statements and Reporting**

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

- 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?  Yes  No  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  Yes  No  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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?  Yes  No  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a 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?  Yes  No
- 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.

	Yes	No
1		
2a		<input checked="" type="checkbox"/>
2b		<input checked="" type="checkbox"/>
2c		
3a		<input checked="" type="checkbox"/>
3b		

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**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.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

Name of the organization

Employer identification number

9-1-1 Colorado Foundation

27 0508064

**Part III, Item 3: Significant Changes In Programs:**

Previously, the Foundation depended upon broadcast stations voluntarily producing and/or airing Public Service Announcements to provide public education announcements to the public. In 2013, the Foundation obtained donations from Emergency Telephone Authorities in Colorado which it used to produce and air public education announcements on broadcast stations throughout the state of Colorado, under a special program offered to non-profit organizations by the Colorado Broadcasters Association.

**Part VI, Line 11-b, Process for Review of Form 990:**

This Form 990 and related schedules were prepared by Foundation CEO Joseph P. Benkert. Mr. Benkert provided drafts of the completed form and schedules to each Director for review prior to filing.

**Part VI, Line 12-c, Monitoring and Enforcement of Compliance With Conflict of Interest Policy:**

The potential for a Director or Officer to have an actual or apparent conflict of interest regarding the Foundation's existing and proposed programs is routinely discussed in connection with the consideration of Foundation programs and activities by the Board.

**Part VI, Line 15-a, b, Process for Determining Compensation:**

The Foundation does not at this time have any compensated Directors, Officers or employees. The Directors and Officers are providing services to the Foundation as volunteers. However, the Foundation's Articles of Incorporation provide that "Compensation arrangements shall be based on information about compensation paid similarly situated taxable or tax exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations, taking into account the qualifications, experience and responsibilities or services, with a written record made of the information on which the decision was based and its source."

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization: **9-1-1 Colorado Foundation** Employer identification number: **27 0508064**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 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 government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(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 your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part III 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	200.00	1,569.00	1,712.00	10,865.00	43,007.00	57,353.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0.00	0.00	0.00	0.00	0.00	0.00
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0.00	0.00	0.00	0.00	0.00	0.00
4 Total. Add lines 1 through 3 . . . . .	200.00	1,569.00	1,712.00	10,865.00	43,007.00	57,353.00
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						12,451.00
6 Public support. Subtract line 5 from line 4.						44,902.00

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .	200.00	1,569.00	1,712.00	10,865.00	43,007.00	57,353.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0.00	0.00	1.00	6.00	12.00	19.00
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0.00	0.00	0.00	0.00	0.00	0.00
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0.00	0.00	0.00	0.00	0.00	0.00
11 Total support. Add lines 7 through 10 . . . . .						57,372.00
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	0.00
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6</b> Total. Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8</b> Public support (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . .	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a</b> 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . .	<input type="checkbox"/>	
<b>b</b> 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . .	<input type="checkbox"/>	
<b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . .	<input type="checkbox"/>	





**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Name of the organization

Employer identification number

9-1-1 Colorado Foundation

27 0508064

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	El Paso-Teller County E-911 Authority 2350 Airport Road Colorado Springs, CO 80910-3149	\$ 11,887.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Jefferson County Emergency Communications Authority POB 18184 Golden, CO 80402-6003	\$ 10,530.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Douglas County Emergency Telephone Service Authority PO Box 507 Castle Rock, CO 80104-0507	\$ 5,839.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Boulder Regional Emergency Telephone Service Authority 3280 Airport Road Boulder, CO 80301-2226	\$ 5,240.00	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	..... ..... .....	\$.....	.....
	..... ..... .....	\$.....	.....
	..... ..... .....	\$.....	.....
	..... ..... .....	\$.....	.....
	..... ..... .....	\$.....	.....
	..... ..... .....	\$.....	.....
	..... ..... .....	\$.....	.....
	..... ..... .....	\$.....	.....

Name of organization

Employer identification number

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.....	.....	.....	.....
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....		.....	
.....		.....	
.....	.....	.....	.....
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....		.....	
.....		.....	
.....	.....	.....	.....
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....		.....	
.....		.....	
.....	.....	.....	.....
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....		.....	
.....		.....	

**Attachment to Form 990 for 2013  
Explanation Re Form 990 Not Filed By May 15, 2014**

The 9-1-1 Colorado Foundation is an entirely volunteer organization, with no paid employees. The Foundation does not retain accounting support, but rather the CEO who also serves as Treasurer is responsible for preparing the Forms 990. The Foundation has not yet grown to the point where it can retain a CPA to prepare these forms.

The CEO, Joseph P. Benkert, also owns and operates two small businesses. He serves as CEO of the Foundation as a volunteer as his way of "giving back" to the community. In addition, as noted in the Foundation's Form 990, the Foundation made a significant change to one of its programs in 2013. The Foundation solicited donations from Colorado 9-1-1 Authorities which it used to produce public education announcements, and broadcast them on radio and television stations throughout Colorado. This change in the Foundation's program and funding required particular focus and care in the completion of Form 990 and the required schedules (the instructions to Form 990 alone being 99 pages in length), particularly given that Mr. Benkert's experience with the forms and requirements is limited to his preparation of previous Forms 990.

Mr. Benkert anticipated completing and timely filing the forms when the crush of his other obligations overtook him. Having missed the timely filing of Form 990 and of an application for extension of time to file the form, Mr. Benkert completed and reviewed the form, and provided copies to the Foundation Directors for their review, prior to filing. The failure to file the form by May 15 was simply an honest mistake.

---