

**Colorado Ballet** 2011 Exempt Organization Tax Return Public Disclosure Copy



## STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does <u>NOT</u> constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

#### **RECORD RETENTION**

Our policy is to dispose of our copies of tax returns and workpapers, and other tax information that is more than eight years old.

Your responsibility for retention of your own tax records varies, depending upon the type of tax return or other information involved. We suggest that you keep your tax information and supporting documents for a minimum of eight years. We also recommend that you keep all records that pertain to a carryover amount, such as net operating loss carryovers and charitable contribution carryovers as well as capital loss carryovers, until eight years after the carryover has been consumed.

Also, we suggest that you maintain, indefinitely, copies of income tax returns, records supporting your tax basis in your personal, investment, and business assets, and documentation pertaining to gifts that you make. Your copies of the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

## ADDITIONAL TAX RETURN REQUESTS FOR PARTNERSHIPS, S CORPORATIONS, TRUSTS AND ESTATES

In compliance with tax law [Section 6103(3) (10)], if additional copies of a tax return are requested, the requestor must complete a release form before Eide Bailly LLP can fulfill the request (including returns not listed above). In addition, the law states that the duplicate copy shall only include the requestor's personal information. Personal information (including supporting schedules, attachments or lists that include taxpayer identity information) for other partners, shareholders or beneficiaries of the taxpayer entity will be excluded from the duplicate copy. The law regarding personal information disclosure applies to not only tax preparers, but to your tax matters person and others who are responsible for the preparation of the return.



CPAs & BUSINESS ADVISORS

May 14, 2013

Colorado Ballet 1278 Lincoln Street Denver, CO 80203 Attention: Marie Belew Wheatley

Dear Marie:

Enclosed are the original and one copy of the 2011 Exempt Organization return, as follows...

2011 FORM 990

2011 IRS E-FILE SIGNATURE AUTHORIZATION FOR AN EXEMPT ORGANIZATION (FORM 8879-EO)

Please review the return for completeness and accuracy.

In addition, the enclosed CD includes a public disclosure copy of the Form 990. An exempt organization is required to have a copy of its current year Form 990 and two prior year returns available for public inspection. If the return includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return as this information is not open to public inspection. The Pension Protection Act of 2006 also requires Form 990-T to be open for public inspection for organizations exempt under Section 501(c)(3). You should sign this copy of the return and keep it available at your primary office location.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

According to the Colorado Charitable Solicitation Act the state of Colorado requires every charitable organization that solicits contributions, has contributions solicited on its behalf in Colorado, or participates in a charitable sales promotion to register annually with the Secretary of State. Colorado also requires charitable organizations to file a financial report annually. This report must be filed electronically on or before the 15th day of the fifth

calendar month after the close of each fiscal year in which the charitable organization solicited in this state. A copy of the charitable organization s federal Form 990, with all schedules (except Schedule B), must be filed along with the financial report to the Colorado Secretary of State. A failure to comply with the provisions of the Colorado Charitable Solicitations Act will result in remedies or penalties, or both. In addition to any other applicable penalty, the Secretary of State may deny, suspend, or revoke the registration of any charitable organization that makes a false statement or omits material information in any registration. The filing of the registration and financial report is a legal matter and as such is not within the scope of Eide Bailly's accounting and tax practice. Eide Bailly LLP can not, and will not, be responsible for making sure that you have fully complied with Colorado's or other jurisdictions' legal filing requirements. In the past we may have completed one or more of these forms for you in the process of preparing your income tax returns. We have not completed any of these filings for you this year. You will be responsible for completing any current or future required filings. The Colorado Secretary of State has a website where filings can be done on-line. The website is located at: https://www.sos.state.co.us/pubs/charities/charitable.htm. Legal counsel should be contacted if you are unsure of what filing requirements you may have.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Kim Hunwardsen, CPA

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

## FOR THE YEAR ENDING

June 30, 2012

Colorado Ballet 1278 Lincoln Street Denver, CO 80203
Eide Bailly, LLP 5299 DTC Blvd., Suite 1000 Greenwood Village, CO 80111
Not applicable
Not applicable
Not applicable
Not applicable
This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form <b>990</b>
Department of the Treasur Internal Revenue Service

# \*\* PUBLIC DISCLOSURE COPY \*\* **Return of Organization Exempt From Income Tax**

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



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

0044

Ał	or th	e 2011 calendar year, or tax year beginning JUL I, 2011 and	ending L	10N 30, $2012$		
B c	heck if pplicab	e: C Name of organization		D Employer identific	cation number	
	Addre	e COLORADO BALLET				
	Name Chang	Doing Business As		84-6038137		
	Initial return	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite			
	Termi	12/0 HINCOHN SINHHI		303-	837-8888	
	Amen	City or town, state or country, and $\angle IP + 4$		G Gross receipts \$	6,752,543.	
	Applie tion pendi	$\mathbf{DERVER}, \mathbf{CO}  00203$		H(a) Is this a group re		
	pend	F Name and address of principal officer: MARIE BELEW WHEATL	EY	for affiliates?	Yes X No	
		SAME AS C ABOVE		H(b) Are all affiliates incl		
		empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1)	or 🛄 527	If "No," attach a	list. (see instructions)	
		te: WWW.COLORADOBALLET.ORG		H(c) Group exemption		
		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 1961 M	State of legal domicile: CO	
Pa	art I	Summary				
e	1	Briefly describe the organization's mission or most significant activities: PRES	ENTING	CLASSICAL	BALLET &	
Activities & Governance		INNOVATIVE DANCE THAT ENHANCES THE CULTUR				
/err		Check this box 🕨 🛄 if the organization discontinued its operations or dispo				
ğ	3				<u> </u>	
8	4		umber of independent voting members of the governing body (Part VI, line 1b)			
ties		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		<u>202</u> 300		
ţż	6	Total number of volunteers (estimate if necessary)		<u> </u>		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, line 34				
		Contributions and events (Dart )/III line 1b)	-	Prior Year 2,000,576.	Current Year 2,429,449.	
IUe		Contributions and grants (Part VIII, line 1h)		3,905,226.	4,125,993.	
Revenue	9	Program service revenue (Part VIII, line 2g)		<164,682.		
R		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		214,391.	111,743.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,955,511.	6,668,649.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	12,175.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)		3,063,029.	3,236,462.	
Expenses				0.	6,376.	
per	b	Professional fundraising fees (Part IX, column (A), line 11e)	25.		- /	
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,010,286.	3,195,710.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,073,315.	6,450,723.	
		Revenue less expenses. Subtract line 18 from line 12		<117,804.		
or				eginning of Current Year	End of Year	
t Assets ( nd Balanc	20	Total assets (Part X, line 16)		1,088,235.	951,804.	
t Ast d Bé		Total liabilities (Part X, line 26)		1,707,564.	1,353,207.	
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		<619,329.	> <401,403.	
Pa	art 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	Signature of officer		Date
Here		CUTIVE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name Prep	arer's signature	Date Check PTIN
Paid	KIM HUNWARDSEN, CPA KIM	HUNWARDSEN, CPA	05/14/13 <sup>if</sup> self-employed P00484560
Preparer	Firm's name 🖕 EIDE BAILLY, LLP		Firm's EIN 🖕 45-0250958
Use Only	Firm's address 5299 DTC BLVD., SUI	TE 1000	
	GREENWOOD VILLAGE,	CO 80111	Phone no. (303)770-5700
May the II	RS discuss this return with the preparer shown above? (	see instructions)	X Yes No
120001 01 0	10. 10 LUA For Department Peduation Act Nation	a the concrete instructions	Earm <b>990</b> (2011)

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2011) COLORADO BALLET	84-6038137	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	OUR MISSION IS TO PRESENT EXCEPTIONAL QUALITY CLASSICA		
	INNOVATIVE DANCE THROUGH PERFORMANCES, TRAINING AND ED THAT ARE INTEGRAL TO THE CULTURAL LIFE OF OUR COMMUNIT		AMS
	THAT ARE INTEGRAL TO THE COLTORAL LIFE OF OUR COMMONIT	<u>I •</u>	
2	Did the organization undertake any significant program services during the year which were not listed on		
2	the prior Form 990 or 990-EZ?	Yes	XNo
	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 service	s? Yes	XNo
	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	6.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	of grants and allocations to	0
	others, the total expenses, and revenue, if any, for each program service reported.	2 5 2 2	010
4a	(Code:) (Expenses \$ 3,479,914. including grants of \$) (Rev PERFORMANCES: COLORADO BALLET REMAINS COMMITTED TO PR	venue \$ 3,533,	<b>040.</b> )
	HIGHEST QUALITY DANCE. EACH SEASON FEATURES TECHNICAL		G
	CLASSICAL BALLET WITH INNOVATIVE CONTEMPORARY PREMIERS		
	PROFESSIONAL DANCERS COME FROM ALL OVER THE WORLD, INC		
	RUSSIA, ESTONIA, CUBA, CANADA, FRANCE AND THE UNITED S	TATES. THE	
	BALLET COMPANY PERFORMED 55 SHOWS OF 4 DIFFERENT PRODU		
	2011-2012 SEASON OPENED OCTOBER 2011 AND CLOSED APRIL		
		S, 1659 TICKE	TS
	WERE GIVEN FOR THE ARTREACH CHARITY PROGRAM, FOREGOING REVENUE. THE BALLET ALSO PARTICIPATED IN THE 5 BY 5 C		<u>M</u>
	SERVING 1351 INDIVIDUALS DURING THE SEASON, FOREGOING		
	\$44,583 IN PERFORMANCE REVENUE.	AN AVERAGE OF	
4b	(Code: ) (Expenses \$ 718,247. including grants of \$ 12,175.) (Rev	venue \$ 672,	562.)
	EDUCATION AND ACADEMY: COLORADO BALLET ENHANCES THE C		/
	COLORADO THROUGH EDUCATION AND OUTREACH PROGRAMS THAT		
		ONG LEARNERS	-
	COLORADO. THE MISSION IS "EVERY. BODY. DANCE!" THE GO		
	DANCE ACCESSIBLE TO EVERYONE, TO PROMOTE DANCE AND MOV A HEALTHY LIFESTYLE, TO ENCOURAGE CREATIVITY AND EXPRE		
		RADO BALLET'S	
	EDUCATION AND OUTREACH PROGRAMS HAD MORE THAN 60,000 C		
	COMMUNITY DURING THE 2011-2012 SEASON AND ARE CHARITAB		_
	COLORADO BALLET ACADEMY PROVIDES TRAINING TO STUDENTS		
	ADULT, BEGINNER THROUGH PROFESSIONAL, UTILIZING THE FA		
4c	(Code:) (Expenses \$ including grants of \$) (Rev	/enue \$	)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 4,198,161.	,	
132002	2		<b>90</b> (2011)
02-09-	<sup>2</sup> <sub>12</sub> SEE SCHEDULE O FOR CONTINUATION 3	(5)	
	5		

			Yes
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	x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	
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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8	
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 temporarily restricted endowments, permanent		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		
_	as applicable.		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114	- 23
, N	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	
с	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	11c	
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	
f			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		
	Schedule D, Parts XI, XII, and XIII	12a	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	
14a ⊾	Did the organization maintain an office, employees, or agents outside of the United States?	14a	
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	
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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	x
-	Did the eventiantian ware there \$15,000 of events income from coming activities on Dart VIII line 0-0.1 /f "Voo "		

#### Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H 19 20a

<b>2</b> 0a		200
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b

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Form **990** (2011)

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#### COLORADO BALLET Part IV Checklist of Required Schedules

Form	990	(2011)
-		

21	Did the organization report more than \$5,000 of grants and other assistance United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Pa</i>
22	Did the organization report more than \$5,000 of grants and other assistance 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 and former officers, directors, trustees, key employees, and highest compenses <i>Schedule J</i>
24a	Did the organization have a tax-exempt bond issue with an outstanding princ last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answ</i> <i>Schedule K. If</i> " <i>No</i> ", <i>go to line</i> 25
b	Did the organization invest any proceeds of tax-exempt bonds beyond a tem
	Did the organization maintain an escrow account other than a refunding escr any tax-exempt bonds?
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage
	disqualified person during the year? If "Yes," complete Schedule L, Part I
b	Is the organization aware that it engaged in an excess benefit transaction wit

Part IV Checklist of Required Schedules (continued)

Form 990 (2011)

COLORADO BALLET

24c 24d

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25b

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		Yes	No
han \$5,000 of grants and other assistance to any government or organization in the A), line 1? <i>If</i> "Yes," complete Schedule I, Parts I and II	21		x
han \$5,000 of grants and other assistance to individuals in the United States on Part IX, ete Schedule I, Parts I and III	22	x	
to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current tees, key employees, and highest compensated employees? <i>If "Yes," complete</i>			
	23	X	
empt bond issue with an outstanding principal amount of more than \$100,000 as of the ed after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	24a		x
oceeds of tax-exempt bonds beyond a temporary period exception?	24b		

с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease
	any tax-exempt bonds?
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
5a	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

# th 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

26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV
	instructions for applicable filing thresholds, conditions, and exceptions):
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

а	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
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c
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
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete
	Schedule N, Part II
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
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b	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
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
	If "Ves." complete Schedule P. Part V. line 2

	If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
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	28	x	

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	Form
Note. All Form 990 filers are required to complete Schedule O	38
bid the organization complete ochedule o and provide explanations in ochedule o for r art vi, lines i r and ros	

Form 990 (2011)

Form	990 (2011) COLORADO BALLET	84-6038	137	Р	age <b>5</b>
Pa				-	3-
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 37		100	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
U	(gambling) winnings to prize winners?		1c	х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Za	filed for the calendar year ending with or within the year covered by this return	2a 202			
Ь			2b	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returning <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		20		
20		,	20		x
			3a 3b		- 23
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial	account) ?	4a		
D	If "Yes," enter the name of the foreign country:	<u> </u>			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial		_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible?		<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			37	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			<u></u>
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	d the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c	1		
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul		14h		

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 to any guestion in this Part VI ...

X

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5	2		
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	5	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under t					
	of officers, directors, or trustees, or key employees to a management company or other person? $\ldots$			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					v
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue	e Code.)		Vee	Na
10-2	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such			104		
5	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	x	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			114		
12a				12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	x	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?			13		Х
14	Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and approv	val by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	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 arrange	ement w	rith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized	anizatio	ı's			
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CO	T (0 1				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	- I (Sect	on 501(c)(3)s only	) availai	bie	
	for public inspection. Indicate how you made these available. Check all that apply.          X       Own website       Another's website       X       Upon request					
10		onflict	f interact policy -	nd fin-	aniel	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or statements available to the public during the tax year.	JUINICE	or interest policy, a	inu ima	ICIAI	
20	State the name, physical address, and telephone number of the person who possesses the books	and roo	ords of the organi-	ation •		
20	MARK CHASE - 303-837-8888		or the organiz	auon.		
	1278 LINCOLN STREET, DENVER, CO 80203-2114					

• 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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1/		from	from related	other
	(describe hours for	trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			Isated		organization (W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations	truste	al trus		yee	mper				and related
	in Schedule	Individual 1	Institutional trustee	er	Key employee	Highest compensated employee	ler			organizations
	O)	Indiv	Instit	Officer	Key (	High empl	Former			
(1) MERRY LOGAN										
CHAIR	2.00	Х		Х				0.	0.	0.
(2) JEAN ARMSTRONG										
TREASURER	2.00	Х		Х				0.	0.	0.
(3) HOLLY BAROWAY										
SECRETARY	2.00	Х		Х				0.	0.	0.
(4) RAYDEAN ACEVEDO										
ACADEMY CHAIR/TRUSTEE	2.00	Х						0.	0.	0.
(5) JENNIE VIRGILIO										
DEVELOPMENT CHAIR/TRUSTEE	2.00	Х						0.	0.	0.
(6) AIMEE SPORER CAPLIS										
EDUCATION & OUTREACH CO-CHAIR/TRUSTE	2.00	Х						0.	0.	0.
(7) JOANNE POSNER-MAYER										
EDUCATION & OUTREACH CO-CHAIR/TRUSTE	2.00	Х						0.	0.	0.
(8) DON JAKSA										
GOVERNANCE CHAIR/TRUSTEE	2.00	Х						0.	0.	0.
(9) DUKE HARTMAN										
MARKETING & PUBLIC RELATIONS CO-CHAI	2.00	Х						0.	0.	0.
(10) SUSAN BAILEY										
MARKETING & PUBLIC RELATIONS CO-CHAI	2.00	Х						0.	0.	0.
(11) CAMI COOPER										
CBA CO-PRESIDENTS/TRUSTEE	2.00	Х						0.	0.	0.
(12) JOAN LAZZELL										
CBA CO-PRESIDENTS/TRUSTEE	2.00	Х						0.	0.	0.
(13) LISA LEVIN APPEL										
TRUSTEE	1.00	Х						0.	0.	0.
(14) LACEE ARTIST										
TRUSTEE	1.00	Х						0.	0.	0.
(15) BRENT BACKES										
TRUSTEE	1.00	Х						0.	0.	0.
(16) MARY LOU BLACKLEDGE KORTZ										
TRUSTEE	1.00	Х						0.	0.	0.
(17) GLENEEN BRIENZA										
TRUSTEE	1.00	Х						0.	0.	0.
132007 01-23-12		_								Form <b>990</b> (2011)

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Part VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	oyee	s, a	nd l	High	<u>es</u> t	Compensated Employ	ees (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(da			itior			Reportable	Reportable		E۶	stimate	ed
	hours per	box	, unles	ss pe	erson	than is bot	h an		compensatior	1 I	ar	nount	of
	week		cer an	dad	directo	or/trus	stee)	from	from related			other	
	(describe	trustee or director						the	organizations			ipensa	
	hours for	or dir	Ð			ated		organization	(W-2/1099-MIS	C)		rom the	
	related	Istee	truste			bens		(W-2/1099-MISC)			0	anizat	
	organizations in Schedule	ial tru	onal t		loyee	ee com						d relat	
	O)	Individual 1	Institutional trustee	ficer	Key employee	Highest compensated employee	rmer				orga	anizati	ons
(18) SARAH SEMPLE BROWN		드	Ц	5	<u>\$</u>	포동	<u> </u>			-+			
TRUSTEE	1.00	x						0.		ο.			Ο.
(19) JENNIFER E. COLLINS	1.00	<u>^</u>						0.		0.			0.
	1 00	v						0.		^			0
TRUSTEE	1.00	X						0.		0.			0.
(20) CASEY CORTESE	1 00									~			0
TRUSTEE	1.00	X				_		0.		0.			0.
(21) WENDEE N. CROWLEY	1 00							0		~			0
TRUSTEE	1.00	X				_		0.		0.			0.
(22) SANDY ELLIOTT	1 00									~			•
TRUSTEE	1.00	X						0.		0.			0.
(23) STEPHANIE FOOTE	1									~			•
TRUSTEE	1.00	x						0.		0.			0.
(24) NANCY HICKEY													
TRUSTEE	1.00	Х						0.		0.			0.
(25) ANNE M. HILLARY													
TRUSTEE	1.00	Х						0.		0.			0.
(26) AUNA JORNAYVAZ													
TRUSTEE	1.00	Х						0.		0.	·		0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V								273,245.		0.	2	7,6	71.
d Total (add lines 1b and 1c)								273,245.		0.	2	7,6	71.
2 Total number of individuals (including but n						e) wł	no r	eceived more than \$100	,000 of reportable	 }			
compensation from the organization						,							2
												Yes	No
3 Did the organization list any <b>former</b> officer,	director, or tru	uste	e, ke	y er	mplo	ovee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s				-				<b>o</b> ,			3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15											4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com						•		5			5		Х
Section B. Independent Contractors	'												
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	cont	racto	ors	that received more than	\$100.000 of com	pens	ation	from	
the organization. Report compensation for	•	•											
(A)	<i>,</i>							(B)	,		(0	2)	
Name and business	address							Description of s	ervices	С		nsatio	n
ACCENTURE, LLP													
P.O. BOX 70629, CHICAGO,	IL 606'	73						CONSULTING S	ERVICES		40	1,1	30.
		-										,	
2 Total number of independent contractors (i	ncluding but n	iot li	mite	d to	tho	se li	stee	d above) who received n	nore than				
\$100.000 of compensation from the organi	zation 🕨					1							

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COLORADO BALLET

(B) Average hours per week	Individual trustee or director		(C Posif all ti	tion hat		ly)	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
hours per week		neck	all t	hat	app	ly)	compensation from	compensation from related	amount of other
per week						ly)	from	from related	other
week	Individual trustee or director	Institutional trustee	cer	в	employee				
	Individual trustee or director	In stitutional trustee	ber	в	employ				
1.00	Individual trustee or dire	Institutional trustee	cer	e	er		organization	(W-2/1099-MISC)	from the
1.00	Individual trustee o	In stitutional truste	cer	Ð	ted		(W-2/1099-MISC)		organization
1.00	Individual tru	Institutional t	Cer		pensa				and related
1.00	Individ	Institut	er	ploye	t com				organizations
1.00	-	5	₩	Key employee	ighest	Former			
1.00			0	×	Ŧ	ч			
	x						Ο.	Ο.	0.
									•
1.00	x						Ο.	0.	0.
1.00	x						0.	Ο.	Ο.
1.00	X						Ο.	Ο.	Ο.
1.00	Х						0.	0.	0.
1.00	Х						0.	0.	0.
									_
1.00	Х						0.	0.	0.
1.00	X						0.	0.	0.
1									
1.00	X						0.	0.	0.
1 00							0	0	0
1.00	X						0.	0.	0.
1 00							0	0	0
1.00							0.	0.	0.
1 00	v						0	0	0.
1.00							0.	0.	0.
1 00	v						0	0	0.
1.00							0.	• •	0.
1.00	x						0.	0.	0.
1.00							Ŭ•	••	0.
1.00	x						0.	0.	0.
									•••
1.00	x						Ο.	Ο.	0.
1.00	x						Ο.	Ο.	0.
1.00	x						Ο.	Ο.	0.
1.00	Х						Ο.	0.	0.
1.00	Х						0.	0.	0.
	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	1.00 X 1.00 X	1.00 X 1.00 X	1.00 X         1.00 X	1.00 X         1.00 X	1.00 X         1.00 X	1.00       x	1.00 x       0.         1.00 x       0.	1.00 x       0.       0.       0.         1.00 x       0.       0.       0.

COLORADO BALLET

Part VII Section A. Officers, Directors, Tru		nplo	oyee			ligh	est		ees (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(Cl	neck	all t	hat	app	ly)	compensation from	compensation from related	amount of other
	per week					ee		the	organizations	compensation
	Week	ctor				nploy		organization	(W-2/1099-MISC)	from the
		r dire				ted er		(W-2/1099-MISC)		organization
		stee o	rustee			oen sa				and related
		ial tru	o nal t		ployee	comp				organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JOANNE ZBOYAN		=	-	ò	K	Ŧ	ц.			
TRUSTEE	1.00	x						0.	0.	0.
(48) DIANE NOLEN										
HONORARY TRUSTEE	1.00	x						0.	0.	0.
(49) DICK SAUNDERS										
HONORARY TRUSTEE	1.00	x						0.	0.	0.
(50) ANNA BATES										
CHAIRMAN EMERITUS	1.00	x						0.	0.	0.
(51) PAUL MESSINGER										
CHAIRMAN EMERITUS	1.00	X						0.	0.	0.
(52) RUTH SILVER										
CHAIRMAN EMERITUS	1.00	Х						0.	0.	0.
(53) MARIE BELEW WHEATLEY										
EXECUTIVE DIRECTOR	40.00			Х				135,000.	0.	6,609.
(54) GIL BOGGS										
ARTISTIC DIRECTOR	40.00			Х				138,245.	0.	21,062.
Total to Part VII, Section A, line 1c								273,245.		27,671.

Form 990 (	2011)	) COLORAD
Part VII		Statement of Revenue

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			<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f g	Federated campaigns1aMembership dues1bFundraising events1cFundraising events1cGovernment grants (contributions)All other contributions, gifts, grants, and similar amounts not included aboveNoncash contributions included in lines 1a-1f:Total. Add lines 1a-1f	2,429,449.			
Program Service Revenue	b c d e	ACADEMY TUITION 711120 All other program service revenue 711120	3,453,581. 666,798. 5,614.	666,798.		
_	3 4	Investment income (including dividends, interest, and other similar amounts)	4,125,993. 1,464.			1,464.
	b c	Royalties   (i) Real   (ii) Personal     Gross rents   8,444.     Less: rental expenses   0.     Rental income or (loss)   8,444.				
	7 a b	Net rental income or (loss)         Gross amount from sales of assets other than inventory         Less: cost or other basis and sales expenses	8,444.	8,444.		
Other Revenue	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$ 63,990. of contributions reported on line 1c). See Part IV, line 18 a 75,079.				
Other	с 9 а	Less: direct expenses b 43,745. Net income or (loss) from fundraising events b 43,745. Gross income from gaming activities. See Part IV, line 19 a b	31,334.			31,334.
	10 a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory	71,965.	71,965.		
	11 a b c	Miscellaneous Revenue Business Code				
		Total. Add lines 11a-11d	6,668,649.	4,206,402.	0.	32,798.

132009 01-23-12

#### 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).

<u> </u>					
	Check if Schedule O contains a respon	se to any question in thi			<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	12,175.	12,175.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	300,661.	157,262.	143,399.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,377,105.	1,921,057.	304,648.	151,400.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	31,454.	30,508.	946.	
9	Other employee benefits	207,018.	151,541.	51,501.	3,976.
10	Payroll taxes	320,224.	264,837.	38,882.	16,505.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	21,300.		21,300.	
d	Lobbying				
е		6,376.			6,376.
f	Investment management fees				
g	Other	490,341.		459,678.	30,663.
12	Advertising and promotion	325,426.		307,149.	18,277.
13	Office expenses	92,600.	10,270.	81,964.	366.
14	Information technology	78,256.	15.	78,241.	
15	Royalties	210 086	000 505	0.0 4 7 1	
16	Occupancy	318,976.	236,505.	82,471.	
17	Travel	37,708.	35,690.	2,018.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 200		2 1 0 4	105
19	Conferences, conventions, and meetings	3,289. 33,484.		<u> </u>	185.
20	Interest	33,404.		33,404.	
21	Payments to affiliates	82,445.	70,527.	11,918.	
22	Depreciation, depletion, and amortization	15,730.	4,958.	10,772.	
23 24	Insurance Other expenses. Itemize expenses not covered	15,750.	±,550•	10,772.	
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTION EXPENSES	1,215,339.	1,141,334.	19,593.	54,412.
b	EDUCATION PROGRAM EXPEN	317,005.	47,836.	264,169.	5,000.
c	OTHER ACADEMY EXPENSE	76,270.	76,270.		
d	BAD DEBT	37,376.	37,376.		
е	All other expenses	50,165.			50,165.
25	Total functional expenses. Add lines 1 through 24e	6,450,723.	4,198,161.	1,915,237.	337,325.
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 E if following SOP 98-2 (ASC 958-720)				
10001	0.01-23-12				Eorm <b>990</b> (2011)

COLORADO B	ALLET
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Pai	πΧ	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	479,250.	2	337,957.		
	3	Pledges and grants receivable, net			203,248.	3	101,036.
	4	Accounts receivable, net			205.	4	66,818.
	5	Receivables from current and former officers, di				-	-
		employees, and highest compensated employee		· · ·			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as		r i i i i i i i i i i i i i i i i i i i			
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sect		-			
		employees' beneficiary organizations (see instru		-		6	
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventories for sale or use			9,073.	8	22,734.
	9	Prepaid expenses and deferred charges			32,628.	9	2,175.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,358,777.			
	b	Less: accumulated depreciation	10b	1,037,693.	363,831.	10c	321,084.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	100,000.
	16	Total assets. Add lines 1 through 15 (must equa			1,088,235.	16	951,804.
	17	Accounts payable and accrued expenses	295,901.	17	419,604.		
	18	Grants payable				18	
	19	Deferred revenue			310,543.	19	220,979.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Payables to current and former officers, director					
.iab		highest compensated employees, and disqualifi	ed per	sons. Complete Part II			400 000
-		of Schedule L		F	720,000.	22	400,000.
	23	Secured mortgages and notes payable to unrela			381,120.	23	220,446.
	24	Unsecured notes and loans payable to unrelate				24	92,178.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24	). Complete Part X of			
		Schedule D		F	1,707,564.	25	1,353,207.
	26	Total liabilities. Add lines 17 through 25			1,707,504.	26	1,333,207.
		Organizations that follow SFAS 117, check he	ere 🕨	and complete			
ces	07	lines 27 through 29, and lines 33 and 34.			<1,005,014.	07	<682,747.
llan	27	Unrestricted net assets			205,377.		181,344.
Ba	28	Temporarily restricted net assets			180,308.		100,000.
pun	29	Permanently restricted net assets Organizations that do not follow SFAS 117, cl	100,500.	29	100,000.		
Ē			neck n	iere 🕨 🗀 and			
ts o	20	complete lines 30 through 34.				30	
se	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in		F		32	
Nei	32 33	Total net assets or fund balances			<619,329.		<401,403.>
	33 34	Total liabilities and net assets/fund balances			1,088,235.	34	951,804.
	04	Total habilities and het assets/junu balances			2,000,200.		Eorm <b>990</b> (2011)

Form 990 (2011)

Form 990 (			
Part X	Bal	lance	Sheet

Form	1990 (2011) COLORADO BALLET	84-60	038137	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,66		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,45		
3	Revenue less expenses. Subtract line 2 from line 1	3			26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<61	9,3	29.>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<40	1,4	03.>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	•			
	Act and OMB Circular A-133?		3a	L	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.				

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury

# **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.

Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions.							ons.		In	spec	tion			
Nam	Name of the organization Employer ic									identific	atio	n nui	mber	
				O BALLET						8	4-60	381	L37	
Pai	rt I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.					
The c	organ	ization is not a	a private foundation	because it is: (For lines <sup>-</sup>	1 through	11, check	only one b	ox.)						
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(i)						
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3		A hospital or	a cooperative hospi	tal service organization of	described	in <b>section</b>	170(b)(1)	(A)(iii).						
4		A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter t	the hosp	ital's	s nam	ıe,
		city, and stat	e:											
5		An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed in			
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6		A federal, sta	te, or local governm	ent or governmental uni	t describe	d in <b>sectio</b>	n 170(b)( <sup>-</sup>	I)(A)(v).						
7		An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public d	escri	bed i	n
		section 170(	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)										
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9	Х	An organizati	on that normally rec	eives: (1) more than 33 <sup>-</sup>	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	nd gross	rece	eipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (	2) no more	than 33 1	/3% of its	support	from gro	oss ir	nvest	ment
		income and u	Inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after Jur	ne 30	), 197	'5.
		See section	509(a)(2). (Complete	e Part III.)										
10		An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	4).					
11		An organizati	on organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	purpose	es of	one	or
		more publicly	supported organiza	tions described in section	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	2). See <b>sec</b>	tion 509(	<b>a)(3).</b> Ch	eck the I	oox t	hat	
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	n <b>11</b> h.				-			
		a 🛄 Type I	b 🗆	J Type II c	; 📖 Тур	e III - Func	tionally int	egrated		d 📖	J Type I	I - O	ther	
е		By checking	this box, I certify tha	t the organization is not	controllec	l directly o	r indirectly	y by one o	r more dis	qualified	persons	othe	er tha	'n
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section	509(a	a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III					
		supporting or	rganization, check th	nis box										. 📖
g				rganization accepted ar								-		
		(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (	iii) below		_	Yes	No
		the gove	erning body of the su	upported organization?										
				n described in (i) above?										
		(iii) A 35% o	controlled entity of a	person described in (i) of	or (ii) above	ə?					<b>11g</b>	(iii)		
h		Provide the f	ollowing information	about the supported or	ganization	(s).								
				(iii) Type of	<b>a</b>		( ) 511		(11)	the				
(i)		of supported	(ii) EIN	organization		organization sted in your		u notify the ion in col.	(vi) Is organizatio	on in col. I	•		ount o	f
organization		anization		(described on lines 1-9		document?		support?	(i) organiz U.S	ed in the ?		supp	ort	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No				
					165		165		165					

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

Schedule A (Form 990 or 990-EZ) 2011

Total

OMB No. 1545-0047

Open to Public

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#### Schedule A (Form 990 or 990-EZ) 2011

Ochequic	
Part II	Sup

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

Sec	ction A. Public Support		•	-			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)	•		12	
13	First five years. If the Form 990 is for	the organization'				on 501(c)(3)	
	organization, check this box and <b>stop</b>						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2011 (I	ine 6, column (f) c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2011. If the c						is box and
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the c	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, che	ck this box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	•	•	. ,	•		
	more, and if the organization meets th		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						ctions ►

Schedule A (Form 990 or 990-EZ) 2011

# Schedule A (Form 990 or 990 EZ) 2011 COLORADO BALLET

## 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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2472899. 1687184 2123328 2000576. 2429449.10713436. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4313186.22958141. 5043580. 4975252 4353469. 4272654. organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 7516479. 6662436. 6476797. 6273230. 6742635.33671577. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 833,959. 216,102. 923,420. 593,031. 466,862. 3033374. 3 received from disgualified persons **b** Amounts included on lines 2 and 3 received from other than disgualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year n 833,959. 216,102. 923,420. 593,031. 466,862. 3033374. c Add lines 7a and 7b 30638203 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total 7516479 6662436. 6476797. 33671577. 9 Amounts from line 6 6273230. 6742635. **10a** Gross income from interest. dividends, payments received on securities loans, rents, royalties 1,849. 9,908. 7,635. 2,783. 1,911 24,086. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 7,635. 2,783. 1,911. 1,849. 9,908. 24,086. c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 36,040. 12,190. 48,230. assets (Explain in Part IV.) 7524114. 6665219. 6514748. 6287269. 6752543.33743893. **13** Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 90.80 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f) 15 % 90.50 16 Public support percentage from 2010 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .07 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f) 17 % .08 18 Investment income percentage from 2010 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

#### MISCELLANEOUS INCOME

# Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

84-6038137

#### Name of the organization

Schedule B

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

Department of the Treasury Internal Revenue Service

COLORADO BALLET

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

**X** 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.

J 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule E	(Form 990,	990-EZ, or	r 990-PF) (2011)
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Employer identification number

COLORADO BALLET

84-6038137

## Part I Cont

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>568,257</u> .	Person X Payroll (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>111,250.</u>	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$90,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$87,030.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$51,180.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$ <u>50,000.</u>	Person     X       Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2011)
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Part I

Employer identification number

COLORADO BALLET

84-6038137

#### (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 50,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 45,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 9 Х Person Payroll 40,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Х Person Payroll 30,675. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 11 X Person Payroll 30,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 12 X Person Payroll 25,461. Noncash \$

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

is a noncash contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

(Complete Part II if there

Schedule B	(Form 990,	990-EZ, or	r 990-PF) (2011)
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Employer identification number

COLORADO BALLET

84-6038137

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>22,207.</u>	Person X Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$20,450.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B	(Form	990,	990-EZ,	or 990-F	PF) (2011)
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Part I

Employer identification number

COLORADO BALLET

84-6038137

#### Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 20,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 20 X Person Payroll 15,065. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 21 Х Person Payroll 15,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 22 Х Person Payroll 14,922. Noncash X \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 23 X Person Payroll 13,200. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 24 X Person Payroll 11,150. Noncash \$ (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B	(Form 990,	990-EZ, or	r 990-PF) (2011)
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Part I

Employer identification number

COLORADO BALLET

84-6038137

#### **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) NI. 4 **7**ID + 4 Tatal

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
25		\$ <u>11,000.</u>	Person     X       Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
26		\$10,400.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
27		\$10,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
28		\$10,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
29		\$10,196.	PersonXPayrollNoncashX(Complete Part II if thereis a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
30		\$10,115.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B	(Form 990,	990-EZ, or	r 990-PF) (2011)
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Employer identification number

COLORADO BALLET

84-6038137

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$10,100.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ <u>10,100.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$ <u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ <u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$ <u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B	(Form	990,	990-EZ,	or 990-P	F) (2011)
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Part I

Employer identification number

COLORADO BALLET

84-6038137

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$9,600.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$7,960.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)

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

No.

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Schedule E	(Form 990,	990-EZ, or	990-PF)	(2011)
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Employer identification number

COLORADO BALLET

84-6038137

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$7,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$7,100.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$7,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$6,450.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,300.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$6,200.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B	(Form	990,	990-EZ,	or 990-	PF) (2011)	
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Employer identification number

COLORADO BALLET

84-6038137

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 49 X Person Payroll 6,100. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 50 X Person Payroll 5,700. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 51 Х Person Payroll 5,565. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 52 Х Person Payroll 5,439. Noncash X (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 53 X Person Payroll 5,400. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 54 X Person Payroll 5,100. Noncash \$ (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B	(Form 990,	990-EZ, or	r 990-PF) (2011)
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Employer identification number

COLORADO BALLET

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
55		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
56		\$5,000.       Person       X         Payroll       D       D         (Complete Part II if there is a noncash contribution.)       If there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
57		\$5,000.       Person X         Payroll         Noncash         (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) (d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     Type of contribution       \$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
59		\$5,000.       Person X         Payroll         Noncash         (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
60		\$5,000.       Person X         Payroll         Noncash         (Complete Part II if there is a noncash contribution.)

Schedule B	(Form	990,	990-EZ,	or 990-P	F) (2011)
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Part I

Employer identification number

COLORADO BALLET

84-6038137

#### Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 61 X Person Payroll 5,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 62 X Person Payroll 5,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 63 Х Person Payroll 5,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 64 Х Person Payroll 5,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 65 X Person Payroll 5,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 66 X Person Payroll 5,000. Noncash \$ (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	) (2011)
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Part I

Page 2

COLORADO	BALLET

Employer identification number

(d)

(d)

(d)

(d)

(d)

(d)

(Complete Part II if there

X

X

Х

Х

X

84-6038137

#### (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 67 Person Payroll 5,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 68 Person Payroll 5,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) Name, address, and ZIP + 4 Total contributions Type of contribution No. 69 Person Payroll 5,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 70 Person Payroll 5,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 71 Person Payroll 5,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (b) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person

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

is a noncash contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Payroll Noncash

\$

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)
Name of organization

Page 3

Employer identification number

84-6038137

#### COLORADO BALLET

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

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	in in additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	ACCOMODATIONS		
		\$8,200.	12/31/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	FOOD/CATERING ACCOMODATIONS		
		\$ <u>10,707.</u>	11/07/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
22	OFFICE FURNITURE		
		\$7,422.	11/09/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
29	STOCK DONATION		
		\$9,996.	12/23/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
40	TUTUS		
		\$9,600 <b>.</b>	11/09/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
52	STOCK DONATION		
	3-12		<u>12/19/11</u> 90, 990-EZ, or 990-PF) (2011)

Name of org	anization		Employer identification number									
COLORA	ADO BALLET		84-6038137									
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	ividual contributions to section 501(c)() the following line entry. For organizations tc., contributions of <b>\$1,000 or less</b> for th nal space is needed.	(), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter le year. (Enter this information once.) \$									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee									
(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, a	and ZIP + 4	Relationship of transferor to transferee									
(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, a 	and ZIP + 4	Relationship of transferor to transferee									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
Ī	(e) Transfer of gift											
F	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee									

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2011
Open to Public
Inspection

Nam	e of the organization COLORADO BALLET		Employer identification number
Pa		ed Funds or Other Similar Funds of	
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(1) - 1012 - 1012 - 1012
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		t funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ũ	for charitable purposes and not for the benefit of the donor of		•
Pa			
1	Purpose(s) of conservation easements held by the organizati		,
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the tax
	year 🕨		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes th	e organization's accounting for
De	conservation easements.		
Ра	rt III Organizations Maintaining Collections o		ier Similar Assets.
	Complete if the organization answered "Yes" to Form		
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		ce of public service, provide, in Part XIV,
<b>b</b>	the text of the footnote to its financial statements that descri		
b			
	treasures, or other similar assets held for public exhibition, en	uucation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		► ¢
	(i) Revenues included in Form 990, Part VIII, line 1		N
n	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	asures, or other similar assots for financial o	
2			
~	the following amounts required to be reported under SFAS 1 Revenues included in Form 990. Part VIII, line 1		▶ \$
a h	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
			🕨 👻

Schedule D (Form 990) 2011 COLORADO BALLET 84-6038137 Pag								ge <b>2</b>					
Par	t III   Organizations Maintaining C	ollections of Ar	t, Hist	torical Tr	easures, o	or Oth	er Simi	lar Asse	e <b>ts</b> (conti	nued)			
3	Using the organization's acquisition, accessi	on, and other record	s, checł	k any of the	following tha	at are a s	ignifican	t use of its	collectio	n items	•		
	(check all that apply):												
а													
b	Scholarly research	е		Other									
С	5												
4													
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets													
	to be sold to raise funds rather than to be ma							L	Yes		No		
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered	"Yes" to	Form 99	0, Part IV,	line 9, or				
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	s or other as	sets not	include	ł					
	on Form 990, Part X?								Yes		No		
b	If "Yes," explain the arrangement in Part XIV												
									Amount				
с	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year												
f	Ending balance						1f		_				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes		No		
_	If "Yes," explain the arrangement in Part XIV.												
Par	t V Endowment Funds. Complete i												
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year		. ,	years back	(e) Four	years b	ack		
1a	Beginning of year balance	182,437.		181,277.	18	0,308.		180,308.					
b	Contributions												
С	Net investment earnings, gains, and losses	758.		1,160.		1,479.							
d	Grants or scholarships												
е	Other expenditures for facilities	00.405				- 1 0							
	and programs	83,195.				510.							
f	Administrative expenses	100.000		400 405	1.0			100 000					
g	End of year balance	100,000.		182,437.		1,277.		180,308.					
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	l)) held as:								
а	Board designated or quasi-endowment		_%										
b	Permanent endowment  100.00	%											
С	Temporarily restricted endowment	%											
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should												
3a	Are there endowment funds not in the posse	ession of the organiza	ation the	at are held a	nd administe	ered for t	he organ	ization	г				
	by:									Yes	No V		
	(i) unrelated organizations								3a(i)		X X		
	(ii) related organizations								3a(ii)		<u> </u>		
	If "Yes" to 3a(ii), are the related organizations								. 3b				
4	t VI Land, Buildings, and Equipm	<u>u</u>											
Fai			<u> </u>			( ) (			( )				
	Description of property	<b>(a)</b> Cost or of basis (investr		<b>(b)</b> Cost basis (		• •	ccumula <sup>.</sup> preciatio		( <b>d)</b> Bool	< value			
1a	Land												
b	Buildings												
с	Leasehold improvements				2,641.		62,6				0.		
	Equipment				5,602.		233,2			2,36			
	Other			1,01	0,534.		741,8	310.		8,72			
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line 1	0(c).)				32:	1,08	\$4.		
								Schedule	D (Form	990) 2	2011		

(a) Description of security or category (including name of security)	See Form 990, Part X, lii (b) Book value		(c) Method of valua	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
()				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related.		line 10		
(a) Description of investment type	(b) Book value		(c) Method of valua	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part X, lin				
	a) Description			(b) Book value
(1) CASH RESTRICTED TO PERMA		RNT		100,000.
(2)				20070000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) li				100,000.
Part X Other Liabilities. See Form 990, Part 3	X, line 25.			
1. (a) Description of liability		(b) Book value	_	
(1) Federal income taxes			_	
(2)			-	
(3)			-	
(4)			-	
(5)			-	
(6)			-	
(7)			-	
(8)				
(9) (10)				
(11)				
			-	

COLORADO BALLET

Schedule D (Form 990) 2011

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) **2.** FIN 4 132053 01-23-12

Sche	dule D (Form 990) 2011 COLORADO BALLET			84-	6038137 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 t	o Audited	Financial S	tatemen	ts <u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		6,668,649.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		6,450,723.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				217,926.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9	10		217,926.
Par	t XII Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue pe	er Returr	
1	Total revenue, gains, and other support per audited financial statements			1	6,693,573.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	<b>2</b> a			
b	Donated services and use of facilities	<b>2</b> b	37,09	99.	
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	37,099.
3	Subtract line 2e from line 1			3	6,656,474.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	12,17	<sup>7</sup> 5.	
с	Add lines <b>4a</b> and <b>4b</b>			4c	12,175.
5					6,668,649.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stater				
1	Total expenses and losses per audited financial statements			1	6,475,647.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		37,09	<u>.</u>	
b	Prior year adjustments	<b>2</b> b			
С	Other losses				
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	37,099.
3	Subtract line 2e from line 1			3	6,438,548.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		10.15		
b	Other (Describe in Part XIV.)	4b	12,17	<u>'5</u> .	10 185
с	Add lines 4a and 4b			4c	12,175.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	6,450,723.
Pai	t XIV Supplemental Information				

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. **PART V, LINE 4: THE ENDOWMENT WAS ESTABLISHED TO PROVIDE EDUCATIONAL,** 

OUTREACH, SCHOLARSHIP, AND OPERATIONAL FUNDING.

PART	Х,	LINE	2:	THE	BALLI	ET IS	EXEM	PT FR	OM FE	EDERAI	L INCO	ME 1	TAXES	UNDE	R	
SECT	ION	501(	C)(3	3) OI	THE	INTE	RNAL	REVEN	UE CC	DDE, Ç	QUALIF	IES	FOR	THE		
CHAR	ITAE	BLE C	ONTF	RIBUI	TION I	DEDUC'	TION	UNDER	SECI	ION 1	L70(B)	(1)(	(A)(V	/III),	AND	
HAS	BEEN	I CLA	SSI	FIED	AS AI	N ORG	ANIZA	TION	OTHEF	R THAP	N PRIV	ATE	FOUN	IDATIC	N UNI	DER
SECT	ION	509(	A)(2	2). H	IOWEVI	ER, I	NCOME	FROM	ACTI	VITI	ES NOT	DIF	RECTL	Y REI	ATED	то
													Sch	nedule D (	Form 990	) 2011

Part XIV Supplemental Information (continued)

OUR TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS

INCOME. WE HAD NO UNRELATED BUSINESS INCOME DURING THE YEAR ENDED JUNE 30, 2012.

WE PERFORM AN ANNUAL ANALYSIS OF OUR VARIOUS TAX POSITIONS, ASSESSING THE LIKELIHOOD OF THOSE POSITIONS BEING UPHELD UPON EXAMINATION BY RELEVANT TAX AUTHORITIES. WE BELIEVE WE HAVE CONDUCTED OUR OPERATIONS IN ACCORDANCE WITH, AND HAVE PROPERLY MAINTAINED OUR TAX-EXEMPT STATUS, AND HAVE TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. WE ARE NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

\$12,175 - TUITION ASSISTANCE NETTED WITH INCOME ON THE FINANCIALS

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

\$12,175 - TUITION ASSISTANCE NETTED WITH INCOME ON THE FINANCIALS

(Form §	990 or	990-EZ)
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Department of the Treasury	
Internal Revenue Service	

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047
2011
Open To Public

Fundraising Activities. Complete if the organization answered "Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e         b       Internet and email solicitations       f         c       Phone solicitations       g         c       Did the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       g         c       Dhone solicitations       g         c       Dhone solicitations       g         c       Dhone solicitations       g         d       Inperson solicitations       g         2 a Did the organization raise of monetion with professional fundricaking services?       Ves       No         b       If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least 55,000 by the organization.       (ii) Activity       (iii) Activity       (iii) Activity       (iv) Gross receipts for an oro.iv)       (v) Amount paid for retained by organization         (i) Name and address of individual or entity in complexity in complexity       (iv) Gross receipts for an oro.iv)       (vi) Activity       (iv) Gross receipts for an oro	Name of the organization COLORAD	O BALLET					Employer ide	ntification number 137
A is solicitations     B is oblicitation of non-government grants     B is oblicitation of government grants     B is oblicitation     B is oblicitatio     B is oblicitation     B is oblicitation     B is oblicitation	Part I Fundraising Activities	Complete if the organization answ	ered "	∕es" to	o Form 990, Part IV, I	line 1		
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       hundraiser or operation of operatined by organization         Yes       No       Yes       No       Individual or entity (fundraiser)       Individual or entity (fundraiser) <td><ul> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid ind</li> </ul></td> <td>e Solicita f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p ividuals or entities (fundraisers) purs</td> <td>tion of tion of fundra l (inclu- profess</td> <td>non-g gover aising ding o ional f</td> <td>overnment grants nment grants events fficers, directors, true fundraising services?</td> <td>stees</td> <td>Yes</td> <td></td>	<ul> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or key employees listed in Form 990, P</li> <li>b If "Yes," list the ten highest paid ind</li> </ul>	e Solicita f Solicita g Special or oral agreement with any individua art VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra l (inclu- profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
Total	.,	(ii) Activity	have c or cor	ustody ntrol of		to (d	or retained by) fundraiser	to (or retained by)
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration			Yes	No				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration								
	Total	1						
	6	on is registered or licensed to solicit	contrit	oution	s or has been notified	d it is	exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2011

## Schedule G (Form 990 or 990-EZ) 2011 COLORADO BALLET

Pa		<ul> <li>Fundraising Events. Complete if t of fundraising event contributions and g</li> </ul>	he organization answere		IV, line 18, or reported	
			(a) Event #1 BALLETO DI GALA	(b) Event #2 EDUCATION LUNCHEON	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	112,219.	26,850.		139,069.
	2	Less: Charitable contributions	42,620.	. 21,370.		63,990.
	3	Gross income (line 1 minus line 2)	69,599.	5,480.		75,079.
	4	Cash prizes				
ses	5	Noncash prizes				
Expens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	22,871.	10,070.		32,941.
	8	Entertainment	1,872.	,		1,872. 8,932.
	9	Other direct expenses		. 193.		8,932.
	10					( <u>43,745</u> ) 31,334.
Pa	rt		answered "Yes" to Forn	n 990. Part IV. line 19. or n	eported more than	JI, JJ4.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Be	1	Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes %	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		►	( )
	0	Not coming income summary Combine line	1 column d and line 7		•	
	8	Net gaming income summary. Combine line	r, column a, and line r			
	ls t	ter the state(s) in which the organization oper the organization licensed to operate gaming a	ctivities in each of these	states?		Yes No
b	• If "	No," explain:				
		ere any of the organization's gaming licenses			/ear?	Yes No
b	) If "	Yes," explain:				

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

Sch	edule G (Form 990 or 990-EZ) 2011 COLORADO BALLET 84	-6038	3137	Page <b>3</b>
	Does the organization operate gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	
10		···· 1		
	Indicate the percentage of gaming activity operated in:			0.4
	The organization's facility			%
	an outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount			
~	of gaming revenue retained by the third party $\triangleright$ \$			
~	If "Yes," enter name and address of the third party:			
C	in res, entername and address of the third party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	I is the organization required under state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?		Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	۵		
	organization's own exempt activities during the tax year <b>&gt;</b> \$	C		
Da	Int IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(iii) e e el (	ام مربع	David III
Га				
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information of the second sec	ition (see	Instruc	tions).

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.										
Department of the Treasury Internal Revenue Service		Compl	ete if the organizatio	n answered "Yes Attach to For		rt IV, line 21 or 22.		Open to P Inspect			
Name of the organization Employer ide COLORADO BALLET 8											
Part I General Information on Grants and Assistance											
criteria used to a	zation maintain records award the grants or assis IV the organization's pro	stance?			·····				No No		
	d Other Assistance to					anization answered "\	es" to Form 990, Parl	t IV, line 21, for any			
recipient t	hat received more than	\$5,000. Check this	box if no one recipier	t received more th	nan \$5,000. Part I	can be duplicated if a	additional space is nee	eded			
	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	ant		
	per of section 501(c)(3) a										
	per of other organization							Schodulo I (Eorm 90	00) (2011)		

Schedule I (Form 990) (2011)

Schedule I (Form 990) (2011)

COLORADO BALLET

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TUITION ASSISTANCE	42	12,175.	0.		
Part IV Supplemental Information. Complete this part to prov	de the informatio	n required in Part I,	I line 2, and any other	r additional information.	
SCHEDULE I, PART I, LINE 2: SCHOLA	ARSHIPS A	RE AVAILAB	LE TO ACCE	PTED STUDENTS	
IN THE BALLET PROGRAMS AT COLORADO	) BALLET	ACADEMY. S	CHOLARSHIP	AWARDS ARE	
AT THE SOLE DISCRETION OF COLORADO					
ACADEMY YEAR AS WELL AS SINGLE SES	SSIONS. S	CHOLARSHIP	S ARE GOOD	TOWARDS	
TUITION AND MAY OR MAY NOT INCLUDE	E REGISTR	ATION FEES	, BUT DO N	OT INCLUDE	
PRODUCTION, COSTUME, OR AUDITION E	EES. AWA	RDS ARE BA	SED ON THE	OVERALL	
ACADEMY BUDGET FOR ANY YEAR AND CA	N RANGE	FROM PARTI	AL OR FULL	TUITION	
AWARDS. GRANTEES MUST COMPLETE AN	APPLICAT	ION, WHICH	IS REVIEW	ED BY THE	

COLORADO BALLET ACADEMY. RECIPIENTS ARE NOTIFIED OF AWARDS BY EMAIL OR BY

Schedule I (Form 990) 2011         COLORADO         BALLET           Part IV         Supplemental Information	84-6038137 Page 2
LETTER. GRANT FUNDS ARE APPLIED DIRECTLY TO THE STUDENTS'	
ACCOUNTS. THERE IS NO OPPORTUNITY FOR GRANT FUNDS TO BE US	SED FOR OTHER
PURPOSES. SCHOLARSHIP RECIPIENTS ARE EXPECTED TO ABIDE BY	ALL ACADEMY
POLICIES SET FORTH IN THE STUDENT POLICIES. NON-COMPLIANCE	CAN RESULT IN
REVOCATION OF THE SCHOLARSHIP.	

SCH	EDULE J Compensation Information	OMB N	o. 1545-00	047				
	For certain Officers, Directors, Trustees, Key Employees, and Highest							
•	Compensated Employees							
Denartm	Example to form 990, Part IV, line 23.	Open to Public						
Internal F	Revenue Service Attach to Form 990. See separate instructions.		Inspection					
Name	-	Employer identifica		Imber				
Devel	COLORADO BALLET	84-60381	37					
Part	Questions Regarding Compensation			T				
<b>1</b> 0 0	back the appropriate bay(ac) if the organization provided any of the following to ar for a person listed in Form (		Yes	No				
	heck the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 9 art VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	<i>1</i> 90,						
Г Г	First-class or charter travel							
Γ	Travel for companions Payments for business use of personal res							
	Tax indemnification and gross-up payments I Health or social club dues or initiation fees							
Γ	Discretionary spending account							
<b>b</b> If	any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	simbursement or provision of all of the expenses described above? If "No," complete Part III to explain	16	,					
	id the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire							
	ustees, and the CEO/Executive Director, regarding the items checked in line 1a?							
<b>3</b> Ir	dicate which, if any, of the following the filing organization used to establish the compensation of the organizat	tion's						
С	EO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to						
e	stablish compensation of the CEO/Executive Director. Explain in Part III.							
	Compensation committee Written employment contract							
	Independent compensation consultant							
	Form 990 of other organizations	ommittee						
	uring the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing							
	rganization or a related organization:			37				
	eceive a severance payment or change-of-control payment?			X X				
	articipate in, or receive payment from, a supplemental nonqualified retirement plan?		-	X				
	articipate in, or receive payment from, an equity-based compensation arrangement?	4c	:					
lf	"Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
~	where $FO(x)(x)$ and $FO(x)(x)$ examinations much complete lines $F$							
	Inly section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.							
	or persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	ontingent on the revenues of:	5a		x				
α II h Δ	he organization? ny related organization?	56	-	X				
	"Yes" to line 5a or 5b, describe in Part III.							
	or persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	,						
	ontingent on the net earnings of:							
	he organization?	6a		Х				
b A	ny related organization?	6b	-	X				
	"Yes" to line 6a or 6b, describe in Part III.							
	or persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments							
	ot described in lines 5 and 6? If "Yes," describe in Part III			x				
	/ere any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	itial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			X				
	"Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in							
	egulations section 53.4958-6(c)?							
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990)	2011				

Schedule J (Form 990) 2011

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	<b>(C)</b> Retirement and	<b>(D)</b> Nontaxable	<b>(E)</b> Total of columns	<b>(F)</b> Compensation
<b>(A)</b> Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(i)	138,245.	0.	0.	1,382.	19,680.	159,307.	0.
1 GIL BOGGS (ii)		0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
<u>3</u> (ii) (i) (i)							
4 (i) (ii)							
_5(ii)							
(i)							
<u> </u>							
(i)							
(ii)							
8 (i) (ii)							
<u> </u>							
9 (i)							
(i)							
_10 (ii)							
(i)							
<u>11</u> (ii)							
(i)							
(ii)							
(i) 13 (ii)							
<u>13</u> (ii) (i) (i)							
14 (ii)							
(i)							
_15 (ii)							
(i)							
<u>16</u> (ii)							

84-6038137

## SCHEDULE L

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 25a, 25b, 26, 27, 26a, 26b, or

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

Open To Public Inspection

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization							Employe			umber
		BALLET					84-60	3813	7	
			on 501(c)(3) and section							
	nization ans	wered "Yes"	on Form 990, Part IV,	line 25a or 25b, or For	m 990-E	Z, Par	t V, line 40	Db.	1	
1 (a) Name of disc		(b) Description of	of transa	ction			(c) Corr			
	· ·								Yes	No
2 Enter the amount of tax imposes section 4958			managers or disqualifi				▶ \$			
3 Enter the amount of tax, if any										
,,,,	<b>,</b> ,,,	,,								
Part II Loans to and/or	From In	terested I	Persons.							
Complete if the organ	nization ans	wered "Yes"	on Form 990, Part IV,	line 26, or Form 990-E	Z, Part V	/, line 3				
(a) Name of interested person and purpose		to or from nization?	(c) Original principal amount	(d) Balance due	<b>(e)</b> In default?		by bo	proved pard or nittee?	(g) W agreer	
	To Fron				Yes	No	Yes	No	Yes	No
RAYDEAN ACEVEDO -	Х		500,000.	200,000.		Х	Х		X	
RAYDEAN ACEVEDO -	Х		50,000.	50,000.		Х	X		X	
DUKE HARTMAN - GE			100,000.	100,000.		Х	X		X	
MARIE WHEATLEY -	X		50,000.	50,000.		Х	X		X	
							_			
							-			
Total			↓ ▶\$	400,000.						
	ance Be	nefiting li	nterested Person							
Complete if the organ	nization ans	wered "Yes"	on Form 990, Part IV,	line 27.						
(a) Name of interested p	erson			tionship between interested person and the organization			(c) Amount and type of assistance			
				<u> </u>						
								-		
LHA For Paperwork Reduction	Act Notice,	see the Ins	tructions for Form 99	0 or 990-EZ.	S	Schedu	ule L (For	m 990 c	r 990-E2	Z) 2011

SEE PART V FOR CONTINUATIONS

#### Schedule L (Form 990 or 990-EZ) 2011 COLORADO BALLET Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990. Part IV. line 28a. 28b. or 28c.

Complete il the organization answered		111 990, Fait IV	, iii ie z	.0a, 2	00, 01 200.			
(a) Name of interested person		<b>(b)</b> Relationship between interested person and the organization			(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
							Yes	No
SANDRA BROWN	FAMILY	MEMBER	OF	AN	46,266.	EMPLOYMENT		Х
MARK CHASE	FAMILY	MEMBER	OF	А	60,000.	EMPLOYMENT		Х

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

#### SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: RAYDEAN ACEVEDO

## (A) PURPOSE OF LOAN: GENERAL OPERATIONS

#### (A) NAME OF PERSON: RAYDEAN ACEVEDO

#### (A) PURPOSE OF LOAN: GENERAL OPERATIONS

(A) NAME OF PERSON: DUKE HARTMAN

## (A) PURPOSE OF LOAN: GENERAL OPERATIONS

## (A) NAME OF PERSON: MARIE WHEATLEY

## (A) PURPOSE OF LOAN: GENERAL OPERATIONS

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SANDRA BROWN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

## FAMILY MEMBER OF AN OFFICER

(A) NAME OF PERSON: MARK CHASE

#### (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V	Supplemental Information
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Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

FAMILY MEMBER OF A FORMER TRUSTEE

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

Open to Public Inspection Employer identification number

OMB No. 1545-0047

Z

Department of the Treasury Internal Revenue Service

## Name of the organization

# COLORADO BALLET

Pa	rt I Types of Property								
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part VI	ted on	(d) Method of d noncash contrib	etermi	0	:s
1	Art - Works of art				<u>n, mio re</u>				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	6	15,	464.	COST/SELLI	NG E	PRIC	E
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( ACCOMODATIONS )	Х	8		669.				
26	Other ( <b>PRODUCTION SU</b> )	X	2		280.		NG E	PRIC	E
27	Other $\blacktriangleright$ ( <b>FURNITURE AND</b> )	X	4		270.				
28	Other $\blacktriangleright$ ( <b>DONATED TICKE</b> )	X	21	10,	950.	COST/SELLII	NG E	PRIC	Е
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29			0	
								Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, line	es 1-28 t	hat it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be use	d for exe	mpt purposes for			
	the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?						31	X	
32a	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								Ι_
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which colun	nn (a) is c	checked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Forn	n 990) (	(2011)

#### Schedule M (Form 990) (2011) COLORADO BALLET

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

GIFT CERTIFICATES/MEMORABILIA/MISC GIVEAWAYS

(A) CHECK IF APPLICABLE = X

NUMBER OF CONTRIBUTORS = 20 (B)

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4581.

(D) METHOD OF DETERMINING REVENUE: COST/SELLING PRICE

SCH	EDUL	ΕO	
(Form	990 or	990-F7	,

Name of the organization

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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



COLORADO BALLET

Employer identification number 84-6038137

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

METHOD OF BALLET TRAINING. THE ACADEMY HAS HONED THE DANCE SKILLS OF

THOUSANDS OF STUDENTS, AS WELL AS STARTED THE CAREERS OF MANY

PROFESSIONAL DANCERS. THE ACADEMY PROVIDES THE HIGHEST QUALITY DANCE

TRAINING TO ALL STUDENTS IN A PROFESSIONAL ENVIRONMENT AND OFFERS TWO

LOCATIONS - THE CENTRAL ACADEMY IN DOWNTOWN DENVER AND THE SOUTH

ACADEMY IN CENTENNIAL. \$12,175 IN SCHOLARSHIPS WAS GRANTED DURING THE

2011-2012 SEASON.

FORM 990, PART VI, SECTION A, LINE 1: THE ORGANIZATION IS MANAGED BY AN EXECUTIVE COMMITTEE COMPRISED OF THE CHAIRMAN, VICE CHAIRMAN, SECRETARY, TREASURER, COMMITTEE CHAIRS, AND SUCH OTHER TRUSTEES AS MAY BE APPOINTED BY THE CHAIRMAN. THE CHAIRMAN SHALL APPOINT THE OTHER MEMBERS OF THE EXECUTIVE COMMITTEE SUBJECT TO APPROVAL BY RESOLUTION ADOPTED BY THE BOARD EACH MEMBER OF THE EXECUTIVE COMMITTEE SHALL BE A TRUSTEE OF OF TRUSTEES. THE ORGANIZATION. THE EXECUTIVE COMMITTEE, WHEN THE BOARD OF TRUSTEES IS NOT IN SESSION, SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF TRUSTEES EXCEPT TO THE EXTENT, IF ANY, THAT SUCH AUTHORITY SHALL BE LIMITED BY THE RESOLUTION APPOINTING THE EXECUTIVE COMMITTEE AND EXCEPT ALSO THAT THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE AUTHORITY TO AMEND THE ARTICLES OF INCORPORATION, ADOPT A PLAN OF MERGER OR CONSOLIDATION, CONDUCT THE SALE, LEASE, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF THE ORGANIZATION, CAUSE A VOLUNTARY DISSOLUTION OF THE ORGANIZATION OR A REVOCATION THEREOF, OR AMENDING BYLAWS.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization COLORADO BALLET	Employer identification number $84-6038137$
FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMIT	TEE PERFORMS A
DETAILED REVIEW OF THE FORM 990. UPON COMPLETION OF THE	FINANCE
COMMITTEE'S REVIEW, A FINAL DRAFT IS EMAILED TO THE ENTIR	E GOVERNING BODY
FOR FINAL APPROVAL BEFORE FILING.	

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS/TRUSTEES, PRINCIPAL OFFICERS, AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS. EACH DIRECTOR/TRUSTEE, PRINCIPAL OFFICERS, AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT. THE EXECUTIVE COMMITTEE SHALL REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY BY REVIEWING ANNUAL STATEMENTS AND TAKING SUCH OTHER ACTIONS AS ARE NECESSARY FOR EFFECTIVE OVERSIGHT. THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IS REVIEWED BY THE BOARD OF TRUSTEES AND/OR EXECUTIVE COMMITTEE. IF CONFLICTS ARE DETERMINED, THE PERSON WITH THE CONFLICT IS EXCLUDED FROM THE MEETING/DECISIONS AND WILL REFRAIN FROM VOTING ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR AND ARTISTIC DIRECTOR IS CONDUCTED ANNUALLY BY THE BOARD OF TRUSTEES. COMPENSATION LEVELS ARE DETERMINED BASED ON REVIEW OF COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN SIMILARLY SITUATED ORGANIZATIONS AS WELL AS THE INDIVIDUAL'S PERFORMANCE. OTHER EMPLOYEES' COMPENSATION AMOUNTS ARE DETERMINED AT THE DISCRETION OF EITHER THE ARTISTIC DIRECTOR OR THE EXECUTIVE DIRECTORS, OR BOTH IN CONSULTATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS 132212 01-23-12 Schedule O (Form 990 or 990-EZ) (2011)

54

Schedule O (Form 990 or 990-EZ) (2011)	Page <b>2</b>
Name of the organization COLORADO BALLET	Employer identification number 84-6038137
AVAILABLE TO THE PUBLIC UPON REQUEST. ALSO, THE ORGANIZA	
OF ACTIVITIES CAN BE FOUND IN THE ANNUAL REPORT ON THE CO	MPANI 5 WEBSITE.

Page 2 ► X

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

٠	If you are	filing for an	Automatic 3-	Month Extensio	on, complete only Part I (on page 1	).

Par	t II Additional (Not Automatic) 3-Month			al (no c	opies need	ed).		
			· · · ·		-	e instructions		
Type print	or Name of exempt organization or other filer, see ins	Employe	imployer identification number (EIN) or					
File by						X 84-6038137		
due da filing yo return.	<sup>e for</sup> Number, street, and room or suite no. If a P.O. box	, see instruc	tions.	Social se	ocial security number (SSN)			
instruc		a foreign ado	Iress, see instructions.					
Enter	the Return code for the return that this application is for	(file a separa	te application for each return)			01		
Appli	cation	Return	Application			Return		
ls Fo		Code	Is For			Code		
Form	990	01						
Form	990-BL	02	Form 1041-A			08		
Form	990-EZ	01	Form 4720			09		
Form	990-PF	04	Form 5227			10		
Form	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form	990-T (trust other than above)	06	Form 8870			12		
STOP	! Do not complete Part II if you were not already grant	ted an autor	natic 3-month extension on a prev	iously file	d Form 8868	<u> </u>		
	MARK CHASE	~~~~~~		2 011				
	books are in the care of $\blacktriangleright$ 1278 LINCOLN	STREET		3-211	4			
	ephone No.▶ <u>303-837-8888</u>		FAX No. ►					
	ne organization does not have an office or place of busin							
	nis is for a Group Return, enter the organization's four dig							
box		and atta	the names and EINs of	f all memb	ers the extens	ion is for.		
4	I request an additional 3-month extension of time until	4	<u>15, 2013</u> . , 2011, and endin	TITN	20 20	10		
5	For calendar year, or other tax year beginning					<u> </u>		
6	If the tax year entered in line 5 is for less than 12 months	, check reas	on: L Initial return L	Final r	eturn			
-	Change in accounting period							
7	State in detail why you need the extension ADDITIONAL TIME IS REQUIRED		DIICE & COMDI.ETE AN					
	ADDITIONAL TIME 15 REQUIRED	IO PRO	DOCE A COMPLETE AN	D ACC	UKAIE K	EIOKN		
8a	If this application is for Form 990-BL, 990-PF, 990-T, 472	0 or 6069 c	nter the tentative tax less any					
0a	nonrefundable credits. See instructions.	0, 01 0003, 6	the terrative tax, less any	8a	\$	0.		
b	If this application is for Form 990-PF, 990-T, 4720, or 606	9 enter anv	refundable credits and estimated		Ψ			
	tax payments made. Include any prior year overpayment							
	previously with Form 8868.			8b	\$	0.		
с	Balance due. Subtract line 8b from line 8a. Include your	pavment wit	h this form, if required, by using		- <del>-</del>			
	EFTPS (Electronic Federal Tax Payment System). See ins			8c	\$	Ο.		
			st be completed for Part II o	only.	•			
Under	penalties of perjury, I declare that I have examined this form, incl e, correct, and complete, and that I am authorized to prepare this	luding accomp s form	panying schedules and statements, and to	o the best o	f my knowledge	and belief,		
				Data	•			
Signat		- EVECO.	TIVE DIRECTOR	Date				
					⊦orm <b>88</b>	68 (Rev. 1-2012)		