

Return of Organization Exempt from Income Tax

2004

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning, 2004, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

THE COMMUNITY FOUNDATION SERVING BOULDER COUNTY 1123 SPRUCE STREET BOULDER, CO 80302

D Employer Identification Number 84-1171836 E Telephone number (303) 442-0436 F Accounting method: Cash, Accrual, Other

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations. H Is this a group return for affiliates? Yes No

G Web site: WWW.COMMFOUND.ORG

J Organization type (check only one) 501(c) 3 (insert no.)

I Are all affiliates included? Yes No (If 'No,' attach a list. See instructions.)

K Check here if the organization's gross receipts are normally more than \$25,000. The organization need not file a return with the IRS if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12... 7,931,069.

I Group Exemption Number... M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time – Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THE COMMUNITY FOUNDATION SERVING BOULDER COUNTY	84-1171836
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	1123 SPRUCE STREET	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	BOULDER, CO 80302	

Check type of return to be filed (file a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of. ► THE COMMUNITY FOUNDATION -----

Telephone No. ► (303) 442-0236 FAX No. ► _____

- If the organization does **not** have an office or place of business in the United States, check this box.
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box. . If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 8/15, 20 05, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 04 or
- tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0.

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) Stmt 15 (cash \$ 4011766. non-cash \$)	22	4,011,766.	4,011,766.		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25	73,500.	7,350.	33,075.	33,075.
26 Other salaries and wages	26	255,200.	65,352.	113,699.	76,149.
27 Pension plan contributions	27				
28 Other employee benefits	28	34,233.	7,572.	15,286.	11,375.
29 Payroll taxes	29	27,173.	6,010.	12,134.	9,029.
30 Professional fundraising fees	30				
31 Accounting fees	31	7,500.		3,750.	3,750.
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35	9,960.	2,490.	4,980.	2,490.
36 Occupancy	36	43,825.	9,693.	19,569.	14,563.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	16,416.	4,104.	8,208.	4,104.
39 Travel	39	5,874.	1,939.	1,997.	1,938.
40 Conferences, conventions, and meetings	40	5,285.	1,744.	1,797.	1,744.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	15,184.	3,358.	6,780.	5,046.
43 Other expenses not covered above (itemize):					
a ADVERTISING AND WEBSITE	43a	15,863.	6,888.		8,975.
b AWARDS AND BANQUETS	43b	44,231.	17,495.		26,736.
c CONSULTANT AND CONTRACT	43c	13,776.	1,810.	7,208.	4,758.
d OFFICE EXPENSES	43d	38,957.	8,616.	17,395.	12,946.
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	4,618,743.	4,156,187.	245,878.	216,678.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 3**
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 4	(Grants and allocations \$ 4,011,766.)	4,156,187.
b	(Grants and allocations \$)	
c	(Grants and allocations \$)	
d	(Grants and allocations \$)	
e Other program services	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		4,156,187.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
ASSETS	45 Cash — non-interest-bearing		45
	46 Savings and temporary cash investments	4,095,613.	46 3,910,663.
	47a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48a Pledges receivable	48a 1,276,616.	
	b Less: allowance for doubtful accounts	48b	48c 1,276,616.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51a Other notes & loans receivable (attach sch) . . . SEE . ST . 5 . . .	51a 800,000.	
	b Less: allowance for doubtful accounts	51b	51c 800,000.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	5,989.	53 9,681.
	54 Investments — securities (attach schedule)		54
	55a Investments — land, buildings, & equipment: basis	55a	
b Less: accumulated depreciation (attach schedule)	55b	55c	
56 Investments — other (attach schedule)	SEE STMT . 6 . . .	17,822,777.	56 21,155,467.
57a Land, buildings, and equipment: basis	57a 64,062.		
b Less: accumulated depreciation (attach schedule) . . . STATEMENT . 7 . . .	57b 43,008.	34,608.	57c 21,054.
58 Other assets (describe ► SEE STATEMENT 8)		2,394.	58 2,394.
59 Total assets (add lines 45 through 58) (must equal line 74)		23,641,662.	59 27,175,875.
LIABILITIES	60 Accounts payable and accrued expenses	90,111.	60 1,459.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe ► SEE STATEMENT 9)		95,580.
66 Total liabilities (add lines 60 through 65)		185,691.	66 95,906.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	21,675,826.	67 27,079,969.
	68 Temporarily restricted	1,780,145.	68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		23,455,971.	73 27,079,969.
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		23,641,662.	74 27,175,875.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements.....	a	8,037,351.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 312,809.		
(2)	Donated services and use of facilities \$ 181,451.		
(3)	Recoveries of prior year grants		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4).....	b	494,260.
c	Line a minus line b	c	7,543,091.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990..... \$		
(2)	Other (specify):		
	SEE STM 10 \$ 386,841.		
	Add amounts on lines (1) and (2)...	d	386,841.
e	Total revenue per line 12, Form 990 (line c plus line d).....	e	7,929,932.

a	Total expenses and losses per audited financial statements.....	a	4,775,238.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities..... \$ 181,451.		
(2)	Prior year adjustments reported on line 20, Form 990..... \$		
(3)	Losses reported on line 20, Form 990..... \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4).....	b	181,451.
c	Line a minus line b	c	4,593,787.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990..... \$		
(2)	Other (specify):		
	SEE STMT 11 \$ 24,956.		
	Add amounts on lines (1) and (2)...	d	24,956.
e	Total expenses per line 17, Form 990 (line c plus line d).....	e	4,618,743.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 12				
		73,500.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.....		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.....		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?.....		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?.....	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.....		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?.....		X
	b If 'Yes,' enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions.	81a	0.
81b	Did the organization file Form 1120-POL for this year?.....		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?.....	X	
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.).....	82b	181,451.
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?.....	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.....	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?.....	85a	N/A
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?.....	85b	N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members.....	85c	N/A
	d Section 162(e) lobbying and political expenditures.....	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e).....	85f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....	85g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?.....	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.....	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities.....	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....	87a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.).....	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.....	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.....	89b	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.....		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization.....		0.
90a	List the states with which a copy of this return is filed ▶ <u>NONE</u>		
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.).....	90b	11
91	The books are in care of ▶ <u>THE COMMUNITY FOUNDATION</u> Telephone number ▶ <u>(303) 442-0236</u> Located at ▶ <u>1123 SPRUCE STREET, BOULDER, CO</u> ZIP + 4 ▶ <u>80302</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here.....		N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year.....	92	N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue: a VARIOUS PROGRAMS					24,383.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.					
96 Dividends & interest from securities			14	637,875.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income			14	71,661.	
100 Gain or (loss) from sales of assets other than inventory			18	546,197.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				1,255,733.	24,383.
105 Total (add line 104, columns (B), (D), and (E))					1,280,116.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	REGISTRATION AND EVENTS - REPRESENTS REVENUE FROM VARIETY OF SPECIFIC PROGRAMS, INCLUDING TECHNICAL ASSISTANCE AND TRAINING DEVELOPED TO STRENGTHEN THE INTERNAL CAPACITY OF NOT-FOR-PROFIT AGENCIES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

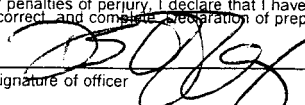
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).


Please Sign Here

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.

Signature of officer:  Date: 8/15/05

DEBBIE GAFFNEY, CFO
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature:  Date: 8/15/05

Check if self-employed: Preparer's SSN or PTIN (See General instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: JOHNSON KIGHTLINGER GRAHAM & CO., 2300 BROADWAY, BOULDER, CO 80304-4145

EIN: N/A

Phone no.: (303) 449-3830

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

2004

Name of the organization	THE COMMUNITY FOUNDATION SERVING BOULDER COUNTY	Employer identification number 84-1171836
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
DEBBIE GAFFNEY ----- 1123 SPRUCE ST., BOULDER, CO 80302	CFO 40	 60,375.	 0.	 0.

Total number of other employees paid over \$50,000.....▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services.....▶	0	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	X	
b Do you have a section 403(b) annuity plan for your employees?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

