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Rejected Electronic Return - 11/16/09

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization: THE CATHOLIC FOUNDATION - NO. COLORAD
Doing Business As: THE CATHOLIC FOUNDATION
Number and street (or P O box if mail is not delivered to street address): 3801 EAST FLORIDA AVENUE — Room/suite: 725
City or town, state or country, and ZIP + 4: DENVER, CO 80210

D Employer identification number: 84-1481641
E Telephone number: (303) 468-9885
G Gross receipts $ 46,519,252.

F Name and address of principal officer: GERALD J. LABER
3801 EAST FLORIDA AVE STE 725 DENVER, CO 80210

H(a) Is this a group return for affiliates? Yes [ ] No [X]
H(b) Are all affiliates included? Yes [ ] No [ ]
If 'No ' attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.THECATHOLICFOUNDATION.COM

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1998 **M** State of legal domicile CO

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE CATHOLIC FNDTN DISTRIBUTES AN AVG. OF $5M PER YEAR TO CATHOLIC RELIGIOUS, EDUCATIONAL AND CHARITABLE ORGS. THAT DEPEND ON THE SUPPORT OF NO. CO CATHOLICS TO CARRY OUT THEIR MISSION AND MINISTRIES.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of employees (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	NONE
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	78,349.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-526,917.

			Prior Year	Current Year
Revenue	8	Contribution and grants (Part VIII, line 1h)	1,296,647.	7,164,455.
	9	Program service revenue (Part VIII, line 2g)		NONE
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,024,547.	1,179,145.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,000.	5,700.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,325,194.	8,349,300.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,741,201.	6,542,424.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	268,901.	582,080.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 38,166.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	357,081.	560,813.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,367,183.	7,685,317.
	19	Revenue less expenses Subtract line 18 from line 12	-41,989.	663,983.
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	117,077,706.	85,941,979.
	21	Total liabilities (Part X, line 26)	28,047,437.	20,790,258.
	22	Net assets or fund balances Subtract line 21 from line 20	89,030,269.	65,151,721.

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OGDEN, UT

Part II Signature Block

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

Sign Here
▶ ✓ Gerald J. Laber — Signature of officer — Date ✓ 12-1-09
▶ ✓ GERALD J. LABER President — Type or print name and title

Paid Preparer's Use Only
Preparer's signature ▶ [signature] — Date 11/24/09 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P00290681
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP
111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848
EIN ▶ 44-0160260
Phone no ▶ 719 471-4290

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

916 12

SCANNED DEC 31 2009

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses 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 others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 2,782,124. including grants of $ 2,782,124) (Revenue $ _____)

THE CATHOLIC FOUNDATION SUPPORTS PRIESTLY FORMATION THROUGH FUNDS ESTABLISHED TO SUPPORT THE OPERATIONS AND NEEDS OF ST. JOHN VIANNEY THEOLOGICAL SEMINARY AND REDEMPTORIS MATER MISSIONARY SEMINARIES. GRANTS FROM DONOR ADVISED FUNDS OF THE CATHOLIC FOUNDATION ALSO SUPPORT THE SEMINARIES.

4b (Code _____) (Expenses $ 1,762,178 including grants of $ 1,762,178.) (Revenue $ _____)

COMMITTED TO CATHOLIC EDUCATION, THE CATHOLIC FOUNDATION AWARDS GRANTS TO CATHOLIC SCHOOLS ACROSS NORTHERN COLORADO TO BENEFIT SCHOLARSHIP PROGRAMS, PROVIDE INTERPARISH TUITION ASSISTANCE AND ENABLE THE SCHOOLS TO PROVIDE A JUST WAGE TO THEIR TEACHERS.

4c (Code _____) (Expenses $ 828,893. including grants of $ 828,893) (Revenue $ _____)

THROUGH ITS DONOR ADVISED AND MARY ELIZABETH O'NEIL MEMORIAL FUNDS THE CATHOLIC FOUNDATION HELPS MEET THE NEEDS OF LOW-INCOME INDIVIDUALS BY MAKING GRANTS TO CHARITIABLE ORGANIZATIONS HELPING TO BRING THE LIGHT OF CHRIST TO THE POOR AND BROKEN IN OUR WORLD.

4d Other program services (Describe in Schedule O) SEE STATEMENT 2

(Expenses $ 1,169,229 including grants of $ 1,169,229.) (Revenue $ _____)

4e Total program service expenses ▶ $ 6,542,424. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
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*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . 1b NONE			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country ▶SEE STATEMENT 3 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? .	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	**Section 501(c)(7) organizations.** Enter			
a	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			
a	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			

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 23			
b	Enter the number of voting members that are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶THE ORGANIZATION 3801 EAST FLORIDA AVENUE, STE 725 DENVER, CO 80210 303-468-9885

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SEE SCHEDULE J-2										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								268,018.	NONE	29,996.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 2

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ NONE

Part VIII Statement of Revenue 84-1481641

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,164,455.			
	g Noncash contributions included in lines 1a-1f $ 1,034,712.					
	h **Total.** Add lines 1a-1f ▶		7,164,455.			
Program Service Revenue		**Business Code**				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		NONE			
	3 Investment income (including dividends, interest, and other similar amounts) STMT. 4 ▶		748,351.		50,827.	697,524.
	4 Income from investment of tax-exempt bond proceeds ▶		NONE			
	5 Royalties ▶		NONE			
		(i) Real / (ii) Personal				
	6a Gross Rents	5,700.				
	b Less rental expenses					
	c Rental income or (loss)	5,700.				
	d Net rental income or (loss) ▶		5,700			5,700.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	38,600,746.				
	b Less cost or other basis and sales expenses	38,169,952.				
	c Gain or (loss)	430,794.				
	d Net gain or (loss) ▶		430,794		27,522	403,272.
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events ▶		NONE			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▶		NONE			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▶		NONE			
	Miscellaneous Revenue	**Business Code**				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		NONE			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		8,349,300.		78,349	1,106,496

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,531,674.	6,531,674.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	10,750.	10,750.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	297,269.		297,269.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	217,265.		217,265.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	15,454.		15,454.	
9 Other employee benefits	17,922.		17,922.	
10 Payroll taxes	34,170.		34,170.	
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	37,008.		37,008.	
c Accounting	23,714.		23,714.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	284,079.		284,079.	
g Other	4,430.		4,430.	
12 Advertising and promotion	16,661.		2,050.	14,611.
13 Office expenses	61,769.		56,031.	5,738.
14 Information technology	35,584.		35,584.	
15 Royalties	NONE			
16 Occupancy	29,467.		29,467.	
17 Travel	8,972.			8,972.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	12,172.		4,492.	7,680.
20 Interest	1,278.		1,278.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	18,672.		18,672.	
23 Insurance	13,520.		13,520.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a GIFTS	1,165.	NONE	NONE	1,165.
b RE TAXES & DITCH FEES	2,147.	NONE	2,147.	NONE
c MISCELLANEOUS EXPENSE	10,175.	NONE	10,175.	NONE
d				
e				
f All other expenses		NONE		
25 **Total functional expenses.** Add lines 1 through 24f	7,685,317.	6,542,424.	1,104,727.	38,166.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,148,529.	2	7,973,632.
	3	Pledges and grants receivable, net	9,901,320.	3	13,101,750.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net STMT 7	687,646.	7	400,000.
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges STMT 8	11,016.	9	83,397.
	10a	Land, buildings, and equipment cost basis 10a 1,894,757.			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 42,526.	1,889,203.	10c	1,852,231.
	11	Investments - publicly traded securities STMT 9	65,771,209.	11	25,890,258.
	12	Investments - other securities See Part IV, line 11	37,068,783.	12	36,640,711.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	600,000.	15	NONE
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	117,077,706.	16	85,941,979.
Liabilities	17	Accounts payable and accrued expenses	73,957.	17	51,049.
	18	Grants payable	1,980,218.	18	2,283,754.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties STMT 10	9,666,663.	23	9,533,333.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	16,326,599.	25	8,922,122.
	26	**Total liabilities.** Add lines 17 through 25	28,047,437.	26	20,790,258.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	62,342,556.	27	42,654,230.
	28	Temporarily restricted net assets	6,609,001.	28	22,334,733.
	29	Permanently restricted net assets	20,078,712.	29	162,758.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	89,030,269.	33	65,151,721.
	34	Total liabilities and net assets/fund balances	117,077,706.	34	85,941,979.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
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?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
THE CATHOLIC FOUNDATION - NO. COLORADO	84-1481641

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

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . 11g(i) — No: X

(ii) A family member of a person described in (i) above? . . . . . 11g(ii) — No: X

(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . 11g(iii) — No: X

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,006,097.	2,941,773	1,012,264.	1,296,647.	7,164,455.	14,421,236.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	2,006,097.	2,941,773.	1,012,264.	1,296,647	7,164,455.	14,421,236
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)						6,956,727.
6 **Public support.** Subtract line 5 from line 4						7,464,509

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,006,097	2,941,773	1,012,264.	1,296,647	7,164,455.	14,421,236
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,315,412	758,991	1,274,329	645,145.	709,557.	5,703,434.
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						20,124,670.

12 Gross receipts from related activities, etc (See instructions)	12	50,374

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	37.09 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	42.29 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances"" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 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						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

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Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE CATHOLIC FOUNDATION - NO. COLORADO

Employer identification number

84-1481641

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	20	
2	Aggregate contributions to (during year)	848,000.	
3	Aggregate grants from (during year)	3,035,616.	
4	Aggregate value at end of year	29,113,414.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically importantly land area
- ☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	24,467,265				
b Contributions	2,290,698				
c Investment earnings or losses	17,510				
d Grants or scholarships	1,207,911				
e Other expenditures for facilities and programs	6,817,919.				
f Administrative expenses					
g End of year balance	18,749,643				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 0.9000 %
- c Term endowment ▶ 99.1000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	1,792,000.			1,792,000.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		102,757.	42,526.	60,231.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				1,852,231.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other ABSOLUTE RETURN	14,410,849.	FMV
HEDGED EQUITY	10,672,630.	FMV
NON-MARKETABLE SECURITIES		
AND OTHER	22,202.	FMV
MULTI-STRATEGY	1,370,210.	FMV
HEDGED - FIXED INCOME	10,164,820.	FMV
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	36,640,711.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
INVESTMENTS HELD IN TRUST	5,576,208.
INVESTMENTS HELD AS AGENCY END	2,449,914.
PROPERTY HELD IN TRUST	896,000.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	8,922,122.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,349,300.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,685,317.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	663,983.
4	Net unrealized gains (losses) on investments	4	-23,211,875.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	-23,211,875.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-22,547,892.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	-15,146,654.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-23,211,875.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-284,079.		
e	Add lines 2a through 2d			2e	-23,495,954.
3	Subtract line 2e from line 1			3	8,349,300.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	8,349,300.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	7,401,238.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	-284,079.		
e	Add lines 2a through 2d			2e	-284,079.
3	Subtract line 2e from line 1			3	7,685,317.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	7,685,317.

Part 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

NETTING OF INVESTMENT EXPENSES

SCHEDULE D, PART VII & VIII, LINE 2D

INVESTMENT EXPENSES NETTED ON FINANCIAL STATEMENTS, BUT SHOWN GROSS ON 990.

Part XIV Supplemental Information *(continued)*

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2008

Name of estate or trust

THE CATHOLIC FOUNDATION - NO. COLORADO

Employer identification number

84-1481641

Note: *Form 5227 filers need to complete **only** Parts I and II*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2007 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	430,794.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ▶	12	430,794.

Part III Summary of Parts I and II

Caution: *Read the instructions* ***before*** *completing this part*

			(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	**Net short-term gain or (loss)**	13			
14	**Net long-term gain or (loss):**				
a	Total for year	14a			430,794.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
c	28% rate gain	14c			
15	**Total net gain or (loss).** Combine lines 13 and 14a ▶	15			430,794.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and* ***do not*** *complete Part IV If line 15, column (3), is a net loss, complete Part IV and the* ***Capital Loss Carryover Worksheet,*** *as necessary*

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of
a The loss on line 15, column (3) **or** b $3,000 . . . . . 16 ( )

Note: *If the loss on line 15, column (3), is more than $3,000,* ***or*** *if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the* ***Capital Loss Carryover Worksheet*** *on page 7 of the instructions to figure your capital loss carryover*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero

Caution: *Skip this part and complete the worksheet on page 8 of the instructions if*

- *Either line 14b, col (2) or line 14c, col (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero*

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17		
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18				
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19				
20	Add lines 18 and 19	20				
21	If the estate or trust is filing Form 4952, enter the amount from line 4g, otherwise, enter -0- ▶	21				
22	Subtract line 21 from line 20 If zero or less, enter -0-			22		
23	Subtract line 22 from line 17 If zero or less, enter -0-			23		
24	Enter the **smaller** of the amount on line 17 or $2,200			24		
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26, go to line 27 and check the "No" box. ☐ **No.** Enter the amount from line 23			25		
26	Subtract line 25 from line 24			26		
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30, go to line 31 ☐ **No.** Enter the **smaller** of line 17 or line 22			27		
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)			28		
29	Subtract line 28 from line 27			29		
30	Multiply line 29 by 15% (15)				30	
31	Figure the tax on the amount on line 23 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)				31	
32	Add lines 30 and 31				32	
33	Figure the tax on the amount on line 17 Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)				33	
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)				34	

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side: THE CATHOLIC FOUNDATION - NO. COLORADO

Employer identification number 84-1481641

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a					
SECURITIES			38,600,746.	38,169,952.	430,794.

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . 430,794.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE CATHOLIC FOUNDATION - NO. COLORADO

Employer identification number

84-1481641

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SOUTH ASIA	NONE	NONE	GRANTMAKING	N/A	10,750
CENTRAL AMERICA/CARIBBEAN	NONE	NONE	PROGRAM SERVICES	PASSIVE INVESTMENTS	NONE
Totals . . . . . ▶	NONE	NONE			10,750.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	SCH F, IV	10,750.	CHECK			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 1

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Use Schedule F-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV **Supplemental Information**
Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE US

FROM THE FOUNDATION'S POLICY STATEMENT REGARDING INTERNATIONAL

GRANTMAKING AND THE MAKING OF GRANTS TO CERTAIN OTHER ORGANIZATIONS,

PROJECTS AND INITIATIVES:

PROJECT MONITORING: THE PROPOSED PROJECT MUST INCLUDE MEANINGFUL

PROCESSES BY WHICH THE COMMITTEE OR INDIVIDUAL DESIGNATED MAY ASSESS THE

PROJECT IN TERMS OF MEETING STATED GOALS, INCLUDING REGULAR ACCOUNTING

FOR USE OF GRANT FUNDS BY THE FOREIGN ORGANIZATION RECIPIENT AND POSSIBLY

INCLUDING FILED INVESTIGATIONS AFTER THE GRANT IS MADE. THIS CORPORATION

SHALL RETAIL THE RIGHT TO WITHDRAW APPROVAL OF A GRANT AND TO RECEIVE A

REFUND OF ANY UNEXPENDED GRANT FUNDS IN THE EVENT THAT IT IS DETERMINED

BY SAID COMMITTEE OR INDIVIDUAL THAT THE PROJECT IS NOT MEETING ITS

STATED GOALS, OR THAT ANY OF THE PRECONDITIONS SET FORTH IN THE GRANT ARE

NOT BEING SATISFIED. WHEREVER FEASIBLE, GRANT FUNDS WILL BE RELEASED FOR

SPECIFIC PROJECTS ON A "AS NEEDED" BASIS.

PURPOSE OF GRANT

SCH. F, PART II, COL. D

PURPOSE OF GRANT:

TO FUND SOCIAL SERVICES FOR THE POOR.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE CATHOLIC FOUNDATION - NO. COLORADO

Employer identification number

84-1481641

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE SCHEDULE I-1							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 45

3 Enter total number of other organizations . . . . . ▶ NONE

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) 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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS TO U.S.

SCH. I, PART I, QUESTION 2

FOLLOWING APPROVAL OF A GRANT, A GRANT AWARD LETTER AND GENERAL GRANT TERMS, CONDITIONS AND UNDERSTANDINGS IS SENT TO EACH RECIPIENT. THE GRANT AWARD LETTER AND TERMS AND CONDITIONS (WHICH TOGETHER CONSTITUTE THE GRANT AGREEMENT) OUTLINE THE SPECIFIC AWARD STIPULATIONS INCLUDING THE PURPOSE FOR WHICH THE FUNDS ARE TO BE USED, THE LENGTH OF THE GRANT PERIOD, AND REQUIRED EXPENDITURE REPORTING AFTER THE CLOSE OF THE GRANT PERIOD.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

RECIPIENTS SIGN AND RETURN THE AGREEMENT IN ACCEPTANCE OF THE GRANT'S TERMS AND CONDITIONS. BY SIGNING AND RETURNING THE AGREEMENT, GRANT RECIPIENTS AFFIRM THEIR TAX-EXEMPT STATUS AND AGREE TO REPORT ON THEIR EXPENDITURE OF GRANT FUNDS AS A CONDITION OF ACCEPTING A GRANT FROM THE FOUNDATION. THE TERMS AND CONDITIONS OF ACCEPTING FOUNDATION GRANT FUNDS ALSO REQUIRE GRANT RECIPIENTS TO REPORT ANY CHANGE TO THEIR TAX EXEMPT STATUS DURING THE GRANT TERM. FURTHERMORE RECIPIENTS MUST SUBMIT WRITTEN REQUESTS IN ADVANCE TO CHANGE THE GRANT PURPOSE OR IF THE FUNDS ARE UNEXPENDED WITHIN THE GRANT PERIOD. REPORTS ON THE EXPENDITURE OF GRANT FUNDS IN COMPLIANCE WITH THE TERMS AND CONDITION OF THE GRANT AWARD ARE

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) 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	(e) Method of valuation (book, FMV appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

DUE 45-DAYS AFTER THE END OF THE GRANT PERIOD. GRANT REPORT REMINDERS AND PAST-DUE NOTICES ARE SENT TO RECIPIENTS. IT IS FOUNDATION POLICY TO WITHHOLD AS APPROPRIATE NEW GRANT AUTHORIZATIONS TO ORGANIZATIONS UNTIL ANY OUTSTANDING REPORTS FROM PRIOR GRANTS ARE RECEIVED. UPON RECEIPT OF THE GRANT REPORT THE GRANT ADMINISTRATOR REVIEWS THE REPORT FOR COMPLIANCE WITH THE GRANT TERMS AND CONDITIONS AND THEN CLOSES THE FILE ACCORDINGLY.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE CATHOLIC FOUNDATION - NO. COLORADO

Employer identification number

84-1481641

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBEY OF ST WALBURGO 32109 N HIGHWAY 287	84-0659341	501C3	30,000				PURCHASE REPLACEMENT
ALLIANCE FOR MARRIAGE 9411 LEE HIGHWAY, SUITE B FAIRFAX, VA 22031	52-2198448	501C3	50,000				FOR THE LATINO EDUCA
ARCHDIOCESE OF DENVER 1300 S. STEELE STREET DENVER, CO 80210	84-0499858	501C3	450,819				VARIOUS PARISH SUPPO
AUGUSTINE INSTITUTE PO BOX 1126 3001 S FEDERAL BLVD	20-2349108	501C3	168,275.				FOR SCHOLARSHIPS, OP
BISHOP MACHEBEUF HIGH SCHOOL 458 UINTA WAY DENVER, CO 80230	84-1490220	501C3	59,600				FIRST SEMESTER SCHOL
CATHOLIC CHARITIES OF DENVER 4045 PECOS STREET DENVER, CO 80211	84-0686679	501C3	444,833.				HUMANITARIAN AND SOC
CATHOLIC COMMUNITY FONDTN HOPE FOR THE FUTU 2718 WEST WOODLAWN AVE	74-1109740	501C3	50,000.				HELP ESTABLISH THE H
CATHOLIC LEADERSHIP INSTITUTE 750 SPRINGFIELD DR, STE 200 EXTON, PA 19341	23-2661414	501C3	200,000.				GENERAL OPERATING SU
CATHOLIC NEWS AGENCY 1060 ST. FRANCIS WAY DENVER, CO 80204	20-0196438	501C3	44,000				PURCHASE AN AUTOMOBI
THE CHALLENGE FOUNDATION 4545 S UNIVERISTY BLVD ENGLEWOOD, CO 80110	84-1480014	501C3	10,000.				SUPPORT CHARITABLE M
COMPANIONS OF CHRIST C/O ST JOHN VIANNEY S 1300 S STEELE STREET DENVER, CO 80210	26-1579250	501C3	125,000				PURCHASE A FORMATION
CROSS INTERNATIONAL 370 W CAMINO GARDENS BLVD	65-1156061	501C3	13,000				SUPOORT THE CHARITAB
DOMINICAN SISTERS HOME HEALTH AGCY OF DENVE 2501 GAYLORD STREET DENVER, CO 80205	84-0567786	501C3	20,000				GENERAL OPERATING SU
ENDOW 1300 S STEELE STREET DENVER, CO 80210	83-0362209	501C3	60,000				DEVELOPMENT AND GENE
ESCUELA DE GUADALUPE 3401 PECOS STREET DENVER, CO 80211	31-1652842	501C3	65,000.				MATCHING GRANT SUPPO

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶ 45

3 Enter total number of other organizations . . . . . ▶ NONE

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE CATHOLIC FOUNDATION - NO COLORADO

Employer identification number

84-1481641

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FATHER WOODY'S HAVEN OF HOPE 1101 W. 7TH AVENUE DENVER, CO 80204	84-1479555	501C3	37,000.				OPERATION OF THE DAY
FRANCISCAN UNIVERSITY 1235 UNIVERSITY BLVD	34-0714818	501C3	30,000				DEVELOPMENT & OPERAT
HANDMAIDS OF THE HOLY CHILD JESUS PO BOX 740099 HOUSTON, TX 77274	41-1737743	501C3	25,000.				CONSTRUCTION OF LIVI
IMPACT CENTER 9233 PARK MEADOWS DR STE 209	20-2115605	501C3	41,650.				COMPLETING THE YOUTH
JESUS OUR HOPE HERITAGE 10523 S DEER CREEK RD LITTLETON, CO 80127	84-1183150	501C3	10,000				GENERAL OPERATING CO
LITTLE SISTERS OF THE POOR MULLEN HOME 3626 WEST 29TH STREET DENVER, CO 80211	84-0528531	501C3	15,000				GENERAL OPERATING SU
MARYCREST ASSISTED LIVING 2850 COLUMBINE ROAD DENVER, CO 80221	26-2181659	501C3	88,280.				EMERGENCY CALL SYSTE
METRO AREA OFFICE OF EVANGELIZATION AND CAT 1300 S STEELE STREET DENVER, CO 80210	84-0499858	501C3	42,915.				TOOLS AND TRAINING F
NATIONAL CATHOLIC BIOETHICS CENTER 6399 DREXEL ROAD PHILADELPHIA, PA 19151	04-2871526	501C3	50,000.				GENERAL, OPERATING,
NATIVE AMERICAN CONNECTION PO BOX 18774 BOULDER, CO 80308	74-2496940	501C3	12,000.				PROVIDE AID FOR NATI
NATIONAL CONFERENCE OF DIOCESAN VOCATION DI 5400 ROLAND AVENUE BALTIMORE, MD 21210	36-2952901	501C3	7,000.				SUPPORT FOR THE 45TH
OFFICE OF CATHOLIC SCHOOLS, ARCHDIOCESE OF 1300 S STEELE STREET DENVER, CO 80210	84-0499858	501C3	968,805				TEACHER SALARY ASSIS
OFFICE OF COMMUNICATIONS, ARCHDIOCESE OF DE 1300 S. STEELE STREET DENVER, CO 80210	84-0499858	501C3	10,000.				SUPPORT THE TELEVISE
OFFICE OF YOUTH, YOUNG ADULT AND CAMPUS MIN 1300 S STEELE STREET DENVER, CO 80210	84-0499858	501C3	65,000				FUNDING FOR FOCUS AT
THE PAPAL FOUNDATION 150 MONUMENT ROAD, SUITE 609	23-2511991	501C3	50,300.				LOAN INTEREST PAYMEN

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990)

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE CATHOLIC FOUNDATION - NO COLORADO

Employer identification number

84-1481641

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESENTATION OF OUR LADY SCHOOL 660 JULIAN STREET DENVER, CO 80204	84-0404270	501C3	47,500.				GO FOR IT PROGRAM TR
PURE BY CHOICE 270 ST PAUL ST STE 300 DENVER, CO 80206	31-1657035	501C3	20,000				TO FUND THE 2008 PRO
REDEMPTORIS MATER MISSIONARY SEMINARY 1300 S. STEELE STREET DENVER, CO 80210	84-1382567	501C3	600,000.				CHAPEL CONSTRUCTION
RELIGIOUS SISTERS OF MERCY 1965 MICHIGAN AVENUE ALMA, MI 48801	38-2350857	501C3	150,000				FIUND THE EDUCATIONA
SACRED HEART HOUSE OF DENVER 2844 LAWRENCE STREET DENVER, CO 80205	84-0889359	501C3	18,000.				OPERATING COSTS OF C
SAINT CLARE OF ASSISI PARISH PO BOX 667, 31622 HWY 6 EDWARDS, CO 81632	84-1237387	501C3	9,769.				TUITION ASSISTANCE F
ST FRANCIS FUND OF THE ARCHDIOCESE OF DENV 1300 S STEELE STREET DENVER, CO 80210	84-0499858	501C3	12,000.				SUPPORT THE CHARITAB
SAINT JOHN VIANNEY THEOLOGICAL SEMINARY 1300 S. STEELE STREET DENVER, CO 80210	84-1495066	501C3	1,535,956				ARCHITECHTURAL DRAWI
SAINT LOUIS CATHOLIC CHURCH 3310 S. SHERMAN STREET ENGLEWOOD, CO 80113	84-0406817	501C3	41,000				SCHOLARSHIPS FOR LOW
SAINT THOMAS AQUINAS CATHOLIC CENTER 904 14TH STREET BOULDER, CO 80302	84-0430715	501C3	10,000				"BUFFALO AWAKENINGS"
SAINT VINCENT DE PAUL CATHOLIC CHURCH 2375 E. ARIZONA AVENUE DENVER, CO 80210	84-0439603	501C3	17,720				CATHOLIC SCHOOL TUIT
SAMARITAN HOUSE 4045 PECOS STREET DENVER, CO 80211	98-1833800	501C3	20,000.				COSTS OF OPERATING T
SEEDS OF HOPE CHARITABLE TRUST 1300 S. STEELE STREET DENVER, CO 80210	84-1437053	501C3	33,000				SUPPORT FOR THE S U
VAIL CHRISTIAN HIGH SCHOOL 31261 US HIGHWAY 6 EDWARDS, CO 81632	84-1464964	501C3	6,512				TUITION ASSISTANCE F
WYOMING CATHOLIC COLLEGE PO BOX 750, 163 LEEDY DR LANDER, WY 82520	83-0434307	501C3	120,000				CAPITAL CAMPAIGN; OP

2 Enter total number of Section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

Part III Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III)

(a) Type of grant or assistance	(b) Number of recipents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

JSA
8E1318 3 000

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE CATHOLIC FOUNDATION - NO. COLORADO

Employer identification number

84-1481641

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	X	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GERALD J LABER	(i)	135,585.	NONE	NONE	8,135.	10,764.	154,484.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

SCHEDULE J PART I, LINE 8

INITIAL CONTRACT EXCEPTION

GERALD LABER'S 2008 COMPENSATION IS COVERED BY HIS INITIAL CONTRACT OF DECEMBER, 2007. PLEASE SEE SCHEDULE O FOR PART VI, QUESTION 15A FOR MORE INFORMATION.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization

THE CATHOLIC FOUNDATION - NO. COLORADO

Employer Identification number

84-1481641

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK BAUMAN CHAIR	2.	X		X				NONE	NONE	NONE
WAYNE MURDY VICE CHAIR	2.	X		X				NONE	NONE	NONE
WILLIAM FITZGERALD SECRETARY	2.	X		X				NONE	NONE	NONE
MARY GROVES, ESQ. TREASURER	2.	X		X				NONE	NONE	NONE
SUZAN BOYD DIRECTOR	1.	X						NONE	NONE	NONE
MOST REVERED CHARLES J. CHAPUT, OFM DIRECTOR	1.	X						NONE	NONE	NONE
MOST REVERED JAMES D. CONLEY DIRECTOR	1.	X						NONE	NONE	NONE
REV. MSGR. THOMAS S. FRYAR DIRECTOR	1.	X						NONE	NONE	NONE
THOMAS D. HEULE DIRECTOR	1.	X						NONE	NONE	NONE
LOU JAHDE DIRECTOR	1.	X						NONE	NONE	NONE
JOSEPH JANICZEK DIRECTOR	1.	X						NONE	NONE	NONE
KEVIN KOPP DIRECTOR	1.	X						NONE	NONE	NONE
LOUIS LUBICK DIRECTOR	1.	X						NONE	NONE	NONE
PEGGY MCCLINTOCK DIRECTOR	1.	X						NONE	NONE	NONE
DEBBIE O'DWYER DIRECTOR	1.	X						NONE	NONE	NONE
TERRY POLAKOVIC DIRECTOR	1.	X						NONE	NONE	NONE
SAM PERRY DIRECTOR	1.	X						NONE	NONE	NONE
KEN SCHULTZ DIRECTOR	1.	X						NONE	NONE	NONE
TERESITA TRIGO DIRECTOR	1.	X						NONE	NONE	NONE
MATTHEW J. TYNAN DIRECTOR	1.	X						NONE	NONE	NONE
WILLIAM WAGNER DIRECTOR	1.	X						NONE	NONE	NONE

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

THE CATHOLIC FOUNDATION - NO. COLORADO

Employer Identification number

84-1481641

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL ZAKOVICH DIRECTOR	1.	X						NONE	NONE	NONE
GERALD J LABER PRESIDENT	35.			X	X			135,585.	NONE	18,899.
MARY MORRONI VICE PRESIDENT/COO	40.			X				132,433.	NONE	11,097.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

THE CATHOLIC FOUNDATION - NO. COLORADO

Employer identification number

84-1481641

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
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	X	2	1,034,712.	FAIR MARKET VALUE
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				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶(_____)				
26	Other ▶(_____)				
27	Other ▶(_____)				
28	Other ▶(_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 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	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information

Name of the organization	Employer identification number
THE CATHOLIC FOUNDATION - NO. COLORADO	84-1481641

PART VI, QUESTION 10

DESCRIBE PROCESS TO REVIEW 990

THE 990 IS COMPLETED BY THE FOUNDATION'S TAX FIRM BKD IN COOPERATION WITH THE FOUNDATION'S STAFF. THE RETURN IS INITIALLY REVIEWED BY MANAGEMENT AT THE FOUNDATION AND THEN BY THE AUDIT COMMITTEE. THE RETURN IS THEN CIRCULATED VIA EMAIL TO THE BOARD OF TRUSTEES.

Name of the organization: THE CATHOLIC FOUNDATION - NO. COLORADO

Employer identification number: 84-1481641

PART VI, QUESTION 15A

DESCRIBE PROCESS FOR DETERMINING COMPENSATION

PURSUANT TO I.R.C. §4958, COMPENSATION IS DETERMINED BY DISINTERESTED BOARD MEMBERS (I.E. THE FOUNDATION'S EXECUTIVE COMMITTEE) WITH THE INTERESTED PERSON NOT PRESENT DURING THE DEBATE AND VOTING. IN MAKING THEIR DETERMINATION THE EXECUTIVE COMMITTEE RELIES ON APPROPRIATE COMPARABILITY DATA AND THEN DOCUMENTS THE BASIS OF THEIR DECISION.

IN DECEMBER OF 2007, THE BOARD HIRED GERALD LABER AS PRESIDENT OF THE FOUNDATION. MR. LABER'S INITIAL CONTRACT WAS NEGOTIATED AND AGREED TO BY THE EXECUTIVE COMMITTEE AT THAT TIME. THERE HAVE NOT BEEN ANY MATERIAL CHANGES TO THIS INITIAL CONTRACT. AS SUCH MR. LABER'S CONTRACT CONTINUES TO FALL WITHIN THE INITIAL CONTRACT EXCEPTION TO I.R.C. §4958.

Name of the organization	Employer identification number
THE CATHOLIC FOUNDATION - NO. COLORADO	84-1481641

PART VI, QUESTION 15B

DESCRIBE PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS

THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT WITH THE APPROVAL OF THE EXECUTIVE COMMITTEE. IN MAKING HIS DETERMINATION THE PRESIDENT RELIES ON APPROPRIATE COMPARABILITY DATA AND DOCUMENTS THE BASIS OF HIS DECISION.

Name of the organization	Employer identification number
THE CATHOLIC FOUNDATION - NO. COLORADO	84-1481641

PART VI, QUESTION 19

GOVERNING DOCUMENTS MADE AVAILABLE TO PUBLIC

THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. ADDITIONALLY, THE FOUNDATION'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE WEBSITE OF THE COLORADO SECRETARY OF STATE AND THE FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE.

Name of the organization	Employer identification number
THE CATHOLIC FOUNDATION - NO. COLORADO	84-1481641

PART VI, QUESTION 12C

MONITORING OF CONFLICT OF INTEREST POLICY

THE BOARD OF TRUSTEES OF THE CATHOLIC FOUNDATION ADOPTED A WRITTEN CONFLICTS OF INTEREST POLICY ON MARCH 7, 2005. IN ADDITION TO TRUSTEES AND OFFICERS, THE POLICY APPLIES TO ALL EMPLOYEES, COMMITTEE MEMBERS AND VOLUNTEERS WHO MAY BE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE FOUNDATION. THE POLICY IDENTIFIES AND DEFINES INTERESTED PARTIES, THE NATURE OF POTENTIAL CONFLICTS, INCLUDING USE OF CONFIDENTIAL INFORMATION FOR PERSONAL GAIN AND A PROHIBITION AGAINST LOANS BY TO THE FOUNDATION TO ANY TRUSTEE OR OFFICER AS WELL AS PROCEDURES FOR DISCLOSURE, REVIEW AND ACTION ON CONFLICTS OF INTEREST AS THEY ARISE. ADDITIONALLY THE POLICY REQUIRES ANNUAL COMPLETION OF A CONFLICTS OF INTEREST DISCLOSURE STATEMENT BY THOSE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE FOUNDATION.

THE CONFLICT OF INTEREST POLICY TOGETHER WITH THE CONFLICT OF INTEREST DISCLOSURE STATEMENT AND GIFT POLICY AND DISCLOSURE FORM ARE DISTRIBUTED ANNUALLY TO OFFICERS, TRUSTEES AND KEY EMPLOYEES. THESE INDIVIDUALS ARE ASKED TO REVIEW THE POLICY AND COMPLETE AND RETURN BOTH THE CONFLICT OF INTEREST DISCLOSURE STATEMENT AND THE GIFT POLICY AND DISCLOSURE FORM TO THE VICE PRESIDENT. THE VICE PRESIDENT TRACKS RESPONSE AND REVIEWS THE DISCLOSURES.

Name of the organization	Employer identification number
THE CATHOLIC FOUNDATION - NO. COLORADO	84-1481641

SCHEDULE D, PART XI, LINE 7

PRIOR PERIOD ADJUSTMENT

PER THE IRS INSTRUCTIONS FOR THE 2008 FORM 990, SCHEDULE D, LINE 10 MUST EQUAL THE AUDITED FINANCIAL STATEMENTS. DUE TO THE ORGANIZATION'S CHANGE IN THEIR YEAR END IN 2007 AND THE UNAUDITED SHORT YEAR FORM 990 THAT WAS FILED REFLECTING THAT CHANGE, THERE NEEDS TO BE PRIOR PERIOD ADJUSTMENT MADE TO ROLL THE NET ASSETS CORRECTLY ON THE FORM 990 FROM 2007 TO 2008. SO WE CAN FILE A COMPLETE AND ACCURATE 2008 FORM 990 RETURN WITH THE IRS WE WILL NOT SHOW THE PRIOR PERIOD ADJUSTMENT ON THIS RETURN IN ORDER TO TIE OUT ENDING NET ASSETS TO THE AUDITED FINANCIAL STATEMENTS AND WILL INTURN FILE AN AMENDED SHORT YEAR 2007 FORM 990 TO REFLECT THE PRIOR PERIOD ADJUSTMENT.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE VISION OF THE FOUNDATION IS TO INSPIRE AND FACILITATE FINANCIAL GIVING AND PLANNING THAT PROMOTES THE GOSPEL, TRANSFORMS LIVES AND GLORIFIES GOD. THE FOUNDATION IS CALLED BY JESUS CHRIST: TO PROMOTE THE MISSION OF THE CHURCH IN NORTHERN COLORADO BY ENCOURAGING FINANCIAL STEWARDSHIP; TO FAITHFULLY STEWARD AND DISTRIBUTE FUNDS ENTRUSTED TO THE FOUNDATION; AND TO COOPERATE WITH PARISHES AND OTHER CATHOLIC ORGANIZATIONS TO DEVELOP ADDITIONAL RESOURCES AND SUPPORT.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
THROUGH THE FUNDING OF RELIGIOUS EDUCATION, CATECHIST TRAINING AND CURRICULUM DEVELOPMENT THE FOUNDATION HELPS PROVIDE CATHOLICS OF ALL AGES A STRONGER UNDERSTANDING OF THE SCRIPTURES, THE SACRAMENTS AND THE CHURCH'S TEACHING.	843,204.	843,204.	
THE FOUNDATION HELPS INDIVIDUAL PARISHES THROUGHOUT NORTHERN COLORADO, PARTICULARLY THROUGH THE SUPPORT OF OPERATION FUNDING AND MEETING EMERGENCY CAPITAL NEEDS, AS WELL AS THE ESTABLISHMENT OF PARISH FUNDS TO FACILITATE THEIR PLANNED GIVING EFFORTS.	326,025.	326,025.	
TOTALS	1,169,229.	1,169,229.	

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS
BRITISH VIRGIN ISLANDS
NETHERLANDS ANTILLES

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDEND INCOME	703,857.		50,827.	653,030.
INTEREST FROM SAVINGS	13,988.			13,988.
LOAN INTEREST	26,407.			26,407.
OTHER INVESTMENTS	4,099.			4,099.
TOTALS	748,351.		50,827.	697,524.

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RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
THE CATHOLIC FOUNDATION - NO. COLORADO	84-1481641

DESCRIPTION OF PROPERTY

REAL ESTATE RENT

[ ] Yes [ ] No Did you actively participate in the operation of the activity during the tax year?

REAL RENTAL INCOME	5,700.	
OTHER INCOME		
TOTAL GROSS INCOME		5,700.
OTHER EXPENSES		
DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		5,700.

Less Amount to	
Rent or Royalty	
Depreciation	
Depletion	
Investment Interest Expense	
Other Expenses	
Net Income (Loss) to Others	
Net Rent or Royalty Income (Loss)	5,700.
Deductible Rental Loss (if Applicable)	

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
JSA Totals									

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
REAL ESTATE RENT	5,700.			5,700.
TOTALS	5,700.			5,700.

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: ST. JOHN VIANNEY SEMINARY
ORIGINAL AMOUNT: 278,735.
INTEREST RATE: 6.693100
DATE OF NOTE: 03/01/2007
REPAYMENT TERMS: PAID OVER FOUR YEARS IN QUARTERLY PMTS

BEGINNING BALANCE DUE	287,646.
ENDING BALANCE DUE	NONE

BORROWER: BEEKS AURORA AND SE DENVER STORAGE LLC'S
INTEREST RATE: 6.000000
MATURITY DATE: 02/01/2011

BEGINNING BALANCE DUE	400,000.
ENDING BALANCE DUE	400,000.

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	687,646.
TOTAL ENDING NOTES AND LOANS RECEIVABLES	400,000.

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
PREPAID EXPENSES	11,016.	83,397.
TOTALS	11,016.	83,397.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS - EQUITIES	25,718,295.	14,144,675.	FMV
MUTUAL FUNDS - FIXED	15,677,198.	3,118,833.	FMV
DOMESTIC EQUITIES	8,310,800.	4,705,554.	FMV
INTERNATIONAL EQUITIES	16,064,916.	3,921,196.	FMV
TOTALS	65,771,209.	25,890,258.	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: ALLIED IRISH BANK
ORIGINAL AMOUNT: 9,666,663.
INTEREST RATE: 3.398750
DATE OF NOTE: 08/11/2007
MATURITY DATE: 08/10/2009
REPAYMENT TERMS: ANNUAL REVOLVING LINE OF CREDIT
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: FUND CAPITAL PROJECTS AND ENDOWMENTS FOR EDUCATION

BEGINNING BALANCE DUE	9,666,663.
ENDING BALANCE DUE	9,533,333.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	9,666,663.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	9,533,333.

Form **8868**
(Rev April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	THE CATHOLIC FOUNDATION FOR THE ROMAN CATHOLIC CHURCH IN NORTHERN COLORADO	84-1481641
	Number, street, and room or suite no If a P O. box, see instructions.	
	3801 EAST FLORIDA AVENUE, STE 725	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	DENVER, CO 80210	

SUPPORT COPY

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

[X]	Form 990	[ ]	Form 990-T (corporation)	[ ]	Form 4720
[ ]	Form 990-BL	[ ]	Form 990-T (sec. 401(a) or 408(a) trust)	[ ]	Form 5227
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 6069
[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 8870

- The books are in the care of ▶ THE ORGANIZATION

Telephone No ▶ 303 468-9885 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 corporation required to file Form 990-T) extension of time until 08/17 , 2009 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year _____ or
▶ [X] tax year beginning 07/01 , 2008 , and ending 12/31 , 2008

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	3a	$
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	3b	$
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	3c	$

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev. 4-2008)

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. You **must** file original and one copy.

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	THE CATHOLIC FOUNDATION FOR TH CATHOLIC CHURCH IN NORTHERN COLORADO	84-1481641
	Number, street, and room or suite no If a P O box, see instructions 3801 EAST FLORIDA AVENUE, STE 725	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions. DENVER, CO 80210	

Check type of return to be filed (File a separate application for each return).

[X]	Form 990	[ ]	Form 990-PF	[ ]	Form 1041-A	[ ]	Form 6069
[ ]	Form 990-BL	[ ]	Form 990-T (sec. 401(a) or 408(a) trust)	[ ]	Form 4720	[ ]	Form 8870
[ ]	Form 990-EZ	[ ]	Form 990-T (trust other than above)	[ ]	Form 5227		

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE ORGANIZATION
  Telephone No ▶ 303 468-9885 FAX No. ▶ SUPPORT COPY
- 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 is for

4 I request an additional 3-month extension of time until 11/16/2009

5 For calendar year _____, or other tax year beginning 07/01/2008 and ending 12/31/2008

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

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	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	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a 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	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Peter J Wonatos Title ▶ CPA Date ▶ 6/12/09

BKD, LLP
111 SOUTH TEJON, SUITE 800
COLORADO SPRINGS, CO 80903-9848

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