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Form	•	•	u	_		

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OWR NO	1545-0052	
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		nt of the Tr evenue Se		Note:	: The foundat	ion may b	reated as a Private as a Private able to use a copy of the			orting requirements	<b>ZUU</b> 9
Fo	or cal	lendar	vear 2009.		x year begir				and ending		, 20
			nat apply		Initial retu		Initial return	of a former pu		,	Final return
					Amended			ss change		Name change	
_			Name of fo	undate						A Employer identifi	cation number
	lea th	e IRS								,,	
•	lab		RONALD	AND	CAROL M	OORE I	FAMILY FOUNDATI	ON		27-	0039609
(	Other						mail is not delivered to street		Room/suite		
	pri	int			o. (or r o box	ngber ii	mail is not delivered to sheet	add:055)	T T T T T T T T T T T T T T T T T T T	D respissionalizer (see	on the statements,
	or ty	ype.	101 DND	rve o	SITY BOU	II EWADI	<b>-</b>		400	(30	3) 861-4545
	•	pecific			e, and ZIP co		<del></del>		100	C If exemption applicat	
lı	nstruc	ctions.	City of town	ii, state	c, and zir w	ue				pending, check here	····· [ ]
			DENIZED	CO	00006					D 1. Foreign organizati	
_			DENVER,			5044			-	2. Foreign organizati 85% test, check h	
H		• •	of organiz				c)(3) exempt private fo			computation .	
Τ.					npt chantable		Other taxable pri			E If private foundation:	status was terminated
ŀ			t value of a				unting method X C	ash Acc	rual	under section 507(b)	(1)(A), check here . >
	-		m Part II, c				ther (specify)			F If the foundation is in	- 1 1
		▶ \$			072.		column (d) must be or	n casn basis ) T	·	under section 507(b)	(1)(B), check here
Li	art I	total o	if amounts in not necessan	colum	and Expensions (b), (c), and all the amount of the instruction	nd (d) ts ın	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	(d) Disbursements for charitable purposes
П			_ 1/ \	<u> </u>		- //-	404 030	<del>                                     </del>			(cash basis only)
	1		If the	founda	eceived (attach so	guired to	494,939.	<u> </u>			
j	2	Check	attac	ch Sch	В		1.0	<del> </del>	1.0		3 mor: 1
	3		•	•	orary cash inve		19.	•	19.		ATCH 1
	4	Divider	nds and inter	est fro	m securities						
	5 a	Gross	rents								
	b	Net rent	al income or (I	loss) _				ļ			
Revenue	6 a b	Gross s	or (loss) from ales price for a on line 6a		f assets not on	line 10					
ě	7			ome (f	rom Part IV, I	ine 2) .					
Re	8	Net she	ort-term capi	tal gaır	n					-	
	9									· · · · · · · · · · · · · · · · · · ·	
	10 a	Gross s	ales less returi wances	ns							
	b		ost of goods so								
	С	Gross	profit or (loss	s) (atta	ch schedule)						
	11				edule)					<del></del>	
	12				, 				19.		
	13				ectors, trustees		5,000				
	14				and wages						
S	15	Pensio	n Pape 601	FINA!	benefits	1					
us	16 a		ees (attach s								
çbe	b										
Ü	С	Other	orofessional	ees d	chedule) SO	(e)				· · · · · · · · · · · · · · · · · · ·	
ξ	17	Interes	t	(-	[2]	['					
tra	18			e) <b>A</b> de							
nis	19	Depres	UUUI		page 14 of the ins	aletion					
Ξ	20						- '			·	
ĕ	21				meetings			<del>                                     </del>			·
Operating and Administrative Expenses	22		and publica					<del> </del>	-		<del></del>
ğ	23		•		chedule)			<del> </del>			
atir	24				inistrative ex			<del>                                     </del>			
Jer:			es 13 throug				5,000				
ŏ	25		-				492,939.	<del> </del>	<del>  </del>		492,939
	25		-	-	spaid		497,939.	<del>' </del>		<del></del>	492,939
-	26				ents Add lines 2	4 and 25	491,939.	<u>'</u>	-		432,339
	27		ct line 26 fro				-2,981.				
					es and disburse		-2,981.	<del> </del>	10	<del></del>	<del> </del>
					(if negative, e	•		<del> </del>	19.		<del> </del>
_	_ C	Adjust	ed net incor	ne (if i	negative, ent	er -U-)		1			1

JSA 5625

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PAGE 2

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Р	art II	Balance Sheets description column should be for end-of-year	Beginning of year	End of	year
_		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	3,113.	132.	132
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts ▶			
-	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
	8				
Assets	9	Inventories for sale or use Prepaid expenses and deferred charges			
SS	10 2	Investments - U.S. and state government obligations (attach schedule)			
٩		Investments - corporate stock (attach schedule)			<del></del>
					<del></del>
	11	Investments - corporate bonds (attach schedule)			
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe  ATCH 2 )	3,000,000.	3,000,000.	4,968,940.
	16	Total assets (to be completed by all filers - see the			<u> </u>
		instructions Also, see page 1, item I)	3,003,113.	3,000,132.	4,969,072.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Ś	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ξqε	21	Mortgages and other notes payable (attach schedule)			
ڐ	22	Other liabilities (describe			
		The state of the s			
	23	Total liabilities (add lines 17 through 22)			
_		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
S	24	Unrestricted			
ances	25	Temporarily restricted		· · · · · · · · · · · · · · · · · · ·	
ala	26	Permanently restricted			
Net Assets or Fund Bal	26	Foundations that do not follow SFAS 117.			
ŭ		check here and complete lines 27 through 31.			
Ē	27	Capital stock, trust principal, or current funds			
S	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
set	29		3,003,113.	3,000,132.	
As	30	Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances (see page 17 of the	3,003,113.	3,000,132.	
let	30	` ' '	3,003,113.	3,000,132.	
2	31	Instructions)  Total liabilities and net assets/fund balances (see page 17	3,003,113.	3,000,132.	
	31	,	3 003 113	3 000 133	
ı.		of the instructions)	3,003,113.	3,000,132.	
_	_	Analysis of Changes in Net Assets or Fund			
1		I net assets or fund balances at beginning of year - Part II, co	,,,	1 . 1	2 002 112
_					3,003,113.
		r amount from Part I, line 27a			-2,981.
		lines 1, 2, and 3		4	3,000,132.
5		reases not included in line 2 (itemize)		5	
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line	5) - Part II, column (b), Iir	ne 30 6	3,000,132.
					Form 990-PF (2009)

Part IV Capital Gair	ns and Losses for Tax on Inv	vestment Income			
	nd describe the kind(s) of property sold (e	•	(b) How acquired P-Purchase	(c) Date acquired	(d) Date sold (mo , day, yr )
·	brick warehouse, or common stock, 200 s	shs MLC Co)	D-Donation	(mo , day, yr )	(IIIO, day, yr)
<u>1a</u>			<u> </u>		
<u>b</u>			-		
<u>c</u>			-		
e e	<del></del>		-		
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	) ee)
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) minu	
а					
<u>b</u>					
<u>c</u>					
<u>d</u>					
Constate and for an about		1010100			
Complete only for assets sn	owing gain in column (h) and owned			Gains (Col (h) g (k), but not less t	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	Coi	Losses (from co	
b	-		· · · ·		
С					
d					
е					
2 Capital gain net income or	r (net capital loss)	gain, also enter in Part I, line 7			
	( H	(loss), enter -0- in Part I, line 7	2		<del></del>
, ,	n or (loss) as defined in sections 1222				
-	, line 8, column (c) (see pages 13 and	'			
	, line 8		3   ome		
	c private foundations subject to the s				
, , , , , , , , , , , , , , , , , , , ,				,	
If section 4940(d)(2) applies,	leave this part blank				
				_	-
	the section 4942 tax on the distribute		period?	L	J Yes X No
	not qualify under section 4940(e) Do	<del> ' · '</del>			
(a)	ount in each column for each year, s		e making i	any entries (d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
2008	449,154.	2,955,000.			0.151998
2007	460,626.	2,955,000.			0.155880
2006	362,977.	2,955,000.			0.122835
2005	0.	0.			0.000000
2004	0.	0.			0.000000
2 Total of line 1, column (d	·		2		0.430713
_	for the 5-year base period - divide the				
number of years the foun	ndation has been in existence if less t	han 5 years	3		0.086143
4. Enter the net value of ne	nobortoble use seests for 2000 from	Dod V line E		4	224 640
4 Enter the net value of no	ncharitable-use assets for 2009 from	Part X, line 5	4	4,	324,640.
5 Multiply line 4 by line 3			5		372,537.
5 Multiply line 4 by line 5				· -	312,331.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
			+		
7 Add lines 5 and 6			7		372,537.
• • • •					<u>-</u>
8 Enter qualifying distribution			8		492,939.
If line 8 is equal to or g	greater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	x rate See the
Part VI instructions on pa	age 18				

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	tructio	ons)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% $\mathcal J$ of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			
6	Credits/Payments Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009			
b	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ Refunded ▶ 11			0.
Par	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	<u>1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation >\$(2) On foundation managers >\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$			Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
•	If "Yes," attach a detailed description of the activities  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4-		4a		X
4a	MANAGE River A Standard Annual	4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
3	If "Yes," attach the statement required by General Instruction T	Ť		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
Ü	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions) ► CO,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
-	(or designate) of each state as required by General Instruction G?If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		Х
			A DE	

X No

3a Did the foundation hold more than a 2% direct or indirect interest in any business

Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Х

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions).

If none, enter "NONE."

(b) Title, and average

(c) Contributions to amplique benefit.

(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other allowances
NONE				
		-		
		· ·		
Total number of other employees paid over \$50,000	<u> </u>	<del></del> -		<u> </u>

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Part VIII	Information About Officers, Directors, Trustees, Founda and Contractors (continued)	tion Managers, Highly Paid Empl	oyees,
3 Five high	est-paid independent contractors for professional services (see	page 23 of the instructions). If none,	enter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			, . <u>-</u>
Total numb	er of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A	Summary of Direct Charitable Activities		
	lation's four largest direct charitable activities during the tax year. Include relevant statistions and other beneficiaries served, conferences convened, research papers produced, e		Expenses
	ERSITY OF DENVER LARSHIP		
	ERSITY OF COLORADO ARCH GRANT		
	O ISLAND EDUCATIONAL FOUNDATION RAL DONATION		
4			
Part IX-B	Summary of Program-Related Investments (see page 23 o	f the instructions)	
Describe the	two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 NONE			
2			
All other prog	gram-related investments. See page 24 of the instructions		
3 NONE			
Total. Add I	ines 1 through 3		5 000 05 4
			Form <b>990-PF</b> (2009)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig see page 24 of the instructions.)	n foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	4,390,497.
b	Average of monthly cash balances	1b	
С		1c	0.
d		1d	4,390,497.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,390,497.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	65,857.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,324,640.
6	Minimum investment return. Enter 5% of line 5	6	216,232.
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ▶ ☐ and do not complete this p		
1	Minimum investment return from Part X, line 6	1	216,232.
2 a	Tax on investment income for 2009 from Part VI, line 5		
b		1	
С		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	216,232.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	216,232.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	216,232.
Pa	art XII Qualifying Distributions(see page 25 of the instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	T	
·		1a	492,939.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
-	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
a	Contability to at / man IDC annual manual di	3a	0.
b		3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	492,939.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	<del></del>	472,737.
•	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	492,939.
Ü	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating when	L	
	qualifies for the section 4940(e) reduction of tax in those years	uiei uie ioulic	iauon

Pa	Undistributed income (see page	26 of the instruction	15)	, ,	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years pnor to 2008	2008	2009
	line 7				216,232.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
b	Total for prior years 20 07 ,20 06 ,20 05		•		
3	Excess distributions carryover, if any, to 2009				
а	From 2004 0.				
b	From 2005				
	From 2006 215,227.				
d	From 2007 312, 876.				
	From 2008 301, 404.				
	Total of lines 3a through e	829,507.			
4	Qualifying distributions for 2009 from Part XII,				
-	line 4 ▶ \$ 492,939.				
9	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election				
	required - see page 26 of the instructions)				216,232.
	Applied to 2009 distributable amount	276,707.			210,232.
е 5	Remaining amount distributed out of corpus  Excess distributions carryover applied to 2009	270,707.	-		
J	(If an amount appears in column (d), the same				
	amount must be shown in column (a)				
6	Enter the net total of each column as indicated below:				
		1,106,214.			
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,100,214.			
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b  Enter the amount of prior years' undistributed				
٠	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
۵	amount - see page 27 of the instructions Undistributed income for 2008 Subtract line				
·	4a from line 2a Taxable amount - see page				
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be				
-	distributed in 2010				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
_	instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the	_			
	instructions)	0.			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	1,106,214.			
	Analysis of line 9				
а	Excess from 2005				
b					
С	Excess from 2007 312,876.				
d					
е	Excess from 2009 276,707.				

Pa	rt XIV Private Oper	ating Foundations	see page 27 of the	instructions and Par	t VII-A, question 9)	NOT APPLICABLE
	If the foundation has					
	foundation, and the ruling	is effective for 2009, enter	the date of the ruling		. ▶	
b	Check box to indicate whe	ther the foundation is a pi	vate operating foundation	n described in section	4942(j)	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Pnor 3 years		(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	I or the minimum investment return from Part X for each					
	year listed					_
b	85% of line 2a					
¢	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
đ	Amounts included in line 2c not used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c Complete 3a, b, or c for the					
•	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test-				-	
_	enter 2/3 of minimum invest-					
	ment return shown in Part X,					
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on secunties					
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					•
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income					
Pa					ation had \$5,000	or more in assets
_		during the year - se		structions.)		
1	Information Regarding List any managers of	•		s than 20/ of the tota	Lacatributions recent	ad by the foundation
а	before the close of any					ed by the loundation
	N/A		•			
	List any managers of	the foundation who	own 10% or more of	the steel of a corn	eration (or an aqually	lorge portion of the
D	ownership of a partner					large portion of the
		<b>,</b> ,				
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:		
	Check here ▶ ☐ If t	he foundation only	makes contributions	to preselected charit	able organizations a	nd does not accept
	unsolicited requests t				28 of the instruction	ns) to individuals or
	organizations under ot	her conditions, comple	ete items 2a, b, c, and	d.		
а	The name, address, ar	d telephone number of	the person to whom a	pplications should be a	nddressed:	
	N/A			<del> </del>		
b	The form in which appl	ications should be subi	mitted and information	and materials they sho	uld include	
	N/A				<del></del>	
С	Any submission deadli	nes.				
	37 / 3					
<del>-</del> -	N/A					
d	Any restrictions or li factors:	mitations on awards	, such as by geogra	aphical areas, charita	ble fields, kinds of	institutions, or other
JSA	N/A		<u></u>			5 000 PE (2000)

art XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Du	ring the Year or App	roved for F	uture Payment	<del></del>
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACHMENT 4				
		1		
		1		
		1		
		1		
		1		
		1		
		1		
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	492,93
<b>b</b> Approved for future payment				
		1		
		ļ		

	Analysis of Income-Produ			·- <del></del>		<b>/</b> _\
Enter gros	ss amounts unless otherwise indicated	(a)	eted business income (b)	Excluded by (c)	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Progra	am service revenue	Business code	Amount	Exclusion code	Amount	(See page 28 of the instructions)
a				<del></del>		
_	<del></del>			-		
· · · · · · · · · · · · · · · · · · ·						
d _				+		
e _				-		
f _	<del></del>	-				
	ees and contracts from government agencies		-			
	ership dues and assessments			-		19.
	t on savings and temporary cash investments					19.
	ands and interest from securities					
	ntal income or (loss) from real estate					-
	ebt-financed property			<del>- </del>		
	ot debt-financed property		<del></del>			- · · · -
	ntal income or (loss) from personal property					
	investment income					
	r (loss) from sales of assets other than inventory					
	come or (loss) from special events					
	profit or (loss) from sales of inventory		- <u>-</u>			
b b	revenue a			1		
_				<b>†</b>		
d _						
е _	<u> </u>			<del></del>		
_	tal Add columns (b), (d), and (e)			-	-	19.
	Add line 12, columns (b), (d), and (e)			1	12	·
(See work	sheet in line 13 instructions on page 28 to	venty calcula	tions )			
Part X\				xempt Puri	ooses	
Line No.					<del>`</del>	atributed importantly to
	the accomplishment of the fo	undation's	exempt purposes (	other than	by providing funds for	such purposes) (See
•	page 29 of the instructions)					, .
		-				
					<u></u>	
						<del>, -</del>
				_		
			NOT APPLICABL	E		
	<u> </u>					
					-	
						-
_						<del></del>

		Exempt Orga	anizations							
1	ın se	ction 501(c) of the C	ode (other than	engage in any of the section 501(c)(3) org	anizations) or in				Yes	No
а	organı Transf	zations? fers from the reporting fou	indation to a none	chantable exempt organiza	ition of		- ,			
Ī								1a(1)		х
		ther assets								Х
b		transactions						12,57		
	(1) Sa	ales of assets to a noncha	aritable exempt or	ganization				1b(1)		х
				empt organization				1		Х
		ental of facilities, equipme						1b(3)		Х
								1b(4)		Х
								1b(5)		Х
		erformance of services or						1b(6)		х
c				er assets, or paid employe	es			1c		Х
d			-	'Yes," complete the fo		Column (b)	should always show		fair i	marke
				rices given by the rep	•		•			
				gement, show in colur	•					
(2)	Line no	(b) Amount involved	(a) Nama of s	anning to the second areas are	thon (d) D	location of transfe				
(a)	Line no	(b) Amount involved N/A	(c) Name of r	noncharitable exempt organiza			rs, transactions, and shar	ing arrar	ngemen	AS
		N/A	<del> </del>		N/A	•				
			<u> </u>							
	· · · · · · · · ·						-			
							<del></del>			
_										
			-							
			<del> </del>						-	
					<u> </u>					
			-							
							<del></del>			
					-					
	1- 1	<u> </u>		A. J Ab						
Za			•	ted with, or related to,				$\Box$		a
				501(c)(3)) or in section 52		• • • • • • •	• • • • • • • • • •	Y	es 🔼	Ŋ No
	) If Yes	s," complete the following  (a) Name of organization		(b) Type of orga	nization		(c) Description of relations			
		(a) Name of organization		(b) Type of orga	TIIZA(IO(1	<u>'</u>	(c) Description of relations	All b		
			·							
_										
_										
_										
_	Under	nenalties of periury 1 decl	lare that I have ev	I	accompanying sc	hedules and states	nente and to the heet	of my k	nowled	00 20
	belief,	it is true, correct, and com	plete Declaration	of preparer (other than taxp	ayer or fiduciary) is	based on all inform	mation of which prepare	r has a	ny kno	wledge
	. (	Julia Moor	e Mil	060	100-	30-2010	EVELUMUE	7	سر شا د	nν
a)	S	plature of officer or trustee	2			00 2010	EXECUTIVE	<u>ur</u>	<u>EC</u>	TOL
Sign Here	<u></u>	Herara con onicer of trustee	<del>.</del>		Date	<del></del>	Preparer's	Identif	anc	
I	l				Date	Check if	number (S	ee Sign	ature o	n
g	er's	Preparer's				self-employ	ed PL page 30 of	he instru	uctions)	
S	Paid Preparer's Use Only	signature	י אחר י	II D	Щ.,			266		
	P. S.	Firm's name (or yours if			CUITED 1400		EIN ► 44-0160	∠60		
	-	self-employed), address and ZIP code		LINCOLN STREET,	SUITE 1400		300 0		- A-	
	<u> </u>	1	DENVE	R, CO		30203	Phone no 303-8	61-4		
							1	_a_ u0		יייחחחח

### Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

OMB No 1545-0047

Name of the organization		Employer identification number			
RONALD AND CAROL MOORE	E FAMILY FOUNDATION				
Organization type (check one)		27-0039609			
Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ו			
	501(c)(3) taxable private foundation				
	ered by the <b>General Rule</b> or a <b>Special Rule</b> .  B), or (10) organization can check boxes for both the General Rule and a Sp	ecıal Rule. See			
X For an organization filing	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or m contributor. Complete Parts I and II	ore (in money or			
Special Rules					
sections 509(a)(1) and	organization filing Form 990 or 990-EZ that met the 33 1/3 % support tes 170(b)(1)(A)(vi), and received from any one contributor, during the year, a c% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1	<del>-</del>			
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.					
Caution. An organization that is n	not covered by the General Rule and/or the Special Rules does not file Sche	dule B (Form 990,			
	answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of o certify that it does not meet the filing requirements of Schedule B (Form 99				
For Privacy Act and Paperwork Reduction	on Act Notice, see the Instructions Schedule I	3 (Form 990, 990-EZ, or 990-PF) (2009)			

JSA

for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)								
Name of organization	RONALD	AND	CAROL	MOORE	FAMILY	FOUNDATION		Em

	Page	of	of Part I			
1	Employer identification number					
l	27-	003960	)9			

lame of organization	RONALD	AND	CAROL	MOORE	F

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CAROL MOORE  22 CHERRY HILLS PARK DRIVE  CHERRY HILLS VILLAGE, CO 80113	\$\$.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	CAROL MOORE  22 CHERRY HILLS PARK DRIVE  CHERRY HILLS VILLAGE, CO 80113	\$\$.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	CAROL MOORE  22 CHERRY HILLS PARK DRIVE  CHERRY HILLS VILLAGE, CO 80113	\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

ATTACHMENT

# - INTEREST ON TEMPORARY CASH INVESTMENTS FORM 990PF, PART I

NET INVESTMENT INCOME	19.	19.
REVENUE AND EXPENSES PER BOOKS	19.	19.
		TOTAL
DESCRIPTION	INTEREST	

PART II - OTHER ASSETS

FORM 990PE,

9:26:08 AM V 09-7.3 8/25/2010 13403K M698

5625

PAGE 18

ENDING BOOK VALUE

ATTACHMENT 2

ENDING FMV

3,000,000.

4,968,940.

CONVEXITY

DESCRIPTION

TOTALS

3,000,000.

4,968,940.

ATTACHMENT 2

ATTACHMENT 3

II	COMPENSATION	1,000.	1,000.	1,000.	1,000.	1,000.	5,000.
FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	JULIA MOORE MILLS	MARTIN L. MOORE	RHONDA HERTEL	SANDRA LOEFFLER	SHIRLEY P. KOEHLER	GRAND TOTALS

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DUBING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

2199 SOUTH UNIVERSITY BOULEVARD

DENVER, CO 80208

UNIVERSITY OF DENVER

UNIVERSITY OF COLORADO

1250 14TH STREET DENVER, CO 80201

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

SCHOLARSHIP

412,939

AMOUNT

ATTACHMENT 4

RESEARCH GRANT

75,000

GENERAL DONATION

GRAND ISLAND EDUCATIONAL FOUNDATION

GRAND ISLAND, NE 68802

123 SOUTH WEBB ROAD

5,000

492,939

TOTAL CONTRIBUTIONS PAID

PAGE 20 ATTACHMENT 4

9.26 08 AM

13403K M698 8/25/2010

5625

V 09-7 3

Form 8868 (Rev 4-2009)			Page 2
<ul> <li>If you are filing for an Additional (Not Auto</li> </ul>	matic) 3-Month Extension, complete only F	art II and check this box	
Note. Only complete Part II if you have alrea			
<ul> <li>If you are filing for an Automatic 3-Month I</li> </ul>	Extension, complete only Part I (on page 1).	,	
Part II Additional (Not Automatic)	3-Month Extension of Time. Only file	the original (no copies	needed).
Type or Name of Exempt Organization		Employer identification	
print RONALD AND CAROL MOC	re family foundation	27- 0039609	
File by the Number, street, and room or suite no	If a P.O. box, see instructions.	For IRS use only	
extended due date for 22 CHERRY HILLS PARK			
filing the City, town or post office, state, and a	CIP code. For a foreign address, see instructions		
return See Instructions CHERRY HILLS VILLAGE	, CO 80113		
Check type of return to be filed (File a sepa	rate application for each return)		
Form 990 X Form	n 990-PF	Form 1041-A	Form 6069
Form 990-BL Form	n 990-T (sec 401(a) or 408(a) trust)	Form 4720	Form 8870
Form 990-EZ Form	n 990-T (trust other than above)	Form 5227	<del>!</del>
STOP! Do not complete Part II if you were	not already granted an automatic 3-mont	n extension on a previously	filed Form 8868.
The books are in the care of ► SH RLE	Y KOEHLER		
Telephone No. ▶ 303 861-4545	FAX No. ▶		<del></del>
<ul> <li>If the organization does not have an office</li> </ul>	or place of business in the United States, che	eck this box	
<ul> <li>If this is for a Group Return, enter the organ</li> </ul>	nization's four digit Group Exemption Number	(GEN) If this	s
for the whole group, check this box >	. If it is for part of the group, check this b	ox <b>&gt;</b> and attach a	
list with the names and EINs of all members	the extension is for.		
4 I request an additional 3-month extensi	on of time until 11/15/2010		
5 For calendar year 2009, or other tax	year beginning	and ending	
6 If this tax year is for less than 12 month	s, check reason Initial return Fi	nal return Change in	accounting period
7 State in detail why you need the extens			
	D TO ACCUMULATE THE INFORMATI	ON NECESSARY TO	
FILE A COMPLETE AND ACCURA	TE RETURN	······································	
8a If this application is for Form 990-BL,	990-PF, 990-T, 4720, or 6069, enter the t		
nonrefundable credits. See instructions			\$
	90-T, 4720, or 6069, enter any refundable	<del></del>	
• •	r year overpayment allowed as a credit a	nd any amount paid	
previously with Form 8868.		8b	\$
	e 8a. Include your payment with this form, o		
with FTD coupon or, if required, by usin	EFTPS (Electronic Federal Tax Payment Sys	tem) See instructions. 8c	\$
	Signature and Verification		
Under penalties of perjury, I declare that I have exami- it is true, correct, and complete, and that I am authorized to	ned this form, including accompanying schedules and	statements, and to the best of my	knowledge and belief,
in to dee, contest, and complete, and that I am gathorized to	prepare this form.		
			0/11/1 .
Signature >	Title ▶	Date ▶	11 11/2019
BKD, LLP	TT 400	Fon	n <b>8868</b> (Rev 4-2009)
1700 LINCOLN STREET, SL	I IE 1400		
DENVER, CO\80203			
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