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Check if applicable

Department of the Treasury

A . For the 2009 calendar year, or tax year beginning

FOUNDATION

print or

type

See

Specific

Instruc-

Internal Revenue Service

Address change

Name change

Initial return

Terminated

Return of Organization Exempt From Income Tax

LOVELAND PARKS AND RECREATION

ATTN M HILGENBERG 500 EAST THIRD

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

Please C Name of organization, number and street, city, town, state, and ZIP code D Employer identification number use IRS

2009, and ending

OMB No 1545-0047

2009

, 20

84-0929421

\$

970-962-2443

E Telephone number

G Gross receipts

Open to Public Inspection

Loveland CO 80537-5773 H(a) Is this a group return Amended return Application Name and address of principal officer MARILYN HILGENBERG Yes 🛛 No for affiliates? pending E THRID ST Loveland CO 80537 Are all affiliates included? If "No", attach a list X 501(c)(3) **(**Insert no) Yes No Tax-exempt status: 4947(a)(1) or (see instructions) J Website: ▶ Group exemption number X Other ▶ FOUNDATION L Year of formation 1984 M State of legal domicile K Form of organization Corporation Association Part I Summary Briefly describe the organization's mission or most significant activities ENHANCE CITY OF LOVELAND PARKS AND RECREATION Activities & Governance Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 24957 18157. Contributions and grants (Part VIII, line 1h) 8896 6297. Program service revenue (Part VIII, line 2g) ... 5957. investment income (Part VIII, column (A), lines 3, 4, and 7d) 11156. 10733 11564 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 55742 41975. Total revenue - add lines 8 through 11 (must equal Part VIII, cq 151759 81131 Grants and similar amounts paid (Part IX, column (A), Ines 1-Benefits paid to or for members (Part IX, column (A), line 4 Salaries, other compensation, employee benefits (Part 💢 COUMAR) gings 20 16a Professional fundraising fees (Part IX, column (A), line 11¢) b Total fundraising expenses, (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 14f-24f) 539 815 152574 81670. 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) -96832 -39695. 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Year End of Year Assets or 1 Balances 282396. 322085 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Z E 322085. 282396. 22 Net assets or fund balances Subtract line 21 from line 20 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 03/20/2010 Sian Here Signature of officer Date

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. US990\$\$1

232

May the IRS discuss this return with the preparer shown above? (See instructions)

ELDER

Preparer's identifying number (see instructions)

20-8189030

970-203-1040

X Yes No

Form **990** (2009)

P00234124

OPA

LOVELAND CO

SECRETARY

03/18/2010l

80538-

Check if

employed ▶

EIN

Phone no ▶

Date

OC

MARILYN HILGENBERG

Type or print name and title

Preparer's

signature

Firms name (or yours

address, and ZIP + 4

Paid

Preparer's

Use Only

For	m 990 (2009) LOVELAND PARKS AND REG	CREATION	84-0929421 Page 2
Pa	Irt III Statement of Program Service Accomp	lishments	
1	Briefly describe the organization's mission		
	ENHANCE CITY OF LOVELAND PAR	RKS AND RECREATION	
2	Did the organization undertake any significant program s	services during the year which were not listed o	n
	the prior Form 990 or 990-EZ? .		. No Yes 🕅 No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significa	ant changes in how it conducts any program ser	rvices? Yes X No
•	If "Yes," describe these changes on Schedule O.	an anangas in new k ashabata any program as	
4	Describe the exempt purpose achievements for each of	the organization's three largest program service	es hy expenses
-	Section 501(c)(3) and 501(c)(4) organizations and section		
	allocations to others, the total expenses, and revenue, if		mount of grants and
	anocations to others, the total expenses, and revenue, if	any, for each program service reported	
	(Code) (Expenses \$ 17932	- including grants of \$) (Revenue \$
4a	(Code) (Expenses \$ 17932	. Including grants of \$) (Neverlue \$
	RECREATION SCHOLARSHIPS - SO	CHOLADSHIDS FOR LOW-INC	OME FAMILIES TO
	PARTICIPATE IN CITY RECREAT		OME PARILIES TO
	PARTICIPATE IN CITY RECREAT.	ION PROGRAMS	
4b	(Code) (Expenses \$ 63199.	Including grants of \$) (Revenue \$
	COMMUNITY BETTERMENT - DONAS		
	FOR PARKS AND RECREATION FAC	CILITIES IN PUBLIC AREA	S
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$
70	(Code) (Expenses ¢	modeling grants of \$) (Nevenue 🗸
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants o	f\$)(Revenue\$)
4e	Total program service expenses ► 8113		
			Form 990 (2009)

Par	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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations, Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			-
	Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.ls 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 similar funds or 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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		·	
	Schedule D, Part VI	٠.		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			-
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more	-	-	` ~
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII] _		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	i -		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	1		١ -
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		,	-
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	:		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	ļ		-
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? Yes No			_
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	i	-	
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 United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
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		Х
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	1	Χ
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), line 11e? If "Yes," complete Schedule G, Part I	17	1	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 		 -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	~		
13	If "Yes," complete Schedule G, Part III	19	ł	Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		$\frac{1}{X}$
			rm 990	(2009)

Checklist of Required Schedules Part IV (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 Χ United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employee's? If "Yes," Χ complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines Χ 24a 24b through 24d and complete Schedule K. If "No," go to question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or Χ 25b 990EZ? If "Yes." complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 Χ disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? . . Χ 27 If "Yes," complete Schedule L, Part III . Was the organization a party to a business transaction with one of the following parties, directly or indirectly (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family 28c member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 30 conservation contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Χ 32 If "Yes." complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ 34 III. IV. and V. line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Χ Schedule R, Part V, Irne 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Χ organization? If "Yes," complete Schedule R, Part V, line 2 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 Χ 37 Х Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 197 38

18 Enter the number reported in Box 3 of Earm 1996, Annual Summany and Transmitted of U.S. Information Returns. Enter 4-0-1 not applicable 1.10 0 19 Enter the number of Forms W-2G included in line 1s. Enter-0-1 find applicable 2.10 0 10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamind) winnings to prize winners? 1.10 0 20 Enter the number of entologiese reported on Form W-3. Transmittal of Wage and Tax. Statements, face for the catendary year ending with visit to which the year covered by this return 2.2 20 Enter the number of entologiese reported on Form W-3. Transmittal of Wage and Tax. Statements, face for the catendary year ending with visit with the report of the report of the report of the report of the organization file at 18 pages than 250, your may be required to self-list return (see instructions) 30. Did the organization the unrelated business gross income of \$1,000 or more during the year covered by this return? 30. The search of the organization of the search of the search of the organization of the search of the se		Statements Regarding Other IRS Filings and Tax Compliance					
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be Enter the number of Forms W-26 included in line 1s. Enter O-if not applicable	14		12	0	-		-
E Did this organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the rule mother 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 1 of a telescation is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3 bid the organization have surrelated business gross income of \$1,000 or more during the year covered by this return? 1 of 1'Yes, has if filed a Form 990-T for this year? If "No", provide an explanation in Schedule O 4 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) 5 of the Yes, "one the name of the foreign country 5 See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter Transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter Transaction? 5 Did see the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6 Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did t	h				_		
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3a Dit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O		· · · · · · · · · · · · · · · · · · ·		ctions)	'	-	·
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9 Sponsoring organizations maintaining donor advised funds a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 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 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 2a 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		organizations Did the supporting organization, or a donor advised fund maintained by a sponsoring	organi	zation,		٠.	
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		have excess business holdings at any time during the year?			8		
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	9	Sponsoring organizations maintaining donor advised funds					
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 2a 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	а	Did the organization make any taxable distributions under section 4966?			9a		
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	10						•
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a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	þ						
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	11	1					
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2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b				-		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		-	10115		۱ ا	, ,	-
		·	10417		[12a	,1	100
Form 990 (2009)	D	res, enter the amount of tax-exempt interest received or accrued during the year 12b			For	m 990	(2000)

Form 990 (2009) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Secti	on A Governing Body and Management				Y	es	No
	•	,	,	í		-	٠.
1a	Enter the number of voting members of the governing body .	1a		<u>8′</u>			
b	Enter the number of voting members that are independent	. <u>l</u> 1b		8,			-
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		<u>X</u> _
3	Did the organization delegate control over management duties customarily performed by or under the direct					ļ	
	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 fi	led? .	Ŀ	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets? .			<u> </u>	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 of more members					}	
	of the governing body?		•		7a	\dashv	<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		•	L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following?			1	<u> </u>	1	
а	The governing body?		• •			X	
Ь	Each committee with authority to act on behalf of the governing body?		• •	·	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached						3.7
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<u>:</u>		9	1	<u>X</u> _
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de)					
						es	No X
	Does the organization have local chapters, branches, or affiliates?		-	. 1	0a		
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters	5,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?		•	-	ОЬ		
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations are considered to the organization of the constant of the cons	ons		}			v
40.	must describe in Schedule O the process, if any, the organization uses to review the Form 990	•	• •		11		$\frac{X}{X}$
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13		• •	· · -	12a	\dashv	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	•		· '	20		
С	describe in Schedule O how this is done			1	12c		
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				<u>.</u>	!	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	ion					
а	The organization's CEO, Executive Director, or top management official?			1	5a		X
b	Other officers or key employees of the organization?	_			5b		X
_	Describe the process in Schedule O (see instructions)			1		'	3
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?			. 1	6a		Χ
ь	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?			1	6b		
Secti	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ► CO						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr	:)(3)s	only)				_
	available for public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of	ıntere	st				
	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 record						
	organization ►M HILGENBERG 500 E 3RD Loveland CO 80537	<u>-57</u>	73 9	70-	962-	-24	143

Page 7

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. Report compensation for the calendar year ending with or within the organization's tax year 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization'scurrent key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	t compensate any current officer, director, or true (B) (C)							(D)	(E)	(F)
Name and Title	Average	Posit	on (cl	neck	all t	hat ap	ply)	Reportable	Reportable	Estimated
	hours per week			Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
M HILGENBERG SECRETARY	3			V				0	0	0
	1 3	-		Х_	<u> </u>			0		
H WIGERT CHAIRMAN	1			X				0	0	0
TONY ZINK TREASURER	1			X				0	0	0
										
								-		

US990\$\$7

	art VII Section A. Officers, Directors,	Trustees,	Key Er	nploy	ees,	and	l High	est (Compensated Emplo	oyees (continued)	
	(A)	(B)			(C)			(D)	(E)	(F)
	Name and title	Average	Positi	on (ch	neck	all t	hat ap	ply)	Reportable	Reportable	Estimated
•		hours per	익힜	'n	Q	[중	육,풀	75	compensation	compensation	amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	from related	other
			cto	tion		를	st c	=	the	organizations	compensation
			ੋ 🗗	al t		oye	9		organization	(W-2/1099-MISC)	from the
			stee	su.		P	en		(W-2/1099-MISC)		organization
				ee			sate				and related
_							ă	<u></u> .			organizations
_		ļ					ļ				
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			<u> </u>								
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_										· · · · · ·	
1b	Total		11		L			>	0	0	0
2	Total number of individuals (including but n	ot limited t	to those	e liste	d ab	ove)) who i	ece	ved more than \$100	,000 in reportable c	
	from the organization >						•				·
_					-						Yes No
3	Did the organization list anyformer officer,	director or	trustee	e, key	emp	loye	ee, or h	nigh	est compensated		
	employee on line 1a? If "Yes," complete Sc	hedule J fo	or such	ındıv	ıdua	i					3 X
4	For any individual listed on line 1a, is the su	ım of repo	rtable (compe	ensa	tion	and o	ther	compensation from		•
	the organization and related organizations	greater tha	ın \$150	0,0007) If "\	Yes,	" com	olete	Schedule J for such	1	1.551.551.5
	ındıvıdual					-				•	. 4 X
5	Did any person listed on line 1a receive or a										1 1 1,,
	services rendered to the organization? If "Y	es," comp	lete Sc	hedul	e J f	or si	uch pe	rsor	<u> </u>		5 X
	ction B. Independent Contractors					- 1	-11			100 000 -1	
1	Complete this table for your five highest cor	npensated	ındep	ender	nt co	ntra	ctors t	nat r	received more than \$	5100,000 of	
	compensation from the organization								(B)		(0)
	(A) Name and business	addrace							(B) Description of s	enuces	(C) Compensation
_	rame and business	3 4001635								101 11003	Componsation
_											
_										 _	
							$- \uparrow$				
2	Total number of independent contractors (in	icludina bi	ıt not lı	mited	to th	ose	listed	abo	ove) who received mo	ore than	

\$100,000 in compensation from the organization **>**

Part	VIII	Statement of Revenue				
	•		(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 b c	Federated campaigns Membership dues 1b Fundraising events . 1c Related organizations 1d				
ributions, cother similar	e f	Government grants (contributions) All other contributions, giffs, grants, and similar amounts not included above 1e 1e 1e 1857.				- -
Con	g h	Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f	18157.		•	
ne		Business Code	k -		- •	
Program Service Revenue	^{2a} _	RECREATION SCHOLARSH	6297.	6297.		
<u>8</u>	c					
2	ď					
S	e		-			
ran		All other program service revenue				
rog			6297.	ş	-	,
	9	TOTAL 7 GO III700 Ed El	0257.	T	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including dividends, interest, and	5057	5957.		
		other similar amounts)	5957.	3937.		
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				J <u>. </u>
		(ı) Real (ıı) Personal	1 ,			_
	6a	Gross Rents		-		-
	ь	Less rental	-			-
		expenses Rental income	-	· · · · · · · · · · · · · · · · · · ·		
	C	or (loss) ···	7	1	l , , , , ,	1
	d	Net rental income or (loss)	<u> </u>	<u> </u>		
	7a	sales of assets (II) Securities (III) Other	<u>_</u>	."	-	-
	l	other than inventory	_} .	· .	` <u>-</u>	- *
	b	Less cost or other basis and sales expenses			· · · · · · · · · · · · · · · · · · ·	
	С	Gain or (loss)	<u> </u>	ا ساء میں	⁻	, ,
	d	Net gain or (loss)	7			
ē	8a	Gross income from fundraising events (not including \$		-		-
Other Revenue		of contributions reported on line 1c)	it is	,	•	
ě		See Part IV, line 18 a 18714 .		•		
7	L					-
Ě	Ь		11564.	11564.	· ·	1 -
J	С	Net income of (1033) from fundialising events	11304.	11304.		J
	9a	Gross income from gaming	1	•	•	
		activities See Part IV, line 19 a		- · · · · · · · · · · · · · · · · · · ·		1 -
	b	Less direct expenses b	· · · · · · · · · · · · · · · · · · ·		- I	
	С	Net income or (loss) from gaming activities . ▶	1		<u> </u>	<u>.</u>
	10a	Gross sales of inventory, less			-	
		returns and allowances . a	I.			
	ь	Less cost of goods sold . b	-	ė	T	
	С	Net income or (loss) from sales of inventory	7		_	}
	<u> </u>		_	-	•	1
	4.4	Miscellaneous Revenue Business Code	i i	i		1
	11a		4			
	b					
	c		<u> </u>			ļ
	d	All other revenue	ļ	<u> </u>		
	е	Total Add lines 11a-11d				
	12	Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c,	41975.	23818.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete of				
	not include amounts reported on lines 6b, 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	63199.	63199.		,
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	17932.	17932.		
3	Grants and other assistance to governments,			; •	
	organizations, and individuals outside the			,	-
	U.S. See Part IV, lines 15 and 16			,	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	-		· · · · · · · · · · · · · · · · · · ·	
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				,
	and section 403(b) employer contributions)				_
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	125.		125.	
d	Lobbying .				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses .				
14	Information technology				
15	Royalties .				
16	Occupancy .		***************************************		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				-
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
23	Insurance .				
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)				
а	POSTAGE	252.			252.
b	PRINTING	109.		109.	
С	OFFICE SUPPLIES	38.		38.	
d	CO CHARITY FILING	10.		10.	
е					
f	All other expenses .				
25	Total functional expenses. Add lines 1 through 24f	81665.	81131.	282.	252.
26	Joint Costs Check here ▶ If following				
	SOP 98-2 Complete this line only if the org		j	J	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Page **11**

Part X **Balance Sheet** (A) (B) Beginning of year End of year 127029. 81428. 1 Cash - non-interest-bearing 195056. 200968. 2 2 Savings and temporary cash investments . 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Sch. L. 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Part II of Schedule L . . 7 Notes and loans receivable, net 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation 10b 10c b 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 14 intangible assets ٠. 15 Other assets See Part IV, line 11 . . 15 322085 282396 16 16 Total assets Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 25 26 Total liabilities Add lines 17 through 25 26 Organizations that follow SFAS 117, check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 Permanently restricted net assets . 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 Paid-in or capital surplus, or land, building, or equipment fund 31 31 322085. 282396. 32 32 Retained earnings, endowment, accumulated income, or other funds 322085. 282396. 33 33 Total net assets or fund balances 322085. 282396. 34 34 Total liabilities and net assets/fund balances

Form 990 (2009)

Form 990 (2009)	LOVELAND	PARKS	AND	RECREATION	84-0929421	Page 12

Par	t XI Financial Statements and Reporting			_
	·		Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 📗 Accrual 📗 Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	ĺ	X
b	Were the organization's financial statements audited by an independent accountant?	2b	J	X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were			
	issued on a consolidated basis, separate basis, or both	2d	<u> </u>	<u> </u>
	separate basis consolidated basis both consolidated and separate basis		Į	
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
ь	If "Yes," did the organization undergo the required audit or audits?	3b		
		Form	990	(2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organizations or a section

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

Name of the organization

4947(a)(1) nonexempt charitable trusts. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Open to Public Inspection Employer identification number

	L	OVELAND PARK	KS AND REC	REATION				84	-092	9421			
E	Pari	Reason for	r Public Charity	Status (All organizations	must cor	nplete th	his part)	See ins	tructions				
Th	e or	ganization is not a priva	ite foundation becau	use it is. (For lines 1 through 11,	check o	nly one l	box)						
1		A church, convention	of churches, or asso	ociation of churches described in	section	170(b)(1)(A)(i).						
2	П	A school described in	section 170(b)(1)(A)(ii) (Attach Schedule E)									
3	П	A hospital or a cooper	rative hospital servic	ce organization described irsect	on 170(t	o)(1)(A)(i	iii)						
4		A medical research or	rganization operated	l in conjunction with a hospital d	escribed	isectio	n 170(b)	(1)(A)(ii	i) Enter t	he hosp	ıtal's nar	ne,	
		city, and state											
5		An organization opera	ated for the benefit o	of a college or university owned	or operat	ed by a	governm	nental ur	nt descri	bed mec	tion		
		170(b)(1)(A)(ıv). (Com	iplete Part II)										
6	\Box	A federal, state, or loc	al government or go	overnmental unit described insed	tion 170	(b)(1)(A))(v).						
7	X	An organization that n	ormally receives a s	substantial part of its support fro	m a gove	ernmenta	al unit or	from the	e genera	l public			
		described in section 1	170(b)(1)(A)(vi). (Co	mplete Part II)									
8	П			70(b)(1)(A)(vi) (Complete Part II)								
9	П	An organization that n	ormally receives (1) more than 33 1/3 % of its supp	ort from	contribu	itions, m	embersl	nip fees,	and gros	ss		
				pt functions - subject to certain									
				d unrelated business taxable in									
		acquired by the organ	ization after June 30	0, 1975 Seesection 509(a)(2) (Complete	e Part III)						
10				exclusively to test for public safe									
11	П	An organization organ	nized and operated e	exclusively for the benefit of, to	erform t	he funct	ions of, o	or to car	ry out the	•			
		purposes of one or mo	ore publicly supporte	ed organizations described in se	ction 50	9(a)(1) o	r section	509(a)	(2) Sesse	ction			
		509(a)(3) Check the b	oox that describes th	ne type of supporting organization	n and co	mplete l	lines 11e	through	11h				
		a Type I	b Type II	c Type III - Fu	nctionall	ly integra	ated	d	Type	III - Othe	г		
е		By checking this box,	I certify that the orga	anization is not controlled direct	y or indir	ectly by	one or n	nore disc	qualified				
		persons other than for	undation managers	and other than one or more pub	licly supp	onted o	rganızatı	ons des	cribed in	section			
		509(a)(1) or section 56	09(a)(2)										
f		If the organization rec	eived a written dete	rmination from the IRS that it is	a Type I,	Type II	or Type	III suppo	orting				
		organization, check th	is box				•	-			-		
g		Since August 17, 2006	6, has the organizat	ion accepted any gift or contribu	tion from	any of	the follow	wing per	sons?				
		(i) A person who dire	ectly or indirectly cor	ntrols, either alone or together w	ith perso	ns desc	ribed in	(n)				Yes	No
		and (iii) below, the	e governing body of	the supported organization?					•		11g(ı)		
		(ii) A family member of	of a person describe	ed in (i) above?	•			•		-	11g(II)		
		(iii) A 35% controlled	entity of a person de	escribed in (i) or (ii) above?							11g(iii)		
h		Provide the following i	information about th	e supported organization(s)									
	(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) is th	ne organ-	(v) E	ую дол	(vi) 1	s the	(vii) A	Amour	t of
		organization		(described on lines 1-9	ızatıon	ın col	notify	the .	organiz	zation in	St	ipport	
				above or IRC section	(I) listed	in your	organiza	ation in	col	(i)			
				(see instructions))	gove	ming	col (i)	of your	orga	nızed	1		
•			-	1	docum	nent?	supp	ort?	in the	US?			
			<u> </u>		Yes	No	Yes	No	Yes	No			
					1			j	}	j			
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Schedule A (Form 990 or 990-EZ) 2009 LOVELAND PARKS AND RECREATION Page 2 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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 205483. 24454. 25631. 53890. 33853. 343311. include any "unusual grants") ... 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 25631. 53890. 205483. 33853. 24454 343311. Total. Add lines 1 through 3 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) . 343311. Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 53890. 205483. 33853. 24454. 343311. 25631. Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 3588. 5657. 9594. 11156. 5957. 35952. sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 379263. 11 Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions)

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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 90.52 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 91.83 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and top 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 - 2008. 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 top here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box in line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2009

instructions

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ. Intèmat Revenue Service Name of the organization LOVELAND PARKS AND RECREATION

Employer identification number 84-0929421

														
Part I	Fundraising Activities. Co	mplete if the org	anızatıo	n answe	red ``Yes" to Form 990, f	Part IV, line 17								
	dicate whether the organization ra	aised funds throi	ugh any	1										
a	.H.,													
₽Ļ			* _	1		nts								
c _	Phone solicitations		g_	Specia	al fundraising events									
d∟	In-person solicitations													
	id the organization have a written orm 990, Part VII) or entity in conf	-				directors, trustees or key	employees listed in							
	· · · · · · · · · · · · · · · · · · ·				=									
	"Yes," list the ten highest paid ind least \$5,000 by the organization		-				er is to be compensated							
	(i) Name of individual	(ii) Activity	(iii) Did		(iv) Gross receipts	(V) Amount paid to (or	(vi) Amount paid to							
	or entity (fundraiser)	(,		r have	from activity	retained by) fundraiser	(or retained by)							
	or entity (turidialser)			dy or	HOIH dollvity	l '''								
				rol of utions?		listed in col (i)	organization							
			Yes	No										
	,													
				,	i									
						<u> </u>								
					•									
					· · · · · · · · · · · · · · · · · · ·									
) 								
Tetal				•	<u></u>									
Total	st all states in which the organizat				olicit funds or has been n	lotified it is exempt from re	egistration or licensing							
						· 								
														
			·											

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

•			(a) Even GOLF TOU	t#1 JRNEY	AR	(b) Eventa TS CRAI		(c) O	ther Events			Events i) throug	h
			(event ty			(event type		(tota	al number)	<u> </u>	col (
nne										į			
Revenue	1	Gross receipts	16,	019.	ļ	2,0	595.				18	,714	•
II.	2	Less (Charitable contributions)											
	3	Gross revenue (line 1	 			•	-						
		minus line 2)	16,	019.		2,6	595.				18	,714	
	4	Cash prizes	-										
es	5	Non-cash prizes .								<u> </u>			
Direct Expenses	6	Rent/facility costs								ļ		- ·	
Oirect	7	Food and beverages										·- ·	
ш					ļ								
	8	Entertainment									_		
	9	Other direct expenses	5,	406.		1,	744.				7	,150	
	10	Direct expense summary	Add lines 4 throi									,150 ,150	
	11	Net income summary Co							▶			,564	
Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ													
		line 6a	(a) Din		,	b) Pull tabs/l	natant	(2) (2)	ther gaming	(d) T	otal as	ming (Ad	
ηne			(a) Bin	go	,	ngo/progressi		(6)	ther gaining		_	gh col (
Revenue					<u> </u>	igo/progressi	ve bingo			- 001 (6	ij tinou	911 001 (<u>-,,</u>
œ	1	Gross revenue											
			1										
ses	2	Cash prizes											
Direct Expenses	3	Non-cash prizes	1										
t Ex		Non-cash prizes											
lirec	4	Rent/facility costs											
			1										
	5	Other direct expenses .		0 0	1		0 00		0 0 20				
	6	Volunteer labor	Yes No	0.0%	l H	Yes No	0.0%	Yes No	0.0 %				
	7	Direct expense summary		ugh 5 in colu	-			I NO	· · · · •			* ** ******	
	8	Net gaming income sumr		-					▶				
Yes No										No			
9 Enter the state(s) in which the organization operates gaming activities										·			
		he organization licensed to	o operate gaming	activities in e	ach o	f these states	?				9a		
ı	o If "I	No," Explain											
	_										•		,
10 a		ere any of the organization	's gaming license:	s revoked, su	spend	led or termina	ted durina t	he tax vear	?		10a		
		Yes," Explain	a gamma mamaa					,			1 - 22 1	. 1	~
											}		
												1-	
11		es the organization operate	-								. 11		—
12		he organization a grantor, ninister charitable gaming	-			nember of a p	armership (or otner ent	ity formed to		12	Ĭ	
	aur	minister criantable gaming		<u> </u>	• •	· · · · · · · · · · · · · · · · · · ·					1 12		

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

OMB No 1545-0047 2009

Open to Public Inspection

	() () ()	•				Employer identifica	Employer identification number
Part General Information on Grants and Assistance	AND RECKEALTON	d Assistance				260-40	775
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection criteria	records to substantia	ate the amount of the gra	ants or assistance, the gi	rantees' eligibility for the g	grants or assistance, and	the selection criteria	
	sistance?		1 - 0 - 1 - 0				X Yes No
2 Describe in Part by the organization's procedures for monitoring the use or grant turns in the United States Fartill Grants and Other Assistance to Governments and Organizations in the Unit	Assistance to G	monitoring the use of governments and C	rganizations in the	and Part IV the organization's procedures for monitoring the use of grant londs in the United States. Complete if the organization answered "Yes"	nplete if the organiz	ation answered "Y	es"
	t IV, line 21, for a	ny recipient that re	sceived more than	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	oox if no one recipie	ent received more	
than \$5,000. Use	Part IV and Sche	dule I-1 (Form 990	than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	e is needed			A
1 (a) Name and address of	(p) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-cash (f) Method of valuation	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government		section if applicable	grant	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
CITY OF LOVELAND		-					
500 E 80537- CO L	L84-6000609			63, 199.	COST	PARK IMPRV	PARK IMPRV
	-						
		, .					
							,
	-						
2 Enter total number of section 501(c)(3) and government organizations	501(c)(3) and governr	nent organizations				•	
2 Enter total number of other care and	- interior	ı				•	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

US9901\$1

Schedule I (Form 990) 2009

Schedule | (Form 990) 2009 LOVELAND PARKS AND RECREATION 84-0929421

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV,

Page 2 line 22. Use Schedule I-1 (Form 990) if additional space is needed.

		100001			
(a) Type of grant or assistance	(b) Number of	(c) Amount of cash	(d) Amount of	(e) Method of valuation	(f) Description of non-cash assistance
	recipients	grant	non-cash	(book, FMV, appraisal,	
			assistance	other)	
RECREATION SCHOLARSHIPS	332	17,932.		FMV	
Part IV Supplemental Information. Complete this part to	this part to provide	the information red	uired in Part I, line	provide the information required in Part I, line 2, and any other additional information.	ditional information.
DETERMINATION OF WHICH RECIPIENTS QUAL	UTS QUALITY F	ITY FOR SCHOLARSHIPS	IPS -		
WE USE 125% OF FEDERAL POVERTY GUIDELINES		AS A QUALIFIER FOR FINANCIAL	R FOR FINANC	IAL	
ASSISTANCE TO NEEDY FAMILIES, N	NONDISCRIMINA	IMINATION RULES ALSO APPLY	LSO APPLY		

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047 2009 Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization 84-0929421 LOVELAND PARKS AND RECREATION THE TREASURER PROVIDES FINANCIAL INFORMATION TO THE SECRETARY WHO HAS THE 990 FORM PREPARED AND THEN SIGNS THE RETURN BEFORE MAILING IT IN.

Main Information Sheet

For calendar year 2009 or tax year beginning	and ending
Name line 2 Name line 2 Address City, State, and Zip Code Name line 2 FOUNDATION ATTN M HILGENBERG 500 EAST Loveland CO 80537-5773	
Fiduciary name, if applicable Name of officer signing return Title of officer/trustee/fiduciary signing return Group exemption number Check if exemption application is pending	HILGENBERG RY ccrual Other Specify
Type of exempt organization: Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal R (Form 990) Organization exempt under section 501(c), 527 or 4947(a)(1) of the Internal R with gross receipts less than \$1,000,000 and total assets less than \$2,500,00 Private foundation or section 4947(a)(1) nonexempt charitable trust treated as Exempt organization with unrelated business income (Form 990-T)	Revenue Code (except black lung benefit trust or private foundation) 0 at the end of the year (Form 990-EZ)
Preparer ID Preparer name SHELLY L WAGAR CPA Preparer SSN Firm's name SHELLY L WAGAR CPA OC Address 232 ELDER DRIVE City, State, ZIP Code LOVELAND CO 80538-	Time in this return Date. PTIN: PTIN: Self-employed Firm's EIN' Phone Tyd minutes 03/18/2010 P00234124 20-8189030 970-203-1040
Preparer notes These notes will print and proforma	
Preparer's use fields 1	