

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2009	calen	dar year, or tax year beginning , 2009, and ending				, 20				
Вс	heck if app	phcable	Please	C Name of organization THE CATHOLIC FOUNDATION NO. COLORADO	D Emp	loyer id	entification	numb	oer			
	Addres		use IRS label or	Doing Business As THE CATHOLIC FOUNDATION	84-1481641							
	7	change	pnnt or	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Tele							
\vdash	Initiatio	1	type See	3801 EAST FLORIDA AVE	1303	1 46	8-9885					
-	┪	i	Specific	City or town, state or country, and ZIP + 4	1303	, 40	0 300.	,				
\vdash	Termo		Instruc- tions		1					701		
\vdash	return	, ļ		DENVER, CO 80210		s receipt				721.		
Ш	Applica pendin		F Na	ime and address of principal officer GERALD J. LABER		his a group liates?	return for	\square	Yes	X No		
			<u> 3801</u>	EAST FLORIDA AVE STE 725 DENVER, CO 80210	H(b) Are	all affibat	es included?		Yes	No		
<u> </u>	Tax-ex	cempt sta	itus	X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	11:	No " attaci	n a list (see i	nstructio	ons)			
J	Websit	te 🕨	WWW.	THECATHOLICFOUNDATION.COM	H(c) Gro	up exemp	tion number	>				
K	Form o	of organiz	zation	X Corporation Trust Association Other ► L Year of forma	ation 19	98 M	State of leg	al don	nicile	CO		
Pa	irt I	Sun	nmary									
	1	Briefly	describ	be the organization's mission or most significant activities								
	i '	-		OLIC FND DISTRIBUTES AN AVG. OF \$5M PER YEAR TO CATH	HOLIC							
9				S, EDUCATIONAL AND CHARITABLE ORGS. THAT DEPEND ON T		PPOR	 P					
nar				ERN CO CATHOLICS TO CARRY OUT THEIR MISSION AND MINI								
ver	_											
Governance	2			x If the organization discontinued its operations or disposed of more than 25% of	of its net a	isseis	1 - 1			0.0		
				ting members of the governing body (Part VI, line 1a)			3			20		
ties	4	Numbe	er of ind	dependent voting members of the governing body (Part VI, line 1b)			4			20		
Activities &	5	Total n	umber	of employees (Part V, line 2a)			5			88		
Ac	6	Total n	umber	of volunteers (estimate if necessary)			6			20		
	7 a	Total g	ross u	related business revenue from Part VIII, column (C), line 12			7a		175	,678.		
	b	Net un	related	business taxable income from Form 990-T, line 34		 	7b		-71	,489.		
					Prior	Year		Curre	ent Ye	ear		
•	8	Contrib	outions	and grants (Part VIII, line 1h)	7,16	54,45	5.	2,	275	,075.		
Revenue	9	Progra	m serv	ice revenue (Part VIII, line 2g)			0.			0.		
eve	10		1,179,145.			2.	539	,195.				
œ				come (Part VIII, column (A), lines 3, 4, and 7dRECEIVED.		5,70				0.		
1	12	Total	ovenue	and lines 8 through 11 /must equal Part /(III. column /A), lines 12)	8,34			811	,270.			
<u> </u>	13	Grants	and c	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,42				,747.		
2	1				0,5	12,42		0,	233	0.		
<u> </u>	14	beneill	is paid	to or for members (Part IX, column (A), find 4)	0.			643,566				
es s	15	Salarie	s, oine	or compensation, employee benefits (Part IX-column (A), lines (5-10) T.	582,080.				643			
ë	16 a	rioles	Stonai	undraising lees (Part IX, Column (A), line Tie)			0.			0.		
Expenses	þ			ing expenses, Part IX, column (D), line 25) 55, 320.								
_	17	Other	expens	es (Part IX, column (A), lines 11a-11d, 11f-24f)		60,81				<u>,126.</u>		
	1		-	es Add lines 13-17 (must equal Part IX, column (A), line 25)	7,68	35,31				,439.		
		Reven	ue less	expenses Subtract line 18 from line 12	6	63 , 98	3.	-4,5	564	,169.		
200					Beginnin	g of Ye	ar	End	of Ye	ar		
sets		Total a	ssets (Part X, line 16)	85,94	11,97	9.	96,3	328,	,105.		
A A	21	Total li	abilitie	s (Part X, line 26)	20,79	0,25	8.	23,0	067	,839.		
Net Ass	22	Net as	sets or	fund balances Subtract line 21 from line 20	65,15	1,72	1.	73,2	260	,266.		
	irt.li	Sig	natur	e Block								
		Under	penalti	es of perjury, I declare that I have examined this return, including accompanying schedules ar	nd stateme	nts and	I to the he	est of	mv kr	owledge		
		and b	elief, it	is true, correct, and complete Declaration of preparer (other than officer) is based on all info	ormation	of which	preparer	has a	ny kn	owledge		
S	Sign		15	See-Old July	1	8-	11-10					
	lere	•	Signatui	e of officer		ale	., .,					
			6	ERALD J. LABER PRESIDEN	r							
		🕨 :	Tyne or	print name and title		_						
		<u> </u>		Date Check if		Pren	arer's ident	ifvino r	numba			
Paid	į	Prepa		Self-			instruction	5)		•		
Pre	parer's			900 7 COO employed		لــ		2906				
Use	Only	if self-e	employe		EIN	<u> </u>	44-(
			s, and	111 30011 1E00N, 3011E 800 COLORADO SFRINGS, CO 80303-3648	Phone n	0	719	471	-42	90		
May	y the IF	RS disci	uss this	s return with the preparer shown above? (see instructions)		<u></u>	<u> X</u>	Ye		No		
For	Privac	cy Act a	nd Pa	perwork Reduction Act Notice, see the separate instructions *				Form	990	(2009)		

Fom	990 (200		Page 2
Рa	rt III	Statement of Program Service Accomplishments	
1	-	describe the organization's mission 'ACHMENT 2	
	the prio	e organization undertake any significant program services during the year which were not listed on or Form 990 or 990-EZ? "describe these new services on Schedule O."	Yes X No
3	Did the services	e organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
4	Describ Section	,"describe these changes on Schedule O be the exempt purpose achievements for each of the organization's three largest program services by expension 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the ions to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code THE C)(Expenses\$ 5,075,416 Including grants of \$ 5,075,416)(Revenue \$ CATHOLIC FOUNDATION SUPPORTS PRIESTLY FORMATION THROUGH)
		WMENT FUNDS ESTABLISHED TO SUPPORT THE OPERATIONS AND NEEDS OF	
		JOHN VIANNEY THEOLOGICAL SEMINARY AND REDEMPTORIS MATER	
		IONARY SEMINARIES. GRANTS FROM DONOR ADVISED FUNDS OF THE	
	CATHO	OLIC FOUNDATION ALSO SUPPORT THE SEMINARIES.	
			
			• • •
4b	GRANT SCHOL)
4c	AND C)(Expenses\$ 1,040,885 Including grants of \$ 1,040,885)(Revenue \$ UGH THE FUNDING OF RELIGIOUS EDUCATION, CATECHIST TRAINING, CURRICULUM DEVELOPMENT, THE FOUNDATION HELPS PROVIDE CATHOLICS LL AGES A STRONGER UNDERSTANDING OF THE SCRIPTURES, THE AMENTS, AND THE CHURCH'S TEACHING.)
اء ۾	Oth	organia accuracy (December in Cabadula O.)	
	(Expens	737,602 7	
<u>4e</u>	i otal pi	orogram service expenses ► 8,255,747.	Form 990 (2009)

Part	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	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		х
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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	Х	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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	Χ	
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	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			7.7
	Schedule D, Part VI			
•	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 167 If "Yes," complete Schedule D, Part VII		4,05	
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		• * *	3
	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		,	2, 1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			12.
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	, ;	\$ (4°)	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	,^^ ,		,
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12	Х	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No		Ä	1 ',
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	·	^	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	:		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			İ
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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?			
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 9	90 (2009) 84-1481641		1	Page 4
Part	IV Checklist of Required Schedules (continued)	-		<u> </u>
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		}	l
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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			İ
	24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ	to defease any tax-exempt bonds?	24c		1
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction	240		
20 4	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	254		<u> </u>
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		 -
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes, "complete Schedule L, Part II."	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
41	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
_		20-		X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	206		x
_	Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	200		,
20	Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		l ,
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
22		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	22		,
22	Schedule N, Part II	32		X
33				,
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			١.,
	Schedule R, Part V, line 2	35_		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			١
	organization? If "Yes," complete Schedule R, Part V, line 2	36	 	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u> </u>	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		F	uun	(2000)

Form 9	90 (2009) 84-1481641			Page 5
Part				
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of page 1		-,"	79.5
	U.S. Information Returns Enter -0- if not applicable			. :
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		2.0	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		<u> </u>	
	gaming (gambling) winnings to prize winners?	1c	Х	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	":
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 8			*; **
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)		-	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		`-	\\\ -
	this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	ļ
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	·		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		.,	
	account)?	4a	X	
D	If "Yes," enter the name of the foreign country ATTACHMENT 4 See the content of the property of the propert			,
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	-	, ,	3
5.2	and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
·	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> </u>		
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		
	required to file Form 8282?	7c	ļ	X
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
	benefit contract?	7e	<u> </u>	X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	Х
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<u>7g</u>	-	├
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	 		
	required?	7h		 ,
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			3
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		/	X
•	organization, have excess business holdings at any time during the year?	8	 	 ^
	Sponsoring organizations maintaining donor advised funds.	00		
	Did the organization make any taxable distributions under section 4966?	9a 9b	 -	X
	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	30	<u> </u>	7.
10	Initiation fees and capital contributions included on Part VIII, line 12		,	1
			٠.	,
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	1	
	Gross income from members or shareholders		1	
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
J	amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (20		84-1481641				
Part VI	Governance, Management, and Disclosure For each for a "No" response to line 8a, 8b, or 10b below, descinedule O See instructions					
Section	A. Governing Body and Management					
			Van	1 Ma		

000	non A. Governing Body and management				T	
		الما	20		Yes	No
a	Enter the number of voting members of the governing body	1a	20	-		
1b	Enter the number of voting members that are independent	1b		{		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	-				х
	any other officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under the			_		l.
	supervision of officers, directors or trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was to		• • • • •	4		
5	Did the organization become aware during the year of a material diversion of the organization's asset			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers		_		
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pers			7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken of	luring				•
	the year by the following				.,	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required b	v the	Internal			
Reve	enue Code)					
					Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such of		s,		}	
				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fil	ing the				
	form?			11	Х	
11 A	Desribe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ld give				•
	rise to conflicts?			12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes	ì, "			
	describe in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation an	d deci	sion?			
а	The organization's CEO, Executive Director, or top management official			15a	X	ļ
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent		1		
	with a taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to sail			<u></u>		
	the organization's exempt status with respect to such arrangements?	<u></u>	<u></u>	16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed				 .	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7					
	available for public inspection. Indicate how you make these available. Check all that apply X Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict	of interest			
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books an organization THE ORGANIZATION 3801 EAST FLORIDA AVENUE STE 725 DENVE	d reco	ds of the	- -		

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's current 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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	P or director	Institutional trustee	Officer	all Key employee	al employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MARK BAUMAN										
CHAIR	2.00	X		Х				0	0.	0
WAYNE MURDY										
CHAIR	2.00	X		Х			_	0.	0.	0
WILLIAM FITZGERALD]			Γ			Г			
SECRETARY	2.00	Х		X		<u> </u>		0.	0	. 0
MARY GROVES, ESQ.		[
TREASURER	2.00	Х		Х				0.	0	0
SUZAN BOYD										
DIRECTOR	1.00	X						0.	0.	. 0
MOST REV. CHARLES CHAPUT, O.F.M. DIRECTOR	1.00	Х						0.	0	. 0
MOST REV. JAMES D. CONLEY					 					
DIRECTOR	1.00	X						0.	0.	0
REV. MSGR. THOMAS S. FRYAR										
DIRECTOR	1.00	X						0.	0.	0
THOMAS D. HUELE										,
VICE CHAIR	1.00	X						0.	0.	. 0
LOU JAHDE										
DIRECTOR	1.00	X						0.	0.	0
JOSEPH JANICZEK										
DIRECTOR	1.00	X						0.	0.	0
KEVIN KOPP				-						
DIRECTOR	1.00	X	Ì					0.	0.	0
LOUIS LUBICK	· · · · · ·				ļ —					
DIRECTOR	1.00	Х						0.	0.	0
PEGGY MCCLINTOCK			Г	Γ	_		Ι_			
DIRECTOR	1.00	Х						0.	o	0
DEBBIE O'DWYER	· · · · · · · · · · · · · · · · · · ·			_						
DIRECTOR	1.00	Х					ŀ	0.	0	0
TERRY POLAKOVIC		1					 			
DIRECTOR	1.00	Х						0.	0	0

Form 990 (2009)

(A) Name and title	(B) Average	Posit	ion (e		C) call t	hat app	ly)	(D) Reportable	(E) Reportable	le		(F) imated	t
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensat from relate organizatio (W-2/1099-M	ion ed ons	comp fro orga and	ount of other ensation in the nization related	on on d
SAM PERRY													
DIRECTOR	1.00	Х	_	L_				0.		0.			(
KEN SCHULTZ		١	1										
DIRECTOR	1.00	X	<u> </u>		_		<u> </u>	0.		0.			(
TERESITA TRIGO	1 00	١.,		1		1	1						,
DIRECTOR	1.00	X	 		┢	 -		0.		0.			(
MATTHEW J. TYNAN	1 00												
DIRECTOR	1.00	X	<u> </u>					0.		0.			(
JOE TALARICO	1 00	,,											
DIRECTOR	1.00	X		-	-		-	0.	ļ	0			
WILLIAM WAGNER	1 00	,,						_					
DIRECTOR PAUL ZAKOVICH	1.00	X			-			0.		0.			
	1 00	,								0.			
DIRECTOR GERALD LABER	1.00	X	├	├	\vdash		 	0.		- 0.1			
PRESIDENT	35.00			X				145,574.		0.		16,	501
MARY MORRONI	33.00			1^	-		1	143,374.					<u> </u>
VICE PRESIDENT	40.00			x				133,684.		0		11,	96.
TAMMY MEIER	40.00		├-	1	\vdash	-	╁	133,004.					
DIRECTOR OF FINANCE	40 00					х	ĺ	133,570.		0		21,	738
1b Total							>	412,828.		0.		50,	298
2 Total number of individuals (including but not lin				bov	e) v	/ho re	ceiv	ed more than \$100	nı 000,0				
reportable compensation from the organization	<u> </u>		3										
												Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched	er, directo	or or	trı d	uste	e,	key (
											3		X
4 For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	,00	0?	<i>If "</i> Y	'es,	" complete Sched	ule J for s		4	 X	
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	atic	n fro	om	any unrelated of	rganization		5		X
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization	compensat	ed ir	ndep	enc	dent	con	trac	tors that received	d more than	n \$100	0,000	of	
(A) Name and business add	ress							(B) Description of ser	vices	C	(C) ompens		
													<u> </u>
							$\frac{1}{1}$						
							T						

	t VIII			84-1481641		rage 3
1	,		(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 d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e		,		1
ontribution of other si	f g	All other contributions, gifts, grants, and similar amounts not included above . 1f 2, 275, 075 Noncash contributions included in lines 1a-1f \$ 5,253				
ပြွန်	h	Total Add lines 1a-1f	2,275,075			1
Program Service Revenue	2a b c	Business Code		-	-	-
Se	d					
Program	e f 9	All other program service revenue	0			
	3 4 5	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 5	688,833		46,032	642,801
	6a	(i) Real (ii) Personal Gross Rents				
	c d	Rental income or (loss)	0			- '
	7a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other (ii) Other 11,025,813 1,792,000				
	b	Less cost or other basis and sales expenses 9,178,028 1,789,423 Gain or (loss) 1,847,785 2,577				i t
	d	Net gain or (loss)	1,850,362		129,646	1,720,716
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				;
ō	9a	Net income or (loss) from fundraising events	0			,
	b	Less direct expenses	0			ł .
	10a	Gross sales of inventory, less returns and allowances				,
	b c	Less cost of goods sold	0		-	
	44:			-		- '
	11a b c					
	d	All other revenue				
	e	Total Add lines 11a-11d · · · · · · · ·	0			
	12	Total Revenue See instructions ▶	4,814,270		175,678	2,363,517

Part IX Statement of Functional Expenses

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

	All other organizations must complete	column (A) but are no			(D).
	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	8,150,747.	8,150,747.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	105,000.	105,000.		
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	472,206.		472,206.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	116,398.		116,398.	
8	Pension plan contributions (include section 401(k)				· · · · · ·
•	and section 403(b) employer contributions)	6,075.		6,075.	
9	Other employee benefits	14,329.		14,329.	····
10	Payroll taxes	34,558.		34,558.	
11	Fees for services (non-employees)	21,000.		,	
		0			
	Management	12,945.		12,945.	
	Accounting	58,999.		58,999.	
	<u> </u>	0.		30,333.	
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	221,491.		221,491.	
	Investment management fees	6,515.		6,515.	
	Other	14,342.		0,313.	14,342.
12	Advertising and promotion	31,573.	1	21,543.	10,030.
13	Office expenses	25,690.		25,690.	10,030.
14	Information technology	23, 690.		23,690.	
15	Royalties			21 270	
16	Occupancy	31,370.		31,370.	0.700
17	Travel	9,782.			9,782.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	9,207.		4,789.	4,418.
20	Interest	411.		411.	
21	Payments to affiliates	0.		_	
22	Depreciation, depletion, and amortization	18,120.	,	18,120.	
23	Insurance	18,149.		18,149.	
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	GIFTS	1,815.	0.	1,815.	0.
	DEVELOPMENT MARKETING	16,748.	0.	0.	16,748.
С	MISCELLANEOUS	1,969.	0.	1,969.	0.
đ					
е					
	All other expenses		0.	0.	
25	Total functional expenses Add lines 1 through 24f	9,378,439.	8,255,747	1,067,372.	55,320.
26	Joint Costs. Check here ► If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,000,000	,
JSA	fundraising solicitation				Form 990 (2009)

.Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	7,973,632.	2	7,598,732.
	3	Pledges and grants receivable, net	13,101,750.	3	11,518,757.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	[4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	ļ	Part II of Schedule L	6		
ets	7	Notes and loans receivable, net	400,000.	7	0.
Assets	8	Inventories for sale or use	· .	8	
٩	9	Prepaid expenses and deferred charges	83,397.	9	14,627.
	10 a	Land, buildings, and equipment cost or 10a 109,362.	· · · · · · · · · · · · · · · · · · ·		
		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation	1,852,231.	10c	48,716.
	11	Investments - publicly traded securities	25,890,258.	11	37,078,711.
	12	Investments - other securities See Part IV, line 11	36,640,711.	12	40,068,562.
	13	Investments - program-related See Part IV, line 11	00,010,111	13	70,000,002.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	85,941,979.	16	96,328,105.
-	17	Accounts payable and accrued expenses	51,049.	17	269,421.
	18	Grants payable	2,283,754.	18	2,326,188
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
ᅙ		employees, highest compensated employees, and disqualified			
Ë		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties ATCH 9	9,533,333.	23	10,525,000.
	24	Unsecured notes and loans payable to unrelated third parties	-,	24	
	25	Other liabilities Complete Part X of Schedule D	8,922,122.	25	9,947,230.
	26	Total liabilities. Add lines 17 through 25	20,790,258.	26	23,067,839.
		Organizations that follow SFAS 117, check here X and			
nces		complete lines 27 through 29, and lines 33 and 34.			
JE S	27	Unrestricted net assets	42,654,230.	27	50,169,755.
Balar	28	Temporarily restricted net assets	22,334,733.	28	22,897,753.
5	29	Permanently restricted net assets	162,758.	29	192,758.
or Fund		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
Si	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	·
As	32	Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	32	
Net	33	Total net assets or fund balances	65,151,721.	33	73,260,266.
_	34	Total liabilities and net assets/fund balances	85,941,979.	34	96,328,105.
				لــــــــــــــــــــــــــــــــــــــ	

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	.	Х
þ	Were the organization's financial statements audited by an independent accountant?	2b	Х	
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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		<u> </u>
		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) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-F7

▶ See separate instructions

OMB No 1545-0047 20**09** Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization THE CATHOLIC FOUNDATION NO. COLORADO 84-1481641 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 1 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) ጸ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations, described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11q(m) Provide the following information about the supported organization(s) (i) Name of supported (n) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 above or IRC section in col (i) listed in your the organization in organization in col governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Nο Yes Yes

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-FZ) 2009

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

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,941,773	1,012,264	1,296,647	7,164,455	2,275,075	14,690,214
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3	2,941,773	1,012,264.	1,296,647	7,164,455	2,275,075	14,690,214
5	The portion of total contributions by each person (other than a governmental unit or	, &	1,012,204.	٠.			
	publicly supported organization) included		\$10 m				
	on line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f)						7,853,834
6	Public support. Subtract line 5 from line 4 tion B. Total Support		· · · · · · · · · · · · · · · · · · ·				6,836,380
-	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
			 		·		
7 8	Amounts from line 4	2,941,773	1,012,264	1,296,647	7,164,455	2,275,075	14,690,214
0	payments received on securities loans, rents, royallies and income from similar sources	758,991	1,219,837	609,836	703,224	642,801	3,934,689
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support Add lines 7 through 10	<u></u>	1				18,624,903.
12	Gross receipts from related activities, etc. (see	ee instructions)				12	46,275
13	First five years If the Form 990 is forganization, check this box and stop here	or the organizat	tion's first, secon	nd, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup					T - T	26.71
14	Public support percentage for 2009 (line						36.71 %
15	Public support percentage from 2008 Sc					15	37.19 %
16a	33 1/3 % support test - 2009 If the o	organization did	not check the	box on line 13,	and line 14 is	33 1/3 % or mor	e, cneck
_	this box and stop here. The organization 33 1/3 % support test - 2008. If the organization	on qualifies as	a publiciy suppoi	rted organization	n	15 10 22 10 0/	> LΔ
b	check this box and stop here. The orga	-					
172	10%-facts-and-circumstances test - 2	•		• • •			
1,0	or more, and if the organization me	_					
	Part IV how the organization meets t					•	•
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga		_				
	Explain in Part IV how the organization supported organization	on meets the '	facts-and-circum	stances" test	The organizatio	n qualifies as a	
18	Private foundation. If the organization						and see
	instructions						
		· · · · · · · · · · · · · · · · · · ·		<u> </u>		Schedule A (Form 99	

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I)

Sect	ion A. Public Support						
Ca	ilendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")					ļ	
2	Gross receipts from admissions, merchandise						
_	sold or services performed or facilities					1	:
	furnished in any activity that is related to the				1		
	organization's tax-exempt purpose						
3							
3	Gross receipts from activities that are not an			İ			
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on		1				
_	its behalf			<u> </u>			
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1 through 5						<u> </u>
7 a	Amounts included on lines 1, 2, and 3		1]		
h	received from disqualified persons Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			ļ			
	line 6)	ł	L	l	L,	<u> </u>	<u> </u>
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·	T	T	T
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		ļ				
10 a	Gross income from interest, dividends, payments received on securities loans,				İ		
	rents, royalties and income from similar						
	sources	ļ					
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ŀ		'		
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets		1				
	(Explain in Part IV)				ļ	<u> </u>	
13	Total support (Add lines 9, 10c, 11,						
	and 12)				<u> </u>	<u>L</u>	<u> </u>
14	First five years If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here	<u></u>	<u></u>	<u></u>	<u>.</u>	<u> </u>	▶
Sec	tion C. Computation of Public Sup	port Percent	age				
15	Public support percentage for 2009 (line 8, c	olumn (f) divided l	by line 13, column	(f))	. .	15	%_
16	Public support percentage from 2008 Sched	ule A, Part III, line	15	<u> </u>	. <u></u> <u>.</u>	16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2009 (In	ne 10c, column (f)	divided by line 13	column (f))		17	%
18	Investment income percentage from 2008					18	%
	33 1/3 % support tests - 2009 If the o						· · · · · · · · · · · · · · · · · · ·
	17 is not more than 33 1/3 %, check t						. \square
b	33 1/3 % support tests - 2008 If the org		-				
	line 18 is not more than 331/3 %, check						. —
20	Private foundation If the organization		•	-			—

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. 2009 Open to Public Inspection

OMB No 1545-6047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number THE CATHOLIC FOUNDATION NO. COLORADO 84-1481641 Organizations Maintaining Donor Advised Funds or Other Similar Funds or AccountsComplete If the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 23 1 1,671,374. 2 Aggregate contributions to (during year) 3,302,634. 3 Aggregate grants from (during year) 34,686,819. 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised X Yes No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

Schedule D (Form 990) 2009

Assets included in Form 990, Part X

Par	dill Organizations Maintaini	ng Collections	of Art, Histor	<u>ical Treasure</u>	s, or O	ther Similar A	Assets(c	ontinue	<u>∌d)</u>	
2	Lieure the essentiation's operation		-11	h = = 1, = =	£=11=	- 15-1	Ct			
3	Using the organization's acquisition,		otner records, c	neck any of the	tollowin	g that are a sig	nificant us	e or its		
	collection items (check all that apply	<i>'</i>)	. —							
a	Public exhibition		₫ _	Loan or exc	change p	orograms				
b	Scholarly research		e [_]	Other						
С	Preservation for future ger									
4	Provide a description of the organization	ation's collection	s and explain ho	ow they further t	he orgai	nization's exem	pt purpos	e in		
	Part XIV									
5	During the year, did the organization						_			_
	assets to be sold to raise funds rath	er than to be ma	intained as part	of the organization	tion's co	llection?		Yes		No
Par	t IV Escrow and Custodial A	Arrangements.	Complete if the	e organization	answe	red "Yes" to F	Form 990), Part		
	IV, line 9, or reported an	amount on Fori	m 990, Part X,	line 21						
1a	Is the organization an agent, trustee						_	_	_	7
	included on Form 990, Part X?						<u>L</u>	Yes	L	No
b	If "Yes," explain the arrangement in	Part XI V and cor	nplete the follow	ving table						
						Α	mount			
С	Beginning balance				1c					
d	Additions during the year				1d					
е	Distributions during the year		· • • • • • • • • • • • • • • • • • • •		1e					-
	Ending balance				1f					
2a	Did the organization include an amo	ount on Form 99	0, Part X, line 2	17				Yes		No
b	If "Yes," explain the arrangement in	Part XI V						_		_
Par	tV Endowment Funds. Con	nplete if organiz	ation answere	ed "Yes" to Fo	rm 990	, Part IV, line	10		-	
		(a) Current Year	(b) Prior year	r (c) Two ye	ars back	(d) Three year	ars back	(e) Four	years	back
1a	Beginning of year balance	23,805,438	25,949,7	69						
b	Contributions	1,465,577	7,546,7							
С	Net investment earnings, gains,	1,103,317	1,340,7							
	and losses	4,579,284	-7,134,8	51						
d	Grants or scholarships	5,232,883				-	-			
	Other expenditures for facilities .	3,232,663	2,556,2	12						
	and programs	10.000								
f	Administrative expenses	18,958	·							
	End of year balance					<u> </u> -	-			
2	Provide the estimated percentage of	23,330,130	23,805,4	38		.1				
a	Board designated or quasi-endowm		300 %							
_	•	7840 %	76							
	Term endowment ► 93.0860	-	of the eraceuratur	on that are hald		anatarad for th	_			
Ja	Are there endowment funds not in the	ne pos session c	n the organization	on that are neig	and adn	ninistered for th	е	ſ	· · · · · ·	
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(iı)		X
	If "Yes" to 3a(ıı), are the related orga		•					3b		
4	Describe in Part XIV the intended us									
Par	t VI: Investments - Land, Bui	ldings, and Eq	uipment.See l	Form 990, Pai	t X, line	e 10				
	Description of investment		st or other basis evestment)	(b) Cost or other basis (other)	(0	c) Accumulated depreciation	(d	l) Book va	lue	
1a	Land									
b	Buildings					·				
С	Leasehold improvements									
d	Equipment	ļ 					_			
е	Other	ļ		109,3	62.	60,646			48,7	16.
	I Add lines 1a through 1e (Column		orm 990. Part X						48,7	
	100.01	, ,			(-/ /		Cabadi	do D /For		

Part VIII Investments - Other Securities. See I	<u>-orm 990, Part X, line</u>	12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
Financial derivatives			
Closely-held equity interests	·		
OtherABSOLUTE RETURN	25,309,780.	FMV	
HEDGED EQUITY	12,699,751.	FMV	
NON-MARKETABLE SECURITIES			
AND OTHER	22,202.	FMV	
INTERNATIONAL EQUITIES	2,036,829.	FMV	
	+		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	40,068,562.		
Part VIII Investments - Program Related. See		13	
(a) Description of investment type	(b) Book value	(c) Method of valuation	nn
		Cost or end-of-year marke	et value
	-		-
			
	-	· · · · · · · · · · · · · · · · · · ·	
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	• • • • • • • • • • • • • • • • • • •		
Part IX Other Assets. See Form 990, Part X,			· -
	a) Description		(b) Book value
	· · · · · · · · · · · · · · · · · · ·		,
	 		· -
			
			
Total (Column (b) must equal Form 990, Part X, col (B) line 15)		· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. See Form 990, Part 3	_ 	2	
1 (a) Description of liability	(b) Amount		**** .
Federal income taxes INVESTMENTS HELD IN TRUST	6,901,833.		2.7
INVESTMENTS HELD AS AGENCY END	3,045,397.		* .•
INVESTMENTS REED AS AGENCT END	3,043,397.	40.4	5
			6. 1 6.
	-		10 A. F
	-	W Ca	
		'	
		,	
			
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,947,230.	•	**
100001111 (b) must equal total 350, r att A, cur (b) line 25)	1 2,271,630.	<u></u>	7 8 SH

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

Schedule D (Form 990) 2009 84-1481641 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 4,814,270. Total revenue (Form 990, Part VIII, column (A), line 12) 9,378,439. 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 -4,564,169. 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 12,672,714. Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 7 7 Other (Describe in Part XIV) R Total adjustments (net) Add lines 4 through 8 12,672,714. 8,108,545. 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 17,265,493. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 12,672,714. 2a b Donated services and use of facilities 2b 12,672,714. 2e 4,592,779. 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 221,491 b Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c 221,491. 4,814,270. Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 9,156,948. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIV) e Add lines 2a through 2d 2e Subtract line 2e from line 1 9,156,948. 3 Amounts included on Form 990, Part IX, line 25, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b 221,491. 4a b Other (Describe in Part XIV) c Add lines 4a and 4b 221,491. 4c Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) 9,378,439. Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information SEE PAGE 5

Part XIV. Supplemental Information (continued)

PART V, LINE 4

DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

TEMPORARILY RESTRICTED NET ASSETS ARE THOSE WHOSE USE BY THE FOUNDATION

HAS BEEN LIMITED BY DONORS TO A SPECIFIC TIME PERIOD OR PURPOSE.

PERMANENTLY RESTRICTED NET ASSETS HAVE BEEN RESTRICTED BY DONORS TO BE

MAINTAINED BY THE FOUNDATION IN PERPETUITY. ENDOWMENTS HAVE BEEN

RESTRICTED FOR THE USE OF THE FOLLOWING: CATHOLIC CHARITIES AND SOCIAL

CONCERNS, CATHOLIC EDUCATION, EVANGELIZATION AND CATECHESIS, LOCAL PARISH

SUPPORT, THEOLOGICAL FORMATION, AND TIME RESTRICTION.

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

Employer identification number

	CATHOLIC F	OUNDATION	NO. COLORADO	84-14	81641
Part I General Inform "Yes" to Form 9	ation on Active 90, Part IV, Irr	vities Outsido ne 14b	e the United States. C	omplete if the organizati	on answered
assistance, the grantees'	eligibility for	the grants or		e amount of the grants of the criteria used to awar	
United States			's procedures for monitor	ing the use of grant funds	s outside the
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SOUTH ASIA	0	0	GRANTMAKING	N/A	10,000
SOUTH AMERICA	. 0	0	GRANTMAKING	N/A	20,000
EUROPE	0	0_	GRANTMAKING	N/A	75,000
CENTRAL AMERICA/CARIBBEAN	0	0	PROGRAM SERVICES	PASSIVE INVESTMENTS	0

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

Schedule F (Form 990) 2009

105,000

JSA 9E1274 1 000

Schedule F (Form 990) 2009

Page 2 (I) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990. ▲ (h) Description of non-cash assistance 84-1481641 Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed. (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt (f) Manner of cash disbursement 10,000, 20,000 (e) Amount of cash grant 75,000 (d) Purpose of grant CHARITY AID UROPE (INCLUDING ICELAN CHARITY AID by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (c) Region OUTH AMERICA OUTH ASIA (b) IRS code section and EIN (if applicable) 3 Enter total number of other organizations or entities (a) Name of organization Part II

JSA 9E1275 1 000

Schedule F (Form 990) 2009

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

(h) Method of valuation (book, FMV appraisal, other)										Schedule F (Form 990) 2009
(g) Description of non-cash assistance										Schedul
(f) Amount of non-cash assistance										
(e) Manner of cash disbursement										
(d) Amount of cash grant										
(c) Number of recipients										_
(b) Region										
(a) Type of grant or assistance (b) Region (c) Numb										

JSA

5913

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

Open to Public

Employer identification number Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

å × 84-1481641 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part I General Information on Grants and Assistance the selection criteria used to award the grants or assistance? COLORADO THE CATHOLIC FOUNDATION NO

E L	the selection criteria used to award the grants or assistance?	ž
2 Dei	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	
Part II	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	
	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	-
	Part IV and Schedule I-1 (Form 990) if additional space is needed	ı

Part IV and Schedule I-1 (Form 990) if additional space is needed	990) if additic	nal space is n	eeded	• • • • • • • • • • • • • • • • • • • •			→
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANNUNCIATION SCHOOL							
3536 LAFAYETTE STREET DENVER, CO 80205	84-0522064	501 (C) (3)	85,000				CATHOLIC EDUCATION
ARCHDIOCESE OF DENVER							
1300 SOUTH STEELE ST DENVER, CO 80210	84-0499858	501(C)(3)	359,000				EVANG & CATECHESIS
ARCHDIOCESE OF DENVER							
1300 SOUTH STEELE ST DENVER, CO 80210	84-0499858	501 (C) (3)	292,798				LOCAL PARISH SUPPORT
ARRUPE JESUIT HIGH SCHOOL							
4343 UTICA ST DENVER, CO 80212	02-0628872	501(C)(3)	8,400				CATHOLIC EDUCATION
ASSUMPTION SCHOOL							
2341 E 78TH AVE DENVER, CO 80229	84-0449275	501(C)(3)	31,000				CATHOLIC EDUCATION
AUGUSTINE INSTITUTE							
3001 S FEDERAL BOULEVARD DENVER, CO 80236	20-2349108	501(C)(3)	49,910				EVANG & CATECHESIS
BISHOP MACHEBEUE HS							
458 N UINTA WAY DENVER, CO 80230	84-1490220	501 (C) (3)	228,640				CATHOLIC EDUCATION
BLESSED SACRAMENT SCHOOL							
1973 ELM ST DENVER, CO 50220	54-0402673	501 (C) (3)	27,000				CATHOLIC EDUCATION
CATHOLIC NEWS AGENCY				_			
1060 ST FRANCIS WAY DENVER, CO 80204	20-0196438	501 (C) (3)	34,500				EVANG & CATECHESIS
CATHOLIC RELIEF SERVICES	,						
228 W LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501 (C) (3)	40,000				CATHOLIC CHARITIES
CHRISTIAN LIFE MOVEMENT							
1060 ST FRANCIS WAY DENVER, CO 80204	84-1487058	501 (C) (3)	28,620				EVANG & CATECHESIS
COMM OF FRANCISCAN FRIARS	• • • • •		_				
420 E 156TH ST BRONX, NY 10455	13-3450636	501 (C) (3)	10,000				CATHOLIC CHARITIES
2 Enter total number of section 501(c)(3) and government c	d government c	organizations				A	55

9E1288 1000 81489S 5974 7/20/2010

12:08:25

5913

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal other) THE PURPOSE FOR WHICH THE FUNDS ARE TO BE USED, THE LENGTH OF THE GRANT PERIOD1. AND. REQUIRED. EXPENDITURE REPORTING AFTER THE CLOSE OF THE GRANT GRANT AWARD LETTER AND TERMS AND CONDITIONS (WHICH TOGETHER CONSTITUTE THE GRANT AGREEMENT) OUTLINE THE SPECIFIC AWARD STIPULATIONS INCLUDING PERIOD. RECIPIENTS SIGN AND RETURN THE AGREEMENT IN ACCEPTANCE OF THE GRANT'S TERMS AND CONDITIONS. BY SIGNING AND RETURNING THE AGREEMENT. TERMS, CONDITIONS, AND UNDERSTANDINGS IS SENT TO EACH RECIPIENT. THE FOLLOWING APPROVAL OF A GRANT, A GRANT AWARD LETTER AND GENERAL GRANT (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS TO U.S. (c) Amount of cash grant (b) Number of recipients SCH. I' PART I' QUESTION 2 (a) Type of grant or assistance Part III

Д

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

	(f) Description of non-cash assistance				his part to provide the information required in Part I, line 2, and any other additional information.
	(e) Method of valuation (book, FMV appraisal, other)				in Part I, line 2, and any
	(d) Amount of non-cash assistance				mation required i
	cash grant				provide the inform
(a) Type of grant or assistance	(b) Number of recipients				
	(a) Type of grant or assistance				Part IV Supplemental Information. Complete t

	ANT RECIPIENTS AFFIRM THEIR TAX-EXEN	THEIR EXPENDITURE OF GRANT FUNDS AS A CONDITION OF ACCEPTING A GRANT FROM
! !	GR	Ξ¦

THE FOUNDATION. THE TERMS AND CONDITIONS OF ACCEPTING FOUNDATION GRANT FUNDS ALSO REQUIRE GRANT RECIPIENTS TO REPORT ANY CHANGE TO THEIR TAX

EXEMPT STATUS DURING THE GRANT TERM FURTHERMORE, RECIPIENTS MUST SUBMIT

WRITTEN REQUESTS IN ADVANCE TO CHANGE THE GRANT PURPOSE OR IF THE FUNDS

ARE UNEXPENDED WITHIN THE GRANT PERIOD. REPORTS ON THE EXPENDITURE OF

GRANT FUNDS IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THE GRANT

Schedule I (Form 990) 2009

Ω,

Schedule I (F	Schedule I (Form 990) 2009			84-1481641			Page 2
Part III	Grants and Other Assistance to Individe Use Part IV and Schedule I-1 (Form 990)	ividuals in the 990) if addition	uals in the United States. Co	. Complete if the ded	organization answered	organization answered "Yes" on Form 990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
Part IV	Supplemental Information. Complete this part to provide	e this part to p	rovide the infor	the information required in	Part I, line 2, and any	other additional information.	
AWARD F	AWARD ARE DUE 45-DAYS AFTER THE END OF	OF THE GRANT	NT PERIOD	GRANT REPORT			! ! !
REMINDERS	AND PAST-DUE NOTICES	ARE SENT TO RECIPIENTS.	i	THE FOUNDATION			
MAY WIT	MAY_WITHHOLD AS APPROPRIATE NEW GRANT AUTHORIZATIONS	YT_ AUTHORIZ		TO ORGANIZATIONS			
UNTIL	UNTIL ANY OUTSTANDING REPORTS FROM PRIO	PRIOR GRANTS ARE	S ARE RECEIVED	VEDUPON			1 1
RECEIPI	RECEIPT OF THE GRANT REPORT, THE GRANT	A <u>NT_ADMINISTRATOR</u>	TRATOR REVIEWS	EWS_THE_REPORT	Ţ.		1 1 1 1
FOR CON	<u>FOR COMPLIANCE WITH THE GRANT TERMS AND</u>	AND CONDITIONS	LONS AND THEN	EN CTOSES THE			!
FILE AC	FILE ACCORDINGLY	 	; ; ; ; ; ;	; ; ; ; ; ; ;			! ! ! !
1							
] []]

Schedule I (Form 990) 2009

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public

Employer identification number 84-1481641

THE CATHOLIC FOUNDATION NO. CO.	COLORADO					84-1481641	
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States	ther Assistaı	nce to Governr	nents and Organ	izations in the Un	ited States (Schedule I	(Form 990),	Part II.)
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT C U R E	84-1568566	501(C)(3)	8,884				CATHOLIC EDUCATION
REGIS JESUIT HS - BOYS DIV6400 S LEWISTON WAY AURORA, CO 80016	84-0791593	501(C)(3)	8,400				CATHOLIC EDUCATION
ST ANTHONY SCHOOL - STERLING 224 S THIRD ST STERLING, CO 80751	84-0461557	501(C)(3)	45,000				CATHOLIC EDUCATION
BERNADETTE PHAM ST LA	84-0431890	501(C)(3)	000,03				CATHOLIC EDUCATION
SI ÇLARE OF ASSISI PARISH	84-1237387	501(C)(3)	11,082				CATHOLIC EDUCATION
ST FRANCIS DE SALES SCHOOL	84-0404268	501(C)(3)	91,000				CATHOLIC EDUCATION
ST JOHN VIANNEY SEMINARY	84-1495066	501 (C) (3)	4,773,204				PRIESTLY FORMATION
SAINT LOUIS CATHOLIC CHURCH.	84-0406817	501(C, (3)	85,000				CATHOLIC EDUCATION
SAINT ROSE OF LIMA SCHOOL	84-0465591	501(C)(3)	15,000				CATHOLIC EDUCATION
ST STEPHEN CATHOLIC SCHOOL	84-0539250	501(C)(3)	6,000				CATHOLIC EDUCATION
ST THERESE SCHOOL	84-0539250	501(C)(3)	15,000				CATHOLIC EDUCATION
SI VINCENT DE PAUL CHURCH	84-0439503	501 (C) (3)	31,800				LOCAL PARISH SUPPORT
	98-1833800	501(C) (3)	66,000				CATHOLIC EDUCATION
MYOMING CATHOLIC COLLEGE	83-0434307	501(C)(3)	105,000				CATHOLIC EDUCATION
UNIY OF DENVER ATHLETICS. 2201 EAST ASBURY AVE DENVER, CO 50209	64-0404231	501(C)(3)	10,000				CATHOLIC CHARITIES
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ce, see the Instr	uctions for Form 9	.06			Sche	Schedule I-1 (Form 990) 2009

а

SCHEDULE I-1 (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

COLORADO

THE CATHOLIC FOUNDATION NO.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

84-1481641

CATHOLIC CHARITIES CATHOLIC CHARITIES SATHOLIC EDUCATION CATHOLIC CHARITIES SATHOLIC CHARITIES SATHOLIC EDUCATION SATHOLIC EDUCATION (h) Purpose of grant or assistance CVANG & CATHESIS EVANG & CATHESIS VANG & CATHESTS EVANG & CATHESIS Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) (g) Description of non-cash assistance (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) 15,000 225,000 20,000 000'69 20,000 23,000 42,500 30, 154 150,000 23,000 20,000 (c) IRC section if applicable 501(C)(3) (C) (3) 501 (C) (3) 501(0)(3) 501 (C) (3) 501(C)(3) 501(0)(3) 501 (C) (3) 501 (C) (3) 38-2350857 64-0528531 23-2661414 84-0499858 84-0430715 54-0499658 84-1479555 84-0402708 84-0689359 (b) EIN 84-05677SE 51-0182614 440 EAST SWEDESFORD ROAD WAYNE, PA 19087 1300 S STEELE STREET DENVER, CO 30210 3629 WEST 29TH STREET DENVER, CO S0211 CO 50210 3540 SOUTH POPLAR ST DENVER, CO 80237 2844 LAWRENCE STREET DENVER, CO 80205 2501 GAYLORD STREET DENVER, CO 80205 1250 NEWPORT STREET DENVER, CO 80220 CATHOLIC LEADERSHIP INSTITUTE ____ (a) Name and address of organization or government 1965 MICHIGAN AVENUE ALMA, MI 48801 1101 W 7TH AVENUE DENVER, CO 80204 904 14TH STREET BOULDER, CO 80203 BOYS_HOPE_GIRLS_HOPE_GO_____ LITILE SR - FOOR MULLEN HOME 1300 S STEELE STREET DENVER, METRO AREA OFFICE - EVANG -ST _THOMAS AQUINAS_CTR_____ SACRED_HEART_HOUSE_OF_DEN___ OFFICE_OF_CATHOLIC_SCHOOLS ER WOODYS HAVEN OF HOPE RELIGIOUS SISTER OF MERCY ST JAMES SCHOOL - DENVER DOMINICAN SISTERS HOME

Schedule I-1 (Form 990) 2009

EVANG & CATHESIS

ATHOLIC EDUCATION

CATHOLIC CHARITIES

EVANG & CATHESIS

17,000

501(C)(3)

74-2496940

10,000

501(C)(3)

34-1732696

P O BOX 8290 ZANESVILLE, OH 43702

P O BOX 18774 BOULDER, CO 80308

THE COMING HOME NETWORK

NATIVE_AMERICAN_CONNECTION___

2350 GAYLORD ST DENVER, CO 80205

THE BECKET FUND FOR RELIG _ _

1350 CONN AVE NW STE 605

LOYOLA CATHOLIC SCHOOL _ _ _ _

68,000

501(C)(3)

84-0405514

25,000

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

81489S 5974 7/20/2010 12:08 25

9E1317 1 000

۵,

5913

SCHEDULE 1-1 (Form 990)

Department of the Treasury

nternal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

Open to Public

Employer identification number

EVANG & CATECHESIS VANG & CATECHESIS & CATECHESIS CATHOLIC CHARITIES Schedule I-1 (Form 990) 2009 CATHOLIC CHARITIES CATHOLIC EDUCATION CATHOLIC EDUCATION CATHOLIC CHARITIES ATHOLIC EDUCATION CATHOLIC EDUCATION CATHOLIC EDUCATION CATHOLIC EDUCATION CATHOLIC EDUCATION CATHOLIC EDUCATION (h) Purpose of grant or assistance EVANG & CATHESIS Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 84-1481641 (g) Description of non-cash assistance (f) Method of valuation (book FMV, appraisat, other) (d) Amount of cash grant (e) Amount of non-cash assistance 5,400 15,000 52,500 30,000 8,400 9,000 8,400 15,000 15,000 10,000 15,000 65,000 81,000 10,000 50,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501(C)(3) 501 (C) (3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501 (C) (3) 501 (C) (3) 501(C)(3) 501(C1(3) 501(C)(3) 501(C)(3) 501(C)(3) 98-0175500 84-0791593 84-1025798 38-3349686 84-0567786 31-1652842 34-0714818 64-6005720 63-0801391 84-0404921 84-0518957 84-0469548 84-1487058 54-1490222 (b) EIN COLORADO 1201 RIVERSIDE AVE FORT COLLINS, CO 80524 5817 OLD LEEDS ROAD BIRMINGHAM, AL 35210 5195 WEST 144TH AVE BROOMFIELD, CO 80020 3601 SOUTH LOWELL BLVD DENVER, CO 80236 THE CATHOLIC FOUNDATION NO 3050 W 76TH AVE WESTMINSTER, CO 80030 CO 80016 1300 SOUTH STEELE ST DENVER, CO 80210 1060 ST FRANCIS WAY DENVER, CO 80204 (a) Name and address of organization or government 1843 W 52NP AVE DENVER, CO 80221 620 ELIZABETH ST DENVER, CO 80206 ST JOSEPH, DENVER (1883) 623 FOX STREET DENVER, CO 80204 3401 PECOS ST DENVER, CO 80211 HOLY TRINITY CATHOLIC SCHOOL NAT'L CATHOLIC BIOETHICS CTR DOMINGAN SR OF MARY-MOTHER .. 6400 S LEWISTON WAY AURORA, REGIS JESUIT HS - GIRLS DIV. THE VINEYRD CHURCH-ROCKIES ETERNAL WORLD NETWORK, INC. J.K. MULLEN HIGH SCHOOL --HOLY FAMILY HIGH SCHOOL MARIAN COMMUNITY OF RECON GOOD SHEPHERD SCHOOL ____ 24 FRANK LLOYD WRIGHT DR FRANCISCAN UNIVERSITY_ ESCUELA DE GUADALUPE GUARDIAN ANGELS SCHOOL 1235 UNIVERSITY BLVD Name of the organization

SCHEDULE I-1 (Form 990)

Department of the Treasury

Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

Schedule I-1 (Form 990) 2009 CATHOLIC CHARITIES CATHOLIC EDUCATION (h) Purpose of grant or assistance Employer identification number Part | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 84-1481641 (g) Description of non-cash assistance (d) Amount of cash grant (e) Amount of non-cash (book FMV, appraisal, assistance other) 38,000 29,604 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501 (C) (3) 501 (C) (3) 23-2511991 84-0404270 (b) EIN COLORADO THE CATHOLIC FOUNDATION NO 150 MONUMENT RD BALA CYNWD, PA 19004 (a) Name and address of organization or government PRESENTATION OF OUR LADY SCHOOL 660 JULIAN ST DENVER, CO 80204 PAPAL FOUNDATION _____ Name of the organization

Schedule I-1 (Form 990) 2009 Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	her Assistance to Indi	84- ividuals in the Uni	1481641 ted States (Schedule	I (Form 990), Part III.)	Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of va luation (book FMV, appraisal, other)	(f) Description of non-cash assistance
					Schedule I-1 (Form 990) 2009

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2009

Employer identification number

THE	CATHOLIC FOUNDATION NO. COLORADO 8	4-1481641		
Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in	1		
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these ite	ms		
	First-class or charter travel Housing allowance or residence for personal	J use		
	Travel for companions Payments for business use of personal residual payments.	tence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, ch	ef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain			-
-	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	The state of the s			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract	ľ		
	Independent compensation consultant X Compensation survey or study		1	
	Form 990 of other organizations X Approval by the board or compensation compensati	ımıttee	ŀ	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
	organization or a related organization			١.,
_	Receive a severance payment or change-of-control payment?	i	 	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
С	Participate in, or receive payment from, an equity-based compensation arrangement?		 	 ^
	in res to any or lines 4a-c, list the persons and provide the applicable amounts for each field in	raitiii	-	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9			1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			1
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of		İ	
а	The organization?	6a		X
þ	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III			X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
_	ın Part III	8	X	ļ
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	X	L

JSA 9E1290 1 000

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

Page 2

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	of W-2 and/or 1099-MISC compensation	ompensation				
(A) Name		(i) Base compensation		(iii) Other reportable compensation	compensation	(U) Nonaxable benefits	(E) (O)-(D)	(r) Compensation reported in prior Form 990 or Form 990-EZ
	Ξ	140,192			8,730.	7,867.		
GERALD LABER	(11)		0	0	0	0	0	
	Ξ	109,038	24,532	0	7,830	13,908	155,308.	
TAMMY MEIER	Ξ					.0	; [
	Ξ							
	Ξ	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	Ξ			1				
	ε							
	Ξ							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1		3 3 3 4 1 1 1 1 1	1	
	(ii)							
	Ξ							
	Ξ] 		 	i	 	 	1 1 1 1 1 1 1 1
	ε							
	Ξ				 		1 1 1 1 1 1 1 1	! !
	Ξ							
	Ξ							
	Ξ		1	1 1 2 4 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Ξ							
	Ξ	1						
	Ξ							
	ε	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Ξ							
	Ξ	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	3							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 				
	Ξ							
	Ξ	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ξ							
	Ξ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t
	∄							
							Schec	Schedule J (Form 990) 2009

9E12911000 81489S 5974 7/20/2010

പ

12:08 25

SCHEDULE O (Form 990)

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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CATHOLIC FOUNDATION NO. COLORADO

Employer identification number

84-1481641

ATTACHMENT 1

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, QUESTION 4D

THROUGH ITS DONOR ADVISED AND MARY ELIZABETH O'NEIL MEMORIAL FUNDS, THE CATHOLIC FOUNDATION HELPS MEET THE NEEDS OF LOW-INCOME INDIVIDUALS BY MAKING GRANTS TO CHARITABLE ORGANIZATIONS HELPING TO BRING THE LIGHT OF CHRIST TO THE POOR AND BROKEN IN OUR WORLD. EXPENSES OF 414,004 INCLUDING GRANTS OF 414,004.

THE FOUNDATION HELPS INDIVIDUAL PARISHES THOUGHOUT NORTHERN COLORADO,

PARTICULARLY THROUGH THE SUPPORT OF OPERATION FUNDING AND MEETING

EMERGENCY CAPITAL NEEDS, AS WELL AS THE ESTABLISHMENT OF PARISH FUNDS TO

FACILITATE THEIR PLANNED GIVING EFFORTS. EXPENSES OF 323,798 INCLUDING

GRANTS OF 323,798.

PROCESS TO REVIEW THE FORM 990

FORM 990, PART VI, QUESTION 11B

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

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY FORM 990, PART VI, QUESTION 12C

THE BOARD OF TRUSTEES OF THE CATHOLIC FOUNDATION ADOPTED A WRITTEN

84-1481641

ATTACHMENT 1 (CONT'D)

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

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

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION FORM 990, PART VI, QUESTION 15A

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

Name of the organization

THE CATHOLIC FOUNDATION NO. COLORADO

Employer identification number

ATTACHMENT 1 (CONT'D)

84-1481641

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

FORM 990, PART VI, QUESTION 15B

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

GOVERNING DOCUMENTS MADE AVAILABLE TO PUBLIC

REVIEW OF OTHER OFFICER OR KEY EMPLOYEES COMPENSATION

FORM 990, PART VI. OUESTION 19

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

ATTACHMENT 2

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

THE VISION OF THE FOUNDATION IS TO INSPIRE AND FACILITATE FINANCIAL GIVING AND PLANNING THAT PROMOTES THE GOSPEL, TRANSFORMS LIVES AND

Name of the organization

THE CATHOLIC FOUNDATION NO. COLORADO

Employer identification number

84-1481641

ATTACHMENT 2 (CONT'D)

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

GLORIFIES GOD. THE FOUNDATION IS CALLED BY JESUS CHRIST: TO PROMOTE
THE MISSION OF THE CHURCH IN NORTHERN COLORADO BY ENCOURAGING
FINANCIAL STEWARDSHIP; TO FAITHFULLY STEWARD AND DISTRIBUTE FUNDS
ENTRUSTED TO THE FOUNDATION; AND TO COOPERATE WITH PARISHES AND OTHER
CATHOLIC ORGANIZATIONS TO DEVELOP ADDITIONAL RESOURCES AND SUPPORT.

ATTACHMENT 3

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

DESCRIPTION

GRANTS

EXPENSES

REVENUE

SEE DETAIL ON ATTACHMENT 1 SCH O

737,802.

737,802

TOTALS

737,802.

737,802.

ATTACHMENT 4

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

CAYMAN ISLANDS

BRITISH VIRGIN ISLANDS

NETHERLANDS ANTILLES

FORM 990, PART VIII - INVESTMENT INCOME

ATTACHMENT 5

(A) TOTAL (B)

(C)

(D)

DESCRIPTION

REVENUE

RELATED OR EXEMPT REVENUE

UNRELATED BUSINESS REV.

EXCLUDED REVENUE

INTEREST AND DIVIDEND INCOME

655,940

46,032

609,908

INTEREST FROM SAVINGS

5,808

5,808

Schedule O (Form 990) 2009

Name of the organization

Employer identification number

THE CATHOLIC FOUNDATION NO. COLORADO

84-1481641

ATTACHMENT 8 (CONT'D)

FORM 990. PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS - EQUITIES	14,144,675.	19,597,436.	FMV
MUTUAL FUNDS - FIXED	3,118,833.	6,446,656.	FMV
DOMESTIC EQUITIES	4,705,554.	5,858,806.	FMV
INTERNATIONAL EQUITIES	3,921,196.	5,175,813.	FMV
TOTALS	25,890,258.	37,078,711.	

ATTACHMENT 9

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: ALLIED IRISH BANK

ORIGINAL AMOUNT:

9,666,663.

INTEREST RATE:

3.398750 08/11/2007

DATE OF NOTE: MATURITY DATE:

08/10/2009

REPAYMENT TERMS:

ANNUAL REVOLVING LINE OF CREDIT

SECURITY PROVIDED:

NONE

FUND CAPITAL PROJECTS AND ENDOWMENTS FOR EDUCATION PURPOSE OF LOAN:

BEGINNING BALANCE DUE ENDING BALANCE DUE

9,533,333.

LENDER: CITYWIDE BANKS

ORIGINAL AMOUNT: 10,525,000.

INTEREST RATE:

4.800000

DATE OF NOTE:

07/10/2009

MATURITY DATE:

07/10/2016

REPAYMENT TERMS:

INTEREST DUE OUARTERLY, PRINCIPAL DUE AT MATURITY

SECURITY PROVIDED:

CUSTODIAL ACCT & SUBSTANTIALLY ALL OTHER INVEST

PURPOSE OF LOAN:

OPERATIONS

BEGINNING BALANCE DUE ENDING BALANCE DUE

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE

10,525,000.

9,533,333.

Schedule O (Form 990) 2009

Page 2

Name of the organization

THE CATHOLIC FOUNDATION NO. COLORADO

Employer identification number

84-1481641 ATTACHMENT 9 (CONT'D)

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

__10,525,000.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

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

OMB No 1545-0092

2009

Name	e of estate or trust				Employer identi	icatio	n number
	THE CATHOLIC FOUNDATION NO. CO				84-14816	41	
	: Form 5227 filers need to complete onlyPa			· <u>·</u> · -			
Par			s Held One Y	ear or Less	(e) Cost or other	hoos	(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Dale sold (mo , day, yr)	(d) Sales pnce	(see page 4 of instructions)	the	the entire year Subtract (e) from (d)
1a							
	····		- · · · · · · · · · · · · · · · · · · ·				
b	Enter the short-term gain or (loss), if any, fro	om Schedule D-1	I, line 1b			1b	
2	Short-term capital gain or (loss) from Forms	4684, 6252, 678				2	
3	Net short-term gain or (loss) from partnersh	ıps, S corporatio	ns, and other e	states or trusts .		3	
4	Short-term capital loss carryover Enter the	•		•		4	,
5	Carryover Worksheet	es 1a through 4	ın column (f) E	nter here and on line	13,	-	,
Par	column (3) on the back	s - Assets Held I	More Than One		<u> ▶</u>	5	
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales pnce	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a							
b	Enter the long-term gain or (loss), if any, fro	m Schedule D-1	, line 6b			6b	1,850,362.
7	Long-term capital gain or (loss) from Forms	2439, 4684, 625	52, 6781, and 8	824		7	
8	Net long-term gain or (loss) from partnership	ps, S corporation	is, and other es	tates or trusts		8_	
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter the	amount, if any, fr	om line 14 of th	ie 2008 Capital Loss			1
12	Carryover Worksheet	s 6a through 11	ın column (f) E	nter here and on line	14a,	11	<u> </u>
	column (3) on the back				<u> ▶</u>	12	1,850,362.
For F	aperwork Reduction Act Notice, see the Instruct	tions for Form 104	1.		Sc	hedule	D (Form 1041) 2009

Figure the tax on the amount on line 23 Use the 2009 Tax Rate Schedule for Estates and Trusts

Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041. Schedule

(see the Schedule Ginstructions in the instructions for Form 1041)

Schedule D (Form 1041) 2009

31

32

33

30

Multiply line 29 by 15% (15)

Add lines 30 and 31

G. line 1a (or Form 990-T, line 36).

Page 2

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side Employer identification number THE CATHOLIC FOUNDATION NO. COLORADO 84-1481641 Long-Term Capital Gains and Losses - Assets Held More Than One Year (d) Sales price (see page 4 of the instructions) (e) Cost or other basis (see page 4 of the instructions) (b) Date (c) Date sold (mo , day, yr) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (f) Gain or (loss) Subtract (e) from (d) acquired (mo , day, yr) 6a 11,025,813. 1,847,785. SECURITIES VAR VAR 9,178,028. 1,792,000. 1,789,423. 2,577. VAR LAND HELD FOR INVESTMENT VAR 1,850,362. 6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b

Farm 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

Internal Revenue S	ervice	File a separate application for each return.				
 If you are fi 	iling for an Automatic 3	-Month Extension, complete only Part I and check to	his box	▶ X		
•	•	Not Automatic) 3-Month Extension, complete only P e already been granted an automatic 3-month extens	, , ,	•		
Part I Auto	matic 3-Month Exte	nsion of Time. Only submit original (no copies ne	eeded)			
		90-T and requesting an automatic 6-month extension		mplete		
•		· · · · · · · · · · · · · · · · · · ·		∴ . ► □		
	orations (ıncludıng 112 ome tax retums.	20-C filers), partnerships, REMICs, and trusts must	use Form 7004 to re	quest an extension of		
one of the re- electronically returns, or a co	turns noted below (6 of (1) you want the ad- composite or consolidat	ou can electronically file Form 8868 if you want a months for a corporation required to file Form 99 ditional (not automatic) 3-month extension or (2) you ded From 990-T Instead, you must submit the fully conic filing of this form, visit www.irs.gov/efile and click	90-T). However, you countries from \$990-BL, to completed and signed p	annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form		
Type or	Name of Exempt Organi	zation	Employe	r identification number		
print		C FOUNDATION - NO. COLORADO	1 '	1481641		
		m or suite no. If a P.O. box, see instructions				
File by the due date for	3801 EAST F	LORIDA AVENUE				
filing your return See instructions	City, town or post office DENVER, CO	s, state, and ZIP code. For a foreign address, see instructions 8 0 2 1 0	SUP	PORT CO		
Check type o	f return to be filed (file	a separate application for each return).	4			
X Form 990)	Form 990-T (corporation)	Form 4720			
Form 990	-BL	Form 990-T (sec 401(a) or 408(a) trust)	Form 5227			
Form 990-EZ Form 990-T (trust other than above) Form 6069						
Form 990	-PF	Form 1041-A	Form 8870			
	No. ▶ 303 468-9	885 FAX No. ▶	eck this hox			
		the organization's four digit Group Exemption Number				
for the whole o		▶ ☐ . If it is for part of the group, check this box-		If this is a list with the		
		nonth (6 months for a corporation required				
for the or	ganization's return for					
 X X 	calendar year 2009 tax year beginning	or,, and ending	-	·		
2 If this tax	year is for less than 12	2 months, check reason: Initial return Fir	nal return Change	n accounting period		
3a If this ap	plication is for Form 9	990-BL, 990-PF, 990-T, 4720, or 6069, enter the t	entative tax, less any			
	dable credits. See instri			3a \$		
b If this ap	plication is for Form 99	90-PF or 990-T, enter any refundable credits and es	timated tax payments			
		erpayment allowed as a credit		3b \$		
c Balance	Due. Subtract line 3b f	from line 3a. Include your payment with this form, o	r, if required, deposit			
with FTI	D coupon or, if requ	ired, by using EFTPS (Electronic Federal Tax Pa	yment System) See			
instructio	ns.			3c \$		
Caution. If you	are going to make an	electronic fund withdrawal with this Form 8868, see F	orm 8453-EO and For	m 8879-EO		
for payment in	structions.	·				

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)