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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

| | | it of the Treasury venue Service Note The foundation m | | t ed as a Privat to use a copy of this | | | rtına requirements | 2009 |
|--------------------------------|------------------------|---|-----------------|--|-----------------|---|--|--|
| | | | AR 1, | | , and en | | FEB 28, 2010 | |
| | | call that apply Initial return | | Initial return of a fo | ormer public cl | narity | Final return | |
| | | Amended return | | Address chan | ge | | Name change | |
| | the abel | . | | | | | A Employer identification | number |
| Oth | erwi | , | | | · | | 01-0705471 | |
| | print r type Spe | РО ВОХ 792 | t delivered | to street address) | | Room/suite | B Telephone number 719–593–260 | 00 |
| | Spe ructio | one City of towir, State, and ZIP code | 000 | | | | C If exemption application is pe | |
| | | MANITOU SPRINGS, CO | 808 | | | | D 1. Foreign organizations, | check here |
| H_(| _ | type of organization X Section 501(c)(3 | _ | | | | Foreign organizations mee check here and attach con | nputation |
| | | ection 4947(a)(1) nonexempt charitable trust | | taxable private foundath | X Accru | | E If private foundation statu | |
| | | arket value of all assets at end of year J Accou | Other (s | | ACCIO | idi | under section 507(b)(1)(| • |
| | ·\$ | 3,853. (Part I, c | | · · · — — — — — — — — — — — — — — — — — | basis) | | F If the foundation is in a 6 under section 507(b)(1)(| _ |
| | irt I | | . (| a) Revenue and expenses per books | (b) Net inv | | (c) Adjusted net | (d) Disbursements for chantable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | | 585,000. | | | | (cash basis only) |
| | 2 | Check If the foundation is not required to attach Sch B | | | | *************************************** | | *************************************** |
| | 3 | Interest on savings and temporary cash investments | | | | | | |
| | 4 | Dividends and interest from securities | | | | | | |
| | 5a | Gross rents | | | | | | |
| | b | Net rental income or (loss) | | | | | | |
| Revenue | 6a b | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a | | , | ` | | | |
| ě. | 7 | Capital gain net income (from Part IV, line 2) | | ~~~~~ | | 0. | | |
| ш | 8 | Net short-term capital gain | | | | | | |
| | 9 10a | Income modifications Gross sales less returns and allowances | | | | ······································ | | |
| | b | Less Cost of goods sold | | | | | | |
| | C | Gross profit or (loss) | | ···· | | | | |
| | 11 | Other income | - | 585,000. | _ | 0. | 0. | |
| | 12 | Total Add lines 1 through 11 | - | 0. | | 0. | 0. | 0. |
| | 13 14 | Compensation of officers, directors, trustees, etc Other employee salaries and wages | - | 0. | | | 0. | |
| | ! | Pension plans, employee benefits | | | <u> </u> | • | | |
| ses | i - | Legal fees | -5 | CEIVED | | | | |
| Expenses | ı | Accounting fees | - | | S | | | |
| Ä | c | Other professional fees | \square I_* | 0 2 2 0 10 | 0 | | | |
| S e | 17 | Interest | JA K | JG 0 2 2010 | 18/ 18/ | | | |
| AUG 1 2 名間間 and Administrative | 18 | laxes | | | = | | | |
| Λ̈̈́Ē | 19 | Depreciation and depletion | Fo | GDEN, UT | | | | |
| _# | 20 | Occupancy | | | | | | |
| D G | 21 | Travel, conferences, and meetings | - | | | | | |
| a a | 22 23 | Printing and publications Other expenses STMT 1 | | 371. | | 0. | 0. | 0. |
| چَ چَ (آ | 24 | Total operating and administrative | | 3,11 | ··· | | , , , , , , , , , , , , , , , , , , , | <u> </u> |
| Operating | | expenses. Add lines 13 through 23 | | 371. | | 0. | 0. | 0. |
| ō | 25 | Contributions, gifts, grants paid | | 584,700. | | | | 584,700. |
| . | ı | Total expenses and disbursements. | | | | | | |
|) | | Add lines 24 and 25 | | 585,071. | | 0. | 0. | 584,700. |
| , | 27 | Subtract line 26 from line 12 | | | | | | |
| | l | Excess of revenue over expenses and disbursements | <u> </u> | -71. | | | | <u> </u> |
| | i | Net investment income (if negative, enter -0-) | | | | 0. | | |
| | i C | Adjusted net income (if negative, enter -0-) | í | * | | | 0. | |

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Part III Analysis of Changes in Net Assets or Fund Balances

31 Total liabilities and net assets/fund balances

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | |
|----------|---|---|--------|
| | (must agree with end-of-year figure reported on prior year's return) | 1 | 3,924. |
| 2 | Enter amount from Part I, line 27a | 2 | -71. |
| 3 | Other increases not included in line 2 (itemize) | 3 | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | 3,853. |
| 5 | Decreases not included in line 2 (itemize) | 5 | 0. |
| <u>6</u> | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 3,853. |

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4,924

3,853

| | e the kınd(s) of property sold (e q house, or common stock, 200 sh | | | P | How acquired - Purchase - Donation | | ate acquired o , day, yr) | (d) Date sold (mo , day, yr) |
|---|---|--|--------------------------------------|--------|--|--------------|---------------------------------------|----------------------------------|
| 1a | | | | | | | | |
| b NON | E | | - | | | | | |
| С | | | - | _ | | ļ | | |
| <u>d</u> | | | - | _ | | | - | |
| <u>e</u> | (A) Decrease to a allowed | (7) 0- | | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | n) Gain or (loss) plus (f) minus (| |
| <u>a</u> | | | | | | | | |
| b c | | | | | | | | |
| d | _ | | | | | | | <u>-</u> |
| e | | | | | | | | |
| Complete only for assets showing | gain in column (h) and owned by | the foundation | on 12/31/69 | | | (I) Gain | s (Col (h) gain | minus |
| (I) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col (i) col (j), if any | | (| | out not less than ses (from col (| |
| a | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| b | | | | | | | | |
| С | | | | | | | | |
| d | · | | | | | | | . |
| е | | <u> </u> | · | _ | 1 | | | |
| Capital gain net income or (net capit | (al loss) $ \begin{cases} \text{If gain, also ente} \\ \text{If (loss), enter -C} \end{cases} $ | er in Part I, line)- in Part I, line | 7 7 | } | 2 | | . | |
| Net short-term capital gain or (loss) | as defined in sections 1222(5) a | nd (6) | | | | | | |
| If gain, also enter in Part I, line 8, co | lumn (c) | | | | | | | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification Une | der Section 4940(e) for | r Paducad | Tay on Not | Unv | 3 octmont li | 200ma | · · · · · · · · · · · · · · · · · · · | = |
| Vas the foundation liable for the section "Yes," the foundation does not qualify Enter the appropriate amount in each | under section 4940(e) Do not co | omplete this pa | rt | | | | | Yes X No |
| (a) Base period years | (b) | | | (c) | | | Distrib | (d) ution ratio |
| Calendar year (or tax year beginning | | | Net value of no | nchai | | | (col (b) div | ided by col (c)) |
| 2008 | | 5,750. | | | 10,92 | | | 51.78489 |
| 2007 | | 6,410. 2,830. | | | 73,72 | | | 10.12438 |
| 2006 2005 | | 0,985. | | | 343,42 | | | 1.52241 2.04092 |
| 2003 | | 0,865. | | | 339,59 | | | 1.65157 |
| | | 7 | | | | | | |
| ? Total of line 1, column (d) | | | | | | 2 | 2 | 67.12419 |
| Average distribution ratio for the 5-y | rear base period - divide the total | on line 2 by 5, | or by the number | of ye | ars | | | |
| the foundation has been in existence | e if less than 5 years | | | | | 3 | 1 | 13.42483 |
| Enter the net value of noncharitable- | use assets for 2009 from Part X, | line 5 | | | | 4 | 1 | 2,828 |
| i Multiply line 4 by line 3 | _ | | | | | 5 | , | 37,965 |
| Enter 1% of net investment income | /1% of Part I line 27h\ | | | | | 6 | | 0 |
| | (1.70 OF 1 W.C.1, IIII G 2.7 U J | | | | | | | |
| Add lines 5 and 6 | | | | | | 7 | | 37,965 |
| B Enter qualifying distributions from P | art XII, line 4 | | | | | _ 8 | | 584,700 |
| If line 8 is equal to or greater than lir See the Part VI instructions | ne 7, check the box in Part VI, line | 1b, and comp | lete that part usin | g a 19 | % tax rate. | | | |
| 23521 02-02-10 | | | | - | | | | rm 990-PF (2009 |

| Forn | 990-PF (2009) THE NORWOOD FOUNDATION | | | | 0705 | | | Page 4 |
|------|--|-----------------------------------|-----------|------|----------|-------|-------|----------|
| Pá | rt VI Excise Tax Based on Investment Income (Section 4940 | (a), 4940(b), 4940(e |), or 4 | 948 | - see ii | nstru | ctio | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and en | ter "N/A" on line 1 |) | | | | | |
| | Date of ruling or determination letter (attach copy of letter if nece | essary-see instructions) | | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here | | } | 1 | | | | 0. |
| | of Part I, line 27b | | | | | | 7-11- | |
| C | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% | of Part I, line 12, col (b) | } | | | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Oth | | | 2 | 1 | | | 0. |
| | Add lines 1 and 2 | | | 3 | | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Otl | hers enter -0-) | | 4 | Ī | | | 0. |
| 5 | Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- | | | 5 | | | | 0. |
| 6 | Credits/Payments | | | | | , , | -, | ···· |
| а | 2009 estimated tax payments and 2008 overpayment credited to 2009 | 6a | | | | | | |
| | Exempt foreign organizations - tax withheld at source | 6b | | | | | | |
| | Tax paid with application for extension of time to file (Form 8868) | 6c | • | | | | | |
| | Backup withholding erroneously withheld | 6d | • | | | | | |
| | Total credits and payments Add lines 6a through 6d | | | 7 | ĺ | | | 0. |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack | hed | | 8 | | | | |
| | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | | • | 9 | | | | 0. |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | • | 10 | | | | |
| | Enter the amount of line 10 to be Credited to 2010 estimated tax | Refund | ed 🕨 | 11 | | | | |
| | rt VII-A Statements Regarding Activities | | | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legisla | ition or did it participate or ir | itervene | ın | | | Yes | No |
| | any political campaign? | | | | ļ | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purpose | es (see instructions for defin | ition)? | | | 1b | - | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and | copies of any materials p | ublishe | d or | | | | |
| | distributed by the foundation in connection with the activities. | | | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | | | | 10 | | Х |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the | /ear | | | | | | |
| | (1) On the foundation \blacktriangleright \$ (2) On foundation managers | | 0. | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expendition | | on n | | | | | |
| | managers ▶ \$ 0. | | | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS | S? | | | | 2 | | Х |
| | If "Yes," attach a detailed description of the activities. | | | | | | , | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing in | strument, articles of incorpo | ration, o | r | İ | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | S | | | į | 3 | | X |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? |) | | | | 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | | N | /A [| 4b | | |
| 5 | $Was there \ a \ liquidation, termination, dissolution, or substantial \ contraction \ during \ the \ year?$ | | | | [| 5 | | X |
| | If "Yes," attach the statement required by General Instruction T | | | | | | 1 | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith | ner | | | İ | | | |
| | By language in the governing instrument, or | | | | | | | |
| | ullet By state legislation that effectively amends the governing instrument so that no mandatory | directions that conflict with t | the state | law | | | | |
| | remain in the governing instrument? | | | | | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | | | 7 | Х | |
| | If "Yes," complete Part II, col (c), and Part XV | | | | | | - 1 | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions | s) ► | | | | | | |
| | CO | | | | [| | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att | orney General (or designate) | 1 | | | | - 1 | |
| | of each state as required by General Instruction G? If "No," attach explanation | | | | Į | 8b | X | |
| 9 | is the foundation claiming status as a private operating foundation within the meaning of sections. | tion 4942(j)(3) or 4942(j)(5) | for cale | ndar | | | | |
| | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co | mplete Part XIV | | | Į | 9 | | <u>X</u> |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule | listing their names and addresse | s | | | 10 | | X |
| | | | | | Form | 990 | -PF (| 2009) |

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had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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|--|---|-----------------------------------|--|------------------------------|---------|
| Part VII-B Statements Regarding Activities for Which | Form 4720 May Be F | Required (contin | ued) | | |
| 5a During the year did the foundation pay or incur any amount to | | | | | _ |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (sectio | n 4945(e))? | Y _E | s X No | | |
| (2) Influence the outcome of any specific public election (see section 4955), of | or to carry on, directly or indire | ectly, | | | |
| any voter registration drive? | | Y6 | s X No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ,7 | Y6 | es X No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | Ye | s X No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary | , or educational purposes, or f | or | | | |
| the prevention of cruelty to children or animals? | | Ye | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni | der the exceptions described i | n Regulations | | | |
| section 53 4945 or in a current notice regarding disaster assistance (see instru | ictions)? | - | N/A | 5b | |
| Organizations relying on a current notice regarding disaster assistance check t | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | rom the tax because it maintai | ined | | | |
| expenditure responsibility for the grant? | | /A 🔲 Ye | es 🔲 No | | |
| If "Yes," attach the statement required by Regulations section 53 494 | 5-5(d) | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | | | | | |
| a personal benefit contract? | | Ye | es X No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | · I | 6b X | |
| If "Yes" to 6b, file Form 8870 | | | | | _ |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | shelter transaction? | ☐ Ye | es X No | | |
| b. If yes, did the foundation receive any proceeds or have any net income attribut | | | | 7b | |
| Information About Officers Directors Truct | | nagers. Highly | | <u>-</u> | _ |
| Part VIII Paid Employees, and Contractors | , | 0 , 0 | • | | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | | _ |
| / News and address | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans | (e) Expense account, othe |) |
| (a) Name and address | to position | enter -0-) | and deferred compensation | allowances | 31 |
| DAVID D. JENKINS | PRESIDENT | | | | _ |
| P.O. BOX 792 | | | | | |
| MANITOU SPRINGS, CO 80829 | 1.00 | 0. | 0. | 0 | |
| CAROLYN S. JENKINS | VICE PRESIDEN | T | | | _ |
| P.O. BOX 792 | | | | | |
| MANITOU SPRINGS, CO 80829 | 1.00 | 0. | 0. | 0 | |
| CHRISTOPHER S. JENKINS | SECRETARY/TRE | ASURER | | | _ |
| 111 SOUTH TEJON ST, SUITE 222 | | | | | |
| COLORADO SPRINGS, CO 80903 | 1.00 | 0. | 0. | 0 | |
| | | | | | _ |
| | | | | | |
| | | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none, | enter "NONE." | | | _ |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense account, othe | : ar |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (C) Compensation | and deferred compensation | allowances | ; I |
| NONE | | | | | _ |
| | | | | | |
| | | | | - | |
| | | | | | |
| | | | | | _ |
| | | | | | _ |
| | | | | | _ |
| | | | | | |
| | | | | | _ |
| | _ | | | | |
| Total number of other employees paid over \$50,000 | | | | | 0 |
| | | | | | |

| Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued) | ation Managers, Highly | | | |
|---|------------------------|---|------------|---------|
| 3 Five highest-paid independent contractors for professional services. If none, ent | ter "NONE." | | | |
| (a) Name and address of each person paid more than \$50,000 NONE | (b) Type of service | | (c) Comper | nsation |
| | | | | |
| Total number of others receiving over \$50,000 for professional services | | • | | 0 |
| Part IX-A Summary of Direct Charitable Activities | | - | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant stat number of organizations and other beneficiaries served, conferences convened, research papers pr | | | Expenses | |
| 1 N/A | | | | 0 |
| 2 | | | | 0. |
| 3 | | | | |
| 4 | | | | |
| Part IX-B Summary of Program-Related Investments | | | | |
| Describe the two largest program-related investments made by the foundation during the tax year of 1 N/A | on lines 1 and 2 | | Amount | |
| | | | | 0. |
| 2 | | | | |
| All other program-related investments. See instructions 3 N/A | | | | |
| Total, Add lines 1 through 3 | > | | | 0. |

| Part X Minimum Investment Return (All domestic foundations must con | nplete this part. Foreign foundations, see in | nstructions.) |
|--|--|---------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., pt | urposes | |
| a Average monthly fair market value of securities | 1a | 0. |
| b Average of monthly cash balances | 1b | 0. 2,871. |
| c Fair market value of all other assets | 1c | |
| d Total (add lines 1a, b, and c) | 1d | 2,871. |
| e Reduction claimed for blockage or other factors reported on lines 1a and | | |
| 1c (attach detailed explanation) | 0. | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 Subtract line 2 from line 1d | 3 | 2,871. |
| 4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instr | ructions) 4 | 43. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, I | line 4 5 | 2,828. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 141. |
| Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) professional foreign organizations check here | private operating foundations and certain | |
| 1 Minimum investment return from Part X, line 6 | 1 | 141. |
| 2a Tax on investment income for 2009 from Part VI, line 5 | | |
| b Income tax for 2009 (This does not include the tax from Part VI) 2b | | |
| c Add lines 2a and 2b | 2c | 0. |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 141. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 Add lines 3 and 4 | 5 | 141. |
| 6 Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line | 1 7 | 141. |
| Part XII Qualifying Distributions (see instructions) | | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 584,700. |
| b Program-related investments - total from Part IX-B | 1b | 0. |
| 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., p | ourposes 2 | |
| 3 Amounts set aside for specific charitable projects that satisfy the | | |
| a Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | 3b | |
| 4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XI | | 584,700. |
| 5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| income Enter 1% of Part I, line 27b | 5 | 0. |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 584,700. |
| Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calcu | lating whether the foundation qualifies for the se | |
| 40.40(a) radication of the in these years | | |

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Part XIII Undistributed Income (see instructions)

| | (a) | (b) | (c) | (d) |
|---|------------|---------------------|-------|--|
| , | Corpus | Years prior to 2008 | 2008 | 2009 |
| 1 Distributable amount for 2009 from Part XI, line 7 | | | , | 141. |
| 2 Undistributed income, if any, as of the end of 2009 | | , | | |
| a Enter amount for 2008 only | | | 0. | |
| b Total for prior years | | _ | | |
| | | 0. | . , , | |
| 3 Excess distributions carryover, if any, to 2009 | | | | |
| a From 2004 543,885. | | | | |
| b From 2005 700,985. | | | | |
| From 2006 505,659. | | | | |
| d From 2007 742,724. | | | | |
| e From 2008 565, 204. | 3,058,457. | | | |
| f Total of lines 3a through e | 3,030,437. | | | ······································ |
| 4 Qualifying distributions for 2009 from Part XII, line 4 ▶\$ 584,700. | | | | |
| a Applied to 2008, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | 0. | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2009 distributable amount | | | | 141. |
| e Remaining amount distributed out of corpus | 584,559. | | | |
| 5 Excess distributions carryover applied to 2009 | 0. | | | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | ····· |
| 6 Enter the net total of each column as | | | | |
| indicated below: | 2 642 016 | | | |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 3,643,016. | | | |
| b Prior years' undistributed income Subtract | | 0. | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of | | | | |
| deficiency has been issued, or on which | | | | |
| the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | | | | ······································ |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2008 Subtract line | | | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2009 Subtract | | | | **** |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2010 | | | | 0. |
| 7 Amounts treated as distributions out of | - | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2004 | | | | |
| not applied on line 5 or line 7 | 543,885. | | | ~~~~ |
| 9 Excess distributions carryover to 2010 | 2 222 222 | | | |
| Subtract lines 7 and 8 from line 6a | 3,099,131. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2005 700, 985. | | | | |
| b Excess from 2006 505,659. | | | | |
| c Excess from 2007 742,724. | | | | |
| d Excess from 2008 565, 204. e Excess from 2009 584, 559. | | | | |
| e Excess from 2009 584,559. | | | | Form 990-PF (2009) |

| Form 990-PF (2009) THE NOR | WOOD FOUNDA | TION | | 01-07 | 05471 Page 10 |
|---|-----------------------------|-----------------------------|-----------------------------|-------------------------------|--------------------------|
| Part XIV Private Operating F | oundations (see in | structions and Part VI | I-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling of | r determination letter tha | t it is a private operating | | | |
| foundation, and the ruling is effective fo | or 2009, enter the date of | the ruling | ▶ | | |
| b Check box to indicate whether the found | dation is a private operati | ng foundation described | in section | 4942(j)(3) or 49 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | Ţ | Prior 3 years | | |
| income from Part I or the minimum | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total |
| investment return from Part X for | | 1 | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | | | |
| d Amounts included in line 2c not | | <u> </u> | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities | | | | | |
| Subtract line 2d from line 2c | | | | ł | |
| 3 Complete 3a, b, or c for the | | | • | | |
| alternative test relied upon | | | | | |
| a "Assets" alternative test - enter (1) Value of all assets | | | | | |
| • , | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter | | | | | |
| 2/3 of minimum investment return | | | | | |
| shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter | | | | | |
| * * | | | |] | |
| Total support other than gross investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section | | | | 1 | |
| 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt | | | | | |
| organizations as provided in | | | | | |
| sečtion 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | — |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Info | rmation (Comple | te this part only | if the foundation | had \$5,000 or mo | re in assets |
| at any time during t | he year-see the i | nstructions.) | | | . <u></u> |
| 1 Information Regarding Foundatio | • | | | | |
| a List any managers of the foundation who | o have contributed more | than 2% of the total cont | ributions received by the | foundation before the close | e of any tax |
| year (but only if they have contributed in | iore than \$5,000) (See se | ection 507(d)(2)) | | | |
| SEE STATEMENT 2 | | | | | |
| b List any managers of the foundation who | | | or an equally large portion | on of the ownership of a pai | tnership or |
| other entity) of which the foundation has | s a 10% or greater interes | st | | | |
| NONE | | | | <u> </u> | |
| 2 Information Regarding Contributi | | | | | |
| Check here Lifthe foundation of | nly makes contributions t | to preselected charitable (| organizations and does r | ot accept unsolicited reque | sts for funds If |
| the foundation makes gifts, grants, etc. (| (see instructions) to indiv | iduals or organizations u | nder other conditions, co | omplete items 2a, b, c, and i | <u>t</u> |
| a The name, address, and telephone number | per of the person to whor | n applications should be | addressed | | |
| | | | | | |
| SEE STATEMENT 3 | | | | <u> </u> | |
| b The form in which applications should b | e submitted and informat | ion and materials they sh | rould include | | |
| c Any submission deadlines | - | | | | |
| d Any restrictions or limitations on awards | , such as by geographica | l areas, charitable fields, | kınds of institutions, or o | other factors | |
| | | | | | |
| 923601 02-02-10 | · | | | F | orm 990-PF (2009) |

Page 11

| Part XV Supplementary Information | (continued) | | | JI/I rage II |
|---|--|----------------------|----------------------------------|--------------|
| 3 Grants and Contributions Paid During the Ye | ear or Approved for Future | Payment | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | status of recipient | | |
| a Paid during the year | | | | |
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| SEE STATEMENT 4 | | | | |
| Total | <u> </u> | <u> </u> | ► 3a | 584,700. |
| b Approved for future payment | | | | |
| | | | | |
| | | | | |
| NONE | | | | |
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| | | | | |
| | | | | |
| Total | | | ▶ 3b | 0. |

| Part XVI-A Analysis of Income-Producing Activit |
|---|
|---|

| Enter gross amounts unless otherwise indicated | Unrelated | business income | Excluded | d by section 512, 513, or 514 | (e) |
|---|------------------|-----------------|---------------|-------------------------------|---------------------------------------|
| | (a) | (b) | (C) Exclu- | (d) | Related or exempt |
| 1 Program service revenue | Business code | Amount | code | Amount | function income |
| a | | | | | |
| b | | | | | |
| c | | | | | · · · · · · · · · · · · · · · · · · · |
| d | | · | | | |
| e | 1 1 | | | | |
| t | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | | | | |
| 5 Net rental income or (loss) from real estate | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | \perp | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue | | | | | |
| a | | | | | |
| b | 1 1 | | | | |
| C | i i | | | | |
| d | 1 | , | | | |
| е | | | | | |
| 12 Subtotal Add columns (b), (d), and (e) | | C | | 0. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 0. |
| (See worksheet in line 13 instructions to verify calculations |) | | | | |

Relationship of Activities to the Accomplishment of Exempt Purposes Part XVI-B

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) |
|--------------------|--|
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| 923621 02-02-10 | Form 990-PF (2009) |

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|--------------------|----------------|------------|-----------------|---|---------|
| Form 990-PF (2009) | THE | NORWOOD | FOUNDATION | 01-0705471 | Page 13 |
| Part XVII | nformation | Regarding | ransfers To and | Transactions and Relationships With Noncharitable | |
| E | Exempt Organic | anizations | | • | |

| 1 | Did ti | ne organization directly or indi | rectly engage in any of the followin | ig with any other organization | on described in sec | tion 501(c) of | | Yes | No |
|--|--------------------------------|---|---|--|--|--------------------------------------|-----------|-------------|----------|
| | the C | the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | | | | | |
| ä | Trans | fers from the reporting found | ation to a noncharitable exempt or | ganization of | | | | | |
| | (1) (| Cash | | | | | 1a(1) | | X |
| | (2) (| Other assets | | | | | 1a(2) | | X |
| t | Other | transactions | | | | | | | |
| | (1) 3 | Sales of assets to a noncharita | ble exempt organization | | | | 1b(1) | | <u>X</u> |
| | (2) | Purchases of assets from a no | ncharitable exempt organization | | | | 1b(2) | | X |
| | (3) | Rental of facilities, equipment, | or other assets | | | | 1b(3) | | X |
| | (4) F | Reimbursement arrangements | | | | | 1b(4) | | X |
| | | oans or loan guarantees | | | | | 16(5) | | _X_ |
| | (6) | Performance of services or me | mbership or fundraising solicitatio | ins | | | 1b(6) | | X |
| | | | iling lists, other assets, or paid em | • • | | | 10 | | X |
| 0 | | | "Yes," complete the following sche | | | | | ets, | |
| | | | oundation. If the foundation receive | ed less than fair market valu | e in any transaction | n or sharing arrangement, sh | งพ เท | | |
| _ | | | other assets, or services received | | | | | | |
| a) | Line no | (b) Amount involved | (c) Name of noncharitable | e exempt organization | (d) Descriptio | n of transfers, transactions, and sh | aring arr | angeme | nts |
| | | | N/A | | | | | | |
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| 2 a | | | ly affiliated with, or related to, one | | ations described | | _ | | _ |
| | | | than section 501(c)(3)) or in secti | ion 527? | | | Yes | X | No No |
| b | If "Ye | s," complete the following sche | | | | | | | |
| | | (a) Name of org | anization | (b) Type of organization | , | (c) Description of relationship |) | | |
| | | N/A | | | | | | | |
| _ | | | | | | | | | |
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| 7 | Under | and the of parties I do for the late | | | | | | | |
| | and con | iplete Declaration of preparer lottle | ave examined this return, including according to their taxpayer or fiduciary) is based on a | mpanying scrieddies and stateme all information of which preparer I | ents, and to the best o has any knowledge | i my knowledge and beller, it is tru | e, correc | ι, | |
| | | rh/// | | 17/2/10 | . 5 | | | | |
| , | €. | anature of officer or trustee | | 1/14/10 | PRESIDE | 74 | _ | | |
| <u> </u> | <u>► 21</u> | | / A / A | /Date | Title | pack of Dransmin | identif: | 00 000 | her |
| Preparer's Preparer's Solf- Solf- Signature Preparer's identifying number | | | | uer | | | | |
| ۱, | Paid Preparer's Use Only | signature Company | L RUYERUUL | <u> </u> | /////// en | | J44 | 10/ | |
| | Paid epare Se Or | Firm's name (or yours STOC) | | & CO, LLP | 1 1 | EIN ► | | | |
| | چَ | | N. CASCADE AVEN | | J | 710 6 | 20 - | 110 | _ |
| _ | _ | address, and ZIP code COLO | RADO SPRINGS, CO | 0 80303 | | Phone no 719-6 | | | |
| | | | | | | Form | 990- | ·PF (2 | 2009) |

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

Schedule of Contributors

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** THE NORWOOD FOUNDATION 01-0705471

| Organization type (check one): | | | | | |
|----------------------------------|--|--|--|--|--|
| Filers of: | Section: | | | | |
| Form 990 or 990 | -EZ 501(c)() (enter number) organization | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | |
| | 527 political organization | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | |
| | 501(c)(3) taxable private foundation | | | | |
| | panization is covered by the General Rule or a Special Rule. tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. | | | | |
| | tion out (o), in (10) organization dan direct boxes for both the deficial ride and a operational dee matractions. | | | | |
| General Rule | | | | | |
| | organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one itor. Complete Parts I and II. | | | | |
| Special Rules | | | | | |
| 509(a)(1 | ection 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% mount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | |
| aggrega | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | |
| contribu If this b purpose | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. | | | | |
| Caution An ora | anization that is not covered by the General Rule and/or the Special Rules does not file Schedule R /Form 000, 000.E7, or 000.DD | | | | |

but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number

THE NORWOOD FOUNDATION

01-0705471

| Part I | Contributors (see instructions) | | |
|------------|---|-----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | DEVELOPMENT MANAGEMENT INC. 111 S. TEJON STREET, SUITE 222 COLORADO SPRINGS, CO 80903 | \$\$. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| | | \$ | Person Payroll Occupate Part II if there is a noncash contribution Part II if there |

| FORM 990-PF | OTHER EXPENSES | | STATEMENT 1 | | |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| BANK CHARGES | 371. | 0. | 0. | 0. | |
| TO FORM 990-PF, PG 1, LN 23 | 371. | 0. | 0. | 0. | |
| FORM 990-PF PART XV - LINE 1A STATEMENT 2 LIST OF FOUNDATION MANAGERS | | | | | |

NAME OF MANAGER

DAVID D. JENKINS CAROLYN S. JENKINS FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

3

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CHRISTOPHER S. JENKINS 111 S. TEJON STREET, SUITE 222 COLORADO SPRINGS , CO 80903

TELEPHONE NUMBER

719-593-2600

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED APPLICATION FORM REQUIRED FOR SCHOLARSHIPS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

INDIVIDUALS PURSUING A COLLEGE EDUCATION MUST BE A HIGH SCHOOL GRADUATE. INDIVIDUALS SEEKING TRADE OR VOCATIONAL SKILLS NEED NOT BE A HIGH SCHOOL GRADUATE, BUT MUST COMPLY WITH THE ADMISSION REQUIREMENTS OF THE TRAINING INSTITUTION. IN ADDITION THE FOUNDATION WILL SUPPORT ORGANIZATIONS AND ACTIVITIES THAT PURSUE RELIGIOUS, CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES FOR THE PREVENTION OF CRUELTY TO CHILDERN.

FORM 990-PF

STATEMENT

| RECIPIENT NAME AND ADDRESS | RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT | RECIPIENT STATUS | AMOUNT |
|---|--|---------------------|----------|
| CANCARE, INC. 9575 KATY FREEWAY SUITE 428 HOUSTON, TX 77024 | NONE GENERAL PURPOSE | TAX-EXEMPT | 1,000. |
| CHEYENNE MOUNTAIN ZOO 4250 CHEYENNE MOUNTAIN ZOO RD COLORADO SPRINGS, CO 80906 | NONE GENERAL PURPOSE | TAX-EXEMPT | 1,000. |
| CHEYENNE VILLAGE, INC. 6275 LEHMAN DR COLORADO SPRINGS, CO 80918 | NONE GENERAL PURPOSE | TAX-EXEMPT | 2,500. |
| COLORADO SPRINGS FINE ARTS CENTER 30 WEST DALE STREET COLORADO SPRINGS, CO 80903 | NONE GENERAL PURPOSE | TAX-EXEMPT | 10,000. |
| COLORADO UNIVERISTY FOUNDATION 4740 WALNUT ST BOULDER, CO 80301 | NONE GENERAL PURPOSE | TAX-EXEMPT | 25,000. |
| COMPASSION INTERNATIONAL 12290 VOYAGER WAY COLORADO SPRINGS, CO 80921 | NONE GENERAL PURPOSE | TAX-EXEMPT | 100,000. |
| EMPTY STOCKING FUND P.O. BOX 400 COLORADO SPRINGS, CO 80901 | NONE GENERAL PURPOSE | TAX-EXEMPT | 5,000. |
| FIRST PRESBYTERIAN CHURCH 219 E. BIJOU ST COLORADO SPRINGS, CO 80903 | NONE GENERAL PURPOSE | TAX-EXEMPT | 355,500. |

GRANTS AND CONTRIBUTIONS

PAID DURING THE YEAR

| THE NORWOOD FOUNDATION | · . | 0: | 1-0705471 |
|---|-------------------------|------------|-----------|
| GOODWILL INDUSTRIES P.O. BOX 6300 COLORADO SPRINGS, CO 80934 | NONE GENERAL PURPOSE | TAX-EXEMPT | 9,050. |
| INSIGHT FOR LIVING PO BOX 269000 PLANO, TX 75026 | NONE GENERAL PURPOSE | TAX-EXEMPT | 5,000. |
| JUNIOR ACHIEVEMENT 419 W. BIJOU ST COLORADO SPRINGS, CO 80905 | NONE GENERAL PURPOSE | ТАХ-ЕХЕМРТ | 1,000. |
| KAKI KAHL VILLAGE CHURCH 10311 MANOR ROAD LEAWOOD, KS 66206 | NONE GENERAL PURPOSE | TAX-EXEMPT | 1,000. |
| PIKES PEAK COMMUNITY FOUNDATION 730 N. NEVADA AVE COLORADO SPRINGS, CO 80903 | NONE GENERAL PURPOSE | TAX-EXEMPT | 1,500. |
| PIKES PEAK OR BUST RODEO FOUNDATION 1045 LOWER GOLD CAMP ROAD COLORADO SPRINGS, CO 80905 | NONE GENERAL PURPOSE | TAX-EXEMPT | 1,200. |
| PIKES PEAK RANGE RIDERS FOUNDATION 13710 HALLELUIAH TRAIL ELBERT, CO 80106 | NONE GENERAL PURPOSE | ТАХ-ЕХЕМРТ | 25,000. |
| ROTARY FOUNDATION 1560 SHERMAN AVE EVANSTON, IL 60201 | NONE GENERAL PURPOSE | TAX-EXEMPT | 1,000. |
| SIGMA PHI EPSILON EDUCATION FOUNDATION P.O. BOX 1901 RICHMOND, VA 23218 | NONE GENERAL PURPOSE | TAX-EXEMPT | 2,500. |
| SILVER KEY SENIOR SERVICES 2250 BOTT AVE COLORADO SPRINGS, | NONE GENERAL PURPOSE | ТАХ-ЕХЕМРТ | 2,500. |

CO 80904

| | | | |
|--|-------------------------|------------|-----------|
| THE NORWOOD FOUNDATION | | 0 | 1-0705471 |
| ST. MARY'S HIGH SCHOOL 2501 E. YAMPA STREET COLORADO SPRINGS, CO 80909 | NONE GENERAL PURPOSE | TAX-EXEMPT | 1,250. |
| VARIOUS GRANTS UNDER \$1,000 COLORADO SPRINGS, CO 80903 | | TAX-EXEMPT | 4,200. |
| THE GRACE FUND - PIKE PEAK COMMUNITY FOUNDATION 730 N. NEVADA AVE COLORADO SPRINGS, CO 80903 | NONE GENERAL PURPOSE | TAX-EXEMPT | 1,000. |
| THE HOME FRONT CARES PO BOX 38516 COLORADO SPRINGS, CO 80937 | NONE GENERAL PURPOSE | TAX-EXEMPT | 1,000. |
| YMCA OF THE PIKES PEAK REGION 207 N. NEVADA AVE COLORADO SPRINGS, CO 80903 | | TAX-EXEMPT | 20,000. |
| YOUNG LIFE P.O. BOX 520 COLORADO SPRINGS, CO 80901 | NONE GENERAL PURPOSE | TAX-EXEMPT | 7,500. |
| TOTAL TO FORM 990-PF, PART XV, LI | INE 3A | | 584,700. |

EXHIBIT A

THE NOR'WOOD FOUNDATION

SCHOLARSHIP FUND

The Nor'wood Foundation Scholarship (200_) will be awarded to a worthy Colorado High School graduate who has been accepted to pursue a course of study or instruction at an accredited college or university granting undergraduate or graduate degrees, or at any institution to improve or enhance a literary, artistic, musical, scientific, teaching (or other similar capacity) skill, or talent of the grantee.

Applications will be reviewed by a committee of three persons: one member from the Foundation's Board and two members selected from the faculties of either the Colorado College, the University of Colorado, Colorado Springs, or School Districts in the Pikes Peak region. This committee will select as the recipient a student who has demonstrated an ability to excel in one or more academic disciplines and who has the potential for substantial additional achievement in the years ahead.

| This year, available funds will provide a scholarship of \$ | The recipient |
|--|---------------|
| will be eligible to receive a like sum each year (up to a maximum of four | |
| she remains a student in good standing at a college, university or other institu | rtion. |
| Applications must be received by the Foundation on or before | |
| 200 The application package will consist of the following: | |
| | |

- 1. Complete transcript of the student's academic record in high school;
- 2. Two references from high school teachers or counselor, and one reference from high school superintendent or principal; and
- 3. Application form completed by student.

EXHIBIT B

THE NOR'WOOD FOUNDATION

Scholarship Application Form

| NAME OF APPLICANT: | | | | | |
|---|--|--|--|--|--|
| HOME ADDRESS, ZIP: | | | | | |
| PHONE NUMBER: | | | | | |
| PARENTS' NAMES: | | | | | |
| HIGH SCHOOL, ADDRESS: | | | | | |
| CLASS STANDING BY PERCENTILE: HIGH SCHOOL GPA: | | | | | |
| COMPOSITE ACT OR SAT Verbal: ACT OR SAT Non-Verbal: | | | | | |
| ACADEMIC HONORS RECEIVED: | | | | | |
| (e.g., National Merit Scholarship Honorable Mention) | | | | | |
| INTENDED FIELD OF STUDY: | | | | | |
| APPLICATIONS SUBMITTED TO FOLLOWING SCHOOLS: | | | | | |
| APPLICANT ACCEPTED AT: | | | | | |
| BRIEF SUMMARY OF EXTRA-CURRICULAR ACTIVITIES AND INTERESTS: | | | | | |
| Please attach to this application a short, handwritten (maximum two pages) description of your projected course of study in college and of your plans following college graduation. | | | | | |
| Signed: | | | | | |
| Date | | | | | |

EXHIBIT C

THE NOR'WOOD FOUNDATION

CONFIDENTIAL RECOMMENDATION FORM

High School Superintendent or Principal

| Return | m directly to: | | |
|--------|--|---|--|
| | The Nor'wood Foundation | | |
| | P.O. Box 792 Manitou Springs, CO 80829 | | |
| | Mainou Springs, CO 60027 | | |
| APPL | LICANT: | | |
| 1. | Based on your overall knowledge, how do you rate this applicant's potential for noteworthy future achievements in the field or fields in which he/she is most talented and interested? | | |
| | | | |
| | | | |
| 2. | Applicant's financial need is: | | |
| | Greater than average | | |
| | Average | | |
| | Less than average | | |
| 3 | Explain, if necessary: | | |
| | (Sch | nool Name - Please Print) | |
| | Sign | ned: | |
| | _ | High School Superintendent or Principal | |
| | ~ . | | |

THE NOR'WOOD FOUNDATION

ACKNOWLEDGMENT AND RECEIPT

| The Nor'wood Foundation | (the "Foundation") hereby acknowledges a gift from |
|------------------------------------|---|
| | of |
| \$, in | (hereinafter "Donor"), in the amount of |
| \$, in | This gift has been delivered and receipted is accepted by the Foundation subject to the condition |
| | anization exempt from taxation under section 501(c)(3) |
| | 36, as amended (the "Code"). In the event the Internal |
| | e Foundation is not exempt from taxation under said |
| | shall be returned by the Foundation to Donor. |
| The undersigned asserts that t | he Foundation has been advised by legal counsel that it |
| | on under section 501(c)(3) of the Code, gifts to which |
| | tributions under section 170 of the Code. Counsel |
| | ized for charitable purposes and entitled to tax-exempt |
| | nounced by the Internal Revenue Service in Revenue |
| Ruling 69-257, 1969-1 C.B. 151. | |
| The undersigned further asso | erts that she is authorized to sign an Application for |
| | 23, and is authorized to request the preparation of Form |
| | has requested legal counsel to immediately proceed to |
| prepare Form 1023 which the unders | igned will then sign and submit to the Internal Revenue |
| | e Code and the regulations promulgated thereunder and |
| | nts occur within 15 months of the date on which the |
| Foundation was formed. | |
| , 20 | 00 |
| | THE NOR'WOOD FOUNDATION |
| | |
| | Ву: |
| | , President |
| Witnessed: | |
| 77 18100000 | |
| | |
| | |



Form 8868

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

10-15-10 OMB No. 1545-1709

File a separate application for each return. $ightharpoonup \overline{X}$ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Parti Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Name of Exempt Organization Employer identification number Type or print 01-0705471 THE NORWOOD FOUNDATION File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for PO BOX 792 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. Instructions MANITOU SPRINGS, CO 80829 Check type of return to be filed (file a separate application for each return): 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 X Form 990-PF Form 1041-A Form 8870 CHRISTOPHER JENKINS The books are in the care of ► 111 S. TEJON ST, SUITE 222 - COLORADO SPRINGS, CO 80903 Telephone No. ► 719-593-2600 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box | If it is for part of the group, check this box | and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until OCTOBER $\,15$, $\,2010\,$, to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year , and ending FEB 28, 2010 ► X tax year beginning MAR 1, 2009 Final return If this tax year is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

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

Form 8868 (Rev 4-2009)