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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

			par, or tax year beginning 07/01/09 , and ending 06/	30/10	·	
<u> </u>	For the 200			30/10		
В	Check if applical		C Name of organization COLORADO COMMUNITY COLLEGE		D Emplo	yer identification number
	Address change	use IRS label or	SYSTEM FOUNDATION			
	Name change	print or	Doing Business As		84-	·1070271
	Name change	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	none number
	Initial return	See	9101 E LOWRY BOULEVARD		720	-858-2704
	Termination	Specific			<b>G</b> Gross rece	1 100 554
		Instruc-	City or town, state or country, and ZIP + 4  DENVER  CO 80230		G Gloss lece	::pas = / = 0 = / = = 1
$\sqcup$	Amended return			***	<del> </del>	
	Application pend	<sub>ding</sub> F Nam	e and address of principal officer		1 ''	a group return for
					affiliati H(b) Are all	affiliates 💳 🗎
					include	
					If "No,	attach a list. (see instructions)
ī	Tax-exempt	status X	501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527			
	Website:		CCCS.EDU		H(c) Group	exemption number
		ration X Co		L Year of formation	1987	M State of legal domicile CO
	art I	Summa				
			he organization's mission or most significant activities	<u> </u>		
			RT THE MISSION OF THE COLORADO COMMUNITY	SYSTEM BY CR	EATTNG	
9						
lan.			HIPS, DEVELOPING RESOURCES, AND ADVOCATING	G FOR THE VA	DOE OF A	
ē			Y COLLEGE EDUCATION.			
Š	2 Chec	ck this box I	If the organization discontinued its operations or disposed of mor	e than 25% of its net	assets	4.0
න්	3 Num	ber of voting	members of the governing body (Part VI, line 1a)		3	
es	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)		4	13
Ż	5 Tota	I number of	employees (Part V, line 2a)		5	0
Activities & Governance	6 Tota	I number of	volunteers (estimate if necessary)		6	0
٩	7a Tota	l aross unre	lated business revenue from Part VIII, column (C), line 12		7a	
	1	unrelated bu	7b	0		
_	1		r Year	Current Year		
•	8 Cont	tributions an	d grants (Part VIII, line 1h)		385,244	405,792
Revenue	1		revenue (Part VIII, line 2g)			
ē	1		ne (Part VIII, column (A), lines 3, 4, and 7d)		589,394	637,400
2			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,300	14,300
			add ines 8 through 11 (must equal Part VIII, column (A), line 12)		988,938	1,057,492
_			ar amounts paid (Part IX, column (A), lines 1–3)		5,500	10,200
	13 Gran	nts and simil	ar amounts paid (Part IX, Colomin (A), times 1–5)	·-····································	- 3,300	10/200
	I	efits paid to	or for members (Part IX, column (A))(Jine 4)			
es	<b>15</b> Sala	irles, other c	ompessation Semployee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a Profe		draising fees (Part IX, column (A), lige 11e)			
ă	<b>b</b> Tota	ıl fundraisıng	expenses Part IX, column (p), line 25) > 6,640 (Part IX, column (AF-lines 1-4a-11d, 1)1f-24f)			
Ú	17 Othe	er expenses	(Part-IX, column tA, lines Ha-11d, 11f-24f)		109,656	1,181,290
	18 Tota	l expenses	Add lines 13–17 (must equal Part IX, column (A), line 25)		115,156	1,191,490
	19 Reve	enue less ex	penses Subtract line 18 from line 12		126,218	-133,998
6	20				f Current Year	End of Year
seta	20 Tota	ıl assets (Pa	rt X, line 16)		350,879	12,832,823
Net Assets or	21 Tota	ıl lıabılıtıes (i	Part X, line 26)	12,	686,288	12,273,397
2	22 Net	assets or fu	nd balances Subtract line 21 from line 20	(	664,591	<u>559,426</u>
_	Part II	Signatu	re Block			
<del>-</del>		Under nena	tries of penury. I declare that I have examined this return, including accompanying	schedules and stateme	nts, and to the be	est of my knowledge
_		and belief, i	t is true, correct, and complete Declaration of preparer (other than officer) is based	d on all information of wi	nich preparer has	any knowledge
-Si	an l		and the last		191	3/10
	-		any Deliner		Date	4
He	ere	Signati	clift Richardson Tre		Date	
			Clut Kilhordson ) re	agene		
		▼ Type o	r print name and title	· · · · · · · · · · · · · · · · · · ·		Preparer's identifying number
3		Preparer's		ee	neck if	(see instructions)
Š	iid .	signature	JASON D. ADAMS, CPA		nployed >	P00280895
Pr	eparer's	F	POYSTI & ADAMS, LLC		EIN D	•
Us	se Only	Firm's name of self-emplo	400 C COLODADO BLID CHE 600	· · · · ·	Phone	
		address, ar	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			303-733-3796
Ma	v the IRS d		eturn with the preparer shown above? (see instructions)		1	Yes No
			erwork Reduction Act Notice, see the separate instructions.	<del></del>		Form <b>990</b> (2009)
DA		or and cabi	A WOLK Household Not House, see the separate metracione.			1 5 555 (2003)

Part III Statement of Program Service Accomplishments			
1 Briefly describe the organization's mission			
TO SUPPORT THE MISSION OF THE COLORADO COMMUNITY SYSTEM BY CREATI			
PARTNERSHIPS, DEVELOPING RESOURCES, AND ADVOCATING FOR THE VALUE	OF A	A	
COMMUNITY COLLEGE EDUCATION.			
2 Did the organization undertake any significant program services during the year which were not listed on		_	Te
the prior Form 990 or 990-EZ?	□ '	Yes	X No
If "Yes," describe these new services on Schedule O			
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	┌ .		₹
services?	□ '	Yes	X No
If "Yes," describe these changes on Schedule O			
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and			
allocations to others, the total expenses, and revenue, if any, for each program service reported			
anosations to others, the total expenses, and revenue, if any, for each program service reported			
4a (Code ) (Expenses \$ 10,200 including grants of \$ 10,200 ) (Revenue \$			
PROVIDE STUDENT SCHOLARSHIPS AND SUPPORT EDUCATIONAL			,
ACTIVITIES AT VARIOUS COLORADO COMMUNITY COLLEGES.			
4b (Code ) (Expenses \$ 520,306 including grants of \$ ) (Revenue \$			)
PROMOTE THE EDUCATIONAL OPPORTUNITIES FOR HIGH TECH			
TRAINING AT COLORADO COMMUNITY COLLEGES THROUGH A			
STATEWIDE ADVERTISING PROGRAM.			
COC 000			
4c (Code ) (Expenses \$ 626,288 including grants of \$ ) (Revenue \$			)
ASSIST COMMUNITY COLLEGES IN SECURING LONG-TERM DEBT FOR			
CAPITAL FOR PROJECTS, WHILE ALLOWING EACH CAMPUS TO MAKE DECISIONS REGARDING THEIR CAMP USES AND STUDENTS WITH THE			
FULL SUPPORT OF THE COMMUNITY COLLEGE SYSTEM.			
FOLL SUPPORT OF THE COMMONTH COLLEGE SISTEM.			
4d Other program services (Describe in Schedule O )			
(Expenses \$ including grants of \$ ) (Revenue \$	Υ.		
4e Total program service expenses ► 1,156,794			
	Fo	m 99	(2009)

ГС	art iv Checklist of Required Schedules			
4	In the assessment of decembed in particip E01(a)/2) or 4047/a)/1) (other than a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 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,"			x
7	complete Schedule D, Part I  Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		77	
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
_	Schedule D, Part VI  Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			, ,
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			`
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	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			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	X	لــــا
424	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	12		
ızA	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
14a		14a		X
b	The state of the s			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	·		l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			<b>.</b>
	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	17		x
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-"		<del> </del>
18	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		$\mathbf{x}_{-}$
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Forn	990	(2009)

Form 990 (2009) COLORADO COMMUNITY COLLEGE
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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		X
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		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			7.7
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			v
.=	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A COLUMN TO THE			
_	Schedule L, Part IV	28b	1	X
С				
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		1	
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			72
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	24		X
35	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
33	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	33		
	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			<del>-</del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	ļ		
	Part VI	37		X
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	
		Form	990	(2009)

18 Enter the number reported in Box 3 of Form 1096, Annual Summany and Transmittal of U.S. Information Returns: Enter 1-0-1 for applicable   10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prevail white organization of the organization promises and reportable gaming (gambling) winnings to prevail year winners? 28 Enter the number of renipoyees reported on Form W.3, Transmittal of Wage and Tax. 28 Interest the number of employees reported on Form W.3, Transmittal of Wage and Tax. 29 Uses the first of the calendary year ending with or within the year covered by this returns? 30 If the fleats one is reported on line 2a, did the organization file all required federal employment tax returns? 31 If year, the second on the 2a, did the organization file all required federal employment tax returns? 32 If year is the file of the calendary year, did the organization file all required federal employment tax returns? 33 If years yimmed unrelated business gross income of \$1,000 or more during the year covered by this return? 34 A fary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country by See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 35 Was the organization aparty to a prohibited ax shelter transaction at any time during the tax year? 36 If Yes, 1 for the See of St., did the organization file Form 8896-T, Desdosure by Tax-Exempt Entity Regarding Prohibited Tax Schelter Transaction? 36 Dos the organization and party to a prohibited at scheducible? 37 If Yes, 2 for the See of St., did the organization relicuted with every solicitation an express statement that such conhibitions or gifts were not tax deductible? 38 If Yes, 3 for the organization module with every solicitation and express statement that such conhibitions or gifts the organization module w	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				<del></del>		<del></del>
U.S. Information Returns. Entery—of- find applicable Enter the number of Forms W-S2 (anduded in line 1s Entery—of not applicable)  D. Del the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prove winner?  28. Enter the number of employees reported on Form W-S. Transmittat of Wage and Tax Statements, find of the calendary are anding with or within the year covered by this return?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions)  B. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions)  B. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If I'Res', has it find a Form 990-T for this year? If No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country ★  B. If Yes's, enter the name of the foreign country ★  B. If Yes's, enter the name of the foreign country ★  C. If Yes's, and the provision of the organization in the name and the foreign country ★  B. Did any taxable party notify the organization file from TD F 90-22.1, Report of Foreign Bank and Financial Accounts  and Financial Accounts  Was the organization and provision and the state of its a party to a prohibited tax shelter transaction?  B. D. Did the organization and provision and provision and provision and the organization file and provision and		Follow III and the Day O of Forms 4000. Amount Common and Tongo with left				7, %	Yes	No
be Enter the number of Forms W-2cl included in time 1s. Enter- of- final applicabile  C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winnes?  Za Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendary year ending with or within the year covered by this return?  D If at least one is reported on line 2a, did the organization file all required federal amployment tax returns?  Note. If the sum of lines 1 and 7a dia is grader than 250, you may be required to effeit this return (see instructions)  D Id the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3a X  If "Yes," has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  See the instructions for exceptions and filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts  W If "Yes," or line 5 a or 8b, did the organization filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts  D did any translation?  So D did any translation?  So D did any translation and present that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  If "Yes," to line 5 a or 8b, did the organization filing requirements for Form Septiments of the organization and partly for goods and services provided to the pagenization may be entirely and provided the organization and partly for goods and services provided to the pagenization and view entirely account on the service of the organization and partly for goods and services provided to the pagenization maintaining donor advised funds and sect	٦α		4.	١.	4			
C Did the organization comply with beckup withholding rules for reportable payments to vendors and reportable gaing gambling) winnings to pinze winners?  Za Enter the number of employees experted 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  If at least one is reported on line 2a, did the organization file all equired federal employment fax returns?  Note, If the sum of fines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule of the authority over, a financial account in a foreign country (such as a bank account, securities account);  3c Was the organization and of the foreign country b.  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  3b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 6a or 5b, did the organization rife Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prioribided Tax Shelter Transaction?  5c Dest the organization have annual gross excepts that are normally greater than \$100,000, and did the organization should well werely solicitation an express statement that such contributions or gifts were not tax deductible?  5c If "Yes," did the organization induse with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Did the organization may required forms 8282 filed during the year  6c Did the organization required payment in excess of \$75 made partiy as a contribution and party for goods and services provided to the payor?  7c Tax X  7c X  7f If "Yes," did the organization may have a property in device of the organization file organization in se	_	•••		-			i 2	,
gamming (gambling) winnings to prize winners?  2 Enfet the number of employees reported on Form W-3. Transmittal of Wage and Tax  Statements, filed for the calendar year endring with or within the year covered by this return?  5 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 and 2 a is greater than 250, you may be required to e-file this return (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 If Yes, it has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  4 A Lary 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 accounts?  5 If 'Yes,' effect the name of the foreign country   No.    5 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 A Was the organization or portly the organization that it was or its a party to a prohibited tax shelter transaction?  5 B Ose the granization and proper to a prohibited tax shelter transaction?  6 C See The granization are promised in the foreign 886-T, Decider than \$100,000, and did the organization recover a payment in excess of \$75 made party as a contributions or gints were not tax deductable?  7 C Organizations that may receive deductable contributions under section \$100,000, and did the organization recover a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 D If the organization during the year, receive any funds, directly or indirectly, on a personal benefit contract?  7 D If Yes, '' did the organization making the organization file form 8282 ril							3,	-
Statements, filed for the calendar year ending with or which the year covered by this return  If at least one is reported on line 25, did the organization file all required federal employment tax returns?  Note, if the sum of lines is and 2a is greater than 250, you may be required federal employment tax returns?  Note, if the sum of lines is and 2a is greater than 250, you may be required for efficients return (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  bit "Yes," has if filed a Form 990-T for the year? If "No." provide an explanation in Schedule 0  3b. 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,)  bit "Yes," either the name of the foreign country. In the security over, a financial accountry.  bit "Yes," either the name of the foreign country. In the security over, a financial accountry.  bit "Yes," either the name of the foreign country. In the security of the security of the organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  bit bit and the organization appropriate that was or is a party to a prohibited tax shelter transaction?  cit "Yes," to line Sa or 8b, did the organization that was or is a party to a prohibited tax shelter transaction?  cit "Yes," to line Sa or 8b, did the organization file Form 88861, Disclosure by Tax-Evernpt Entity Regarding Prohibited Tax Shelter Transaction?  bit "Yes," did the organization namical gross secepts that are normally greater than \$100,000, and did the organization social any contributions that were not tax deductable?  bit "Yes," did the organization make any tax of the security of the page of	C		portabl	10		10	X	
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes," to line 5 aor 5b, did the organization file Form 88867, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  9 If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  11 If "Yes," indicate the number of Forms 8282 filed during the year  12 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  13 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  14 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  15 Did the organization of qualified intellectual property, did the organization file a Form 1098-C as required?  16 For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  17 Did the organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  19 Sponsoring organizations maintaining donor advised funds.  20 Did the organization make any taxable distributions under section 49667  21 Did the organization make a	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		X
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Form 990 (2009) COLORADO COMMUNITY COLLEGE 84-1070271 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI fòr a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a X 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b X rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 13 X 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 9101 E LOWRY BLVD. organization > THE ORGANIZATION

720-858-2704

CO 80230

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

Check this box if the organizatio		nsate	e an			officer,		<b>(E)</b>	(5)
(A) Name and Title	(B) Average			chec	C) k all	that apply	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
TILMAN BISHOP MEMBER		x					0	0	0
LINDA BOWMAN		1	-		_	1			
MEMBER		x	Ì				O	0	0
GILBERTO CISNEROS	\$								
MEMBER	[	X					0	0	0
JULIANNE HAEFELI									<u></u>
MEMBER		X					0	0	0
NANCY MCCALLIN						}			
PRESIDENT		X		X			0	0	0
LEONARD PERLMUTTI	R								
MEMBER		X					0	0	0
RAYMOND WILDER									•
MEMBER		X			<b> </b>	$\vdash$	0	0	0
RUBEN VALDEZ	ł	x	l		l	1 1	o	o	•
MEMBER KAYLEEN HOLLINES		<u> </u>	_	-		<del>                                     </del>	- 0	<u> </u>	0
MEMBER	1	x					o	0	0
MIKE BEASLEY	<del></del>	1		-	╁	-			
MEMBER	1	$ \mathbf{x} $					0	0	0
PAUL HANLEY		† <del></del>				1-1-			
CHAIR	1	x					0	0	0
DOUG SCHNEIDER									
MEMBER	]	X					0	0	0
JOHN TREFNY						I			
MEMBER		X			L		0	0	0
		<del> </del>							
<del></del>					-				
	1		l	l	1		1		

<b>)2</b> '	71	•	•	Page 8

	t VII Section A. Officers	, Directors, Trus	tees	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)	, ugo e	
	(A) Name ånd Title	(B) Average	Posi	tion (	(chec	C) k all t	that a	pply)		(E) Reportable	(F) Estimated	
	•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
					<u></u>							
	Total							<u> </u>				
	Total number of individuals (in reportable compensation from	~		_	thos	e lıs	ted a	bov	e) who received more than	\$100,000 in		
3 4 5	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on line the organization and related or individual. Did any person listed on line services rendered to the organization and related or line services rendered to the organization listed on line services rendered to the organization listed on line services rendered to the organization list any few services rendered to the organization list and related or line services rendered to the organization list	" complete Scheone 1a, is the sum organizations greated areceive or acc	dule of re ater t	J for port than comp	suc able \$15	h ind com 0,00 atıor	fividi ipens 0? If	ial satio "Ye: n an	on and other compensation s," complete Schedule J fo by unrelated organization fo	from r such	Yes No 3 X 4 X	
	tion B. Independent Contract								·			
1	Complete this table for your fi compensation from the organ	ization	ensa	ited i	ınde	pend	lent o	onti			(C)	
	Name and business address								Descrip	(B) tion of services	(C) Compensation	
					_							
2	Total number of independent more than \$100,000 in compe	•	_				ed to	tho	se listed above) who receiv	red	* 0	
DAA	more man a roo,ooo in compe	onsaudii ndiii tile	orgi	ai IIZ	atiOi)	_				***************************************	Form <b>990</b> (2009)	

Pa	rt V	III Statement of R	evenue										
1						(A) Total reven	ue	e: fu	(B) lated or kempt nction venue	b	(C) nrelated usiness evenue	i u	(D) Revenue cluded from tax under sections 12, 513, or 514
स स	1a	Federated campaigns	1a										
na l	b	Membership dues	1b										
s, g	С	Fundraising events	1c										
ar	d	Related organizations	1d										
ă,E	е	Government grants (contributions)	1e		372,727								
ti S	f	All other contributions, gifts, grants,							,			1	ļ
혈		and similar amounts not included abo	ove 1f		33,065						>		
支	g	Noncash contributions included in lin	nes 1a-1f	\$								-	ĺ
ပို့ ခြ	h	Total. Add lines 1a-1f			<b>&gt;</b> _	405	,792			<u></u>			*\$
Program Service Revenue   Contributions, gifts, grants and other similar amounts					Busn. Code			*				<u> </u>	, }
Ş.	2a											ļ	
2	b											ļ	<del> </del>
ا <u>چ</u>	C									ļ	*		
Ser	d					_						-	
ᇤ	е												
ᅙ	f All other program service revenue												
4	g	g Total. Add lines 2a–2f  3 Investment income (including dividends, interest, and						40	* *			-	** *
	3												
1	other similar amounts)  4 Income from investment of tax-exempt bond proceeds					636	, 462					<del> </del>	636,462
	4		of tax-exem	pt bond p	roceeds 🕨							<del>-                                    </del>	
	5	•											···-·-
İ			leal	(II) P	ersonal	ð # 40 4							/ <b>*</b>
	6a	Gross Rents				* · · • • • •						1	· &
	b	Less rental exps				× × * • 🐐 🦠 🦠						1	` . 🍖
	C	Rental inc or (loss)				<u> </u>							
	d 7a	Net rental income or (loss Gross amount from (i) Sec		[ (n)	Other							+	
		sales of assets	27,000	(")	Other	No. of the		>	· · ·	\$	*		1
			27,000	<del></del>				35-	on of	*	42 %	*	
	þ		26,062				,	\$~	* *	<b>)</b> •	v ~ ;	*	
		basis & sales exps 1 Gain or (loss)	938				٠,	۵.,	* *	<i>&gt;</i>	2 42 8	· 🗼	
		Net gain or (loss)		l	<b>•</b>	· · · · · · · · · · · · · · · · · · ·	938				·		938
		Gross income from fundraising	n events	· -			* *	<u>-</u>		-	7 %	* *	* *
age	- Oa	(not including \$	9 0101111111111111111111111111111111111				* 4	* 4	à .		* *	~	<b>€ ≹</b> ∕
Ver		of contributions reported on lir	ne 1c)			è	% À	* *		]	,		* ** .
8		See Part IV, line 18	a			*	<i>→</i>			İ			,
Other Revenu	b	Less direct expenses	ь			· · · · · · · · · · · · · · · · · · ·	4						Allagonata
ō		Net income or (loss) from	fundraising	events	<b>•</b>		*************	1					
		Gross income from gaming ac											
- 1		See Part IV, line 19	a			9 .							ļ
	b	Less direct expenses	<b>b</b> [			/4 {			*	:			
	С	Net income or (loss) from	gaming ac	tivities	•								
	10a	Gross sales of inventory,	less			*						′	
		returns and allowances	a			, **							*
	þ	Less cost of goods sold	b			· · ·						_	
	С	c Net income or (loss) from sales of inventory		<u> </u>									
		Miscellaneous Rev	venue		Busn. Code	»				ļ	,		
	11a	b c d All other revenue		900099	14	,300			1		4	14,300	
	b								ļ				
	C								ļ		<del>-  </del>		
	đ			L					ļ		<del>-</del>		
	е	Total. Add lines 11a-11d					,300						
	12	Total Revenue. See instr	uctions		<b></b>	1,057	,492		0	l		기	651,700

#### Form 990 (2009) Part IX Statement of Functional Expenses

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

	. All other organizations must co	omplete column (A) but	are not required to compl	ete columns (B), (C), and	(D).
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	8b, 9b, and 10b of Part VIII.		едрензез	general expenses	ехрепаса
1	Grants and other assistance to governments and	10,200	10,200		1
_	organizations in the U.S. See Part IV, line 21	10,200	10,200		
2	Grants and other assistance to individuals in				•
_	the U.S See Part IV, line 22			-	· · · · · · · · · · · · · · · · · · ·
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			`	de s
	U S See Part IV, lines 15 and 16				,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	9,000		9,000	
d	· ·				
e			<i>i</i> .	*	
f	Investment management fees	3,619	3,619		
g	Other	252,607	250,249	2,358	
12	Advertising and promotion	269	, , ,		269
13	Office expenses	4,196	36	2,424	1,736
14	Information technology				
15	Royalties			·	
16	Occupancy				<del> </del>
17	Travel	15,620	14,848	772	
	Payments of travel or entertainment expenses		11/010		
18	•				
40	for any federal, state, or local public officials	13,092	7,019	1,438	4,635
19	Conferences, conventions, and meetings	626,288	626,288	1,430	4,033
20	Interest	020,200	020,200		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 040		1,049	
23	Insurance	1,049		1,049	<del></del>
		35 i, 186			,
24	Other expenses Itemize expenses not	\m \m\	***		
	covered above (Expenses grouped together	·	.,	*	4
	and labeled miscellaneous may not exceed	` 1	, *	**	
	5% of total expenses shown on line 25 below )	445 55	445 554		
а	GRANT EXPENSES	147,554	147,554	_	
b	ASEC COLLEGE CONNECTION P	79,360	79,360	46 673	
С	DUES AND SUBSCRIPTIONS	10,970		10,970	
d	MISCELLANEOUS EXPENSES	8,197	8,197		
е	REGISTRATION _	4,770	4,770		<del></del>
f	· • • • • • • • • • • • • • • • • • • •	4,699		45	
25	Total functional expenses. Add lines 1 through 24f	1,191,490	1,156,794	28,056	6,640
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
DAA	fundraising solicitation				Form <b>990</b> (2009)

Form 990 (2009) Part X **Balance Sheet** (A) (B) End of year Beginning of year 14,527 14,472 Cash-non-interest bearing 202,414 72,577 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 27,568 43,132 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Assets 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation 421,425 457,587 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 Intangible assets 14 12,685,000 12,245,000 15 15 Other assets See Part IV, line 11 13,350,879 12,832,823 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,288 28,397 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 12,685,000 12,245,000 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 12,686,288 12,273,397 26 Total liabilities. Add lines 17 through 25 Net Assets or Fund Balances Organizations that follow SFAS 117, check here ▶ |X| complete lines 27 through 29, and lines 33 and 34. 318,028 342,649 27 Unrestricted net assets 27 323,863 194,077 28 28 Temporarily restricted net assets 22,700 Permanently restricted net assets 22,700 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 664,591 559,426 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 13,350,879 34 12,832,823

Form 990 (2009)

orm	1 990 (2009) COLORADO COMMUNITY COLLEGE 84-1070271		Pag	ge <b>12</b>
Pa	nrt 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		<u> </u>	الانت
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	*		,
	Schedule O	ایا		1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	- 1 de 1		
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis		<u> </u>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
	the Single Audit Act and OMB Circular A-133?	3a		X
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		

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-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COLORADO COMMUNITY COLLEGE SYSTEM FOUNDATION

Employer identification number 84-1070271

Pi	art I	Reaso	on for Publi	c Charity	Status (All organ	<u>izations</u>	must c	omplet	e this	oaπ.) :	See in	structi	ions.		
The	orga	nization is not	a private found	lation because	e it is (For lines 1 thro	ough 11, c	heck only	one box.	.)						
1	Ň				ociation of churches d										
2	Ħ				A)(ii). (Attach Schedul										
3	H				e organization describ		ction 170(	b)(1)(A)(i	ii).						
4	H				in conjunction with a					(1)(A)(ii	ii). Ente	r the ho	spital's name		
•	ш	city, and state			,	•			. ,		•		•		
5	X			r the henefit o	f a college or universi	tv owned	or operate	ed by a go	overnme	ntal uni	t descri	bed in			
J		_	o)(1)(A)(iv). (Co			., 0	o, opo.a	,							
				-	overnmental unit desc	mhed in e	action 17	0/h)/1\/A	167)						
6	$\mathbb{H}$				substantial part of its					rom the	nenera	al public			
7	Ш	<b>-</b>		-		support ne	Jili a gove		unit or :	,0,,,	genera	n pablic			
_	$\Box$				omplete Part II)	aloto Bart	шх								
8	$\mathbb{H}$				70(b)(1)(A)(vi). (Comp			contributi	one ma	mbareb	ın fees	and are	nee		
9					) more than 33 1/3 %								)33		
					pt functions—subject										
					d unrelated business					) IIOIII L	usines	562			
			_		0, 1975 See section										
10	Щ				exclusively to test for p							_			
11					exclusively for the ben										
					ed organizations desc							Section			
		C	Γ	٦.	he type of supporting					_					
		a   Type		_ Type II			ally integra		d [		e III–Ot				
е	L				anization is not contro										
					and other than one or	more put	olicly supp	ortea org	anizatio	ns aesc	ribea in	section			
			section 509(a)(2												
f		_			rmination from the IRS	S that it is	a Type I,	Type II, o	or Type I	III suppo	orting				
		-	check this box												
g		Since August	: 17, 2006, has	the organizat	tion accepted any gift	or contrib	ution from	any of th	ne						
		following per													
		(i) A persor	who directly o	or indirectly co	introls, either alone or	together	with perso	ons descr	ibed in (	11)				Yes	No
		and (III) I	pelow, the gove	erning body of	f the supported organi	zation?							11g(i)		
					ed in (i) above?								11g(ii)	<u></u>	
		(iii) A 35% c	ontrolled entity	of a person of	described in (i) or (ii) a	bove?							[11g(iii)	l	
h		Provide the f	ollowing inform	nation about t	he supported organiza	ation(s)					,	т			
(i)	Nam	e of supported	(ii) E	EIN	(iii) Type of organi		1	organization		ou notify		s the	(vii) Am		
	οη	ganization			(described on lines above or IRC sec		1 ''	sted in your of document?	the organ	of your	organizat (i) organi	zed in the	supp	ιοπ	
					(see instruction		gorching		supp	ort?	U	S ?			
							Yes	No	Yes	No	Yes	No			
								ļ							
							-		ļ		<u> </u>	<b></b>			
_						_	ļ	ļ	ļ		ļ	L			
			<u> </u>												
	_														
													_	-	
T-4							1	1	1		1				

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	24.01%
	,	45	16.52%
46	Public support percentage from 2008 Schedule A. Part II. line 14	. 15 !	16.52%

16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

DAA

Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 5 Amounts included on lines 1, 2, and 3 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 Public support (Subtract line 7c from . E. line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV) Total support, (Add lines 9, 10c, 11, 13 and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 COLORADO COMMUNITY COLLEGE

84-1070271

Page 4

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

PART II, LINE 10 - OTHER INCOME DETAIL

MANAGEMENT FEE

\$

105,250

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

	YSTEM FOUNDATION		84-1070271
	organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or A	
	the organization answered "Yes" to Form 990, F	Part IV. line 6.	1000unto. Complete ii
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	•	the assets held in donor advised	
J	Did the organization inform all donors and donor advisors in writing that		☐ Ven ☐ Ne
_	funds are the organization's property, subject to the organization's exclu-	_	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	used only for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	Vec No
Da	purpose conferring impermissible private benefit?  Int II Conservation Easements. Complete if the organization	enization answered "Ves" to For	m 990 Part IV line 7
			11 990, 1 art 1V, line 1.
1	Purpose(s) of conservation easements held by the organization (check		nodent land erec
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	
	Protection of natural habitat	Preservation of certified historic s	structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	rvation contribution in the form of a conse	ervation
	easement on the last day of the tax year		Hald some Find of the Town Van
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic structure inclination		2c
d			
3	Number of conservation easements modified, transferred, released, ext	tinguished, or terminated by the organiza	tion during
	the taxable year ▶		
4	Number of states where property subject to conservation easement is le		
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the y	ear
_			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year	
	<b>\$_</b>		
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section	n. n.
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	,	•	·
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	escribes
	the organization's accounting for conservation easements	Historical Traceurs of Other	Similar Accets
	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		Similar Assets.
4-	If the organization elected, as permitted under SFAS 116, not to report		eat works of
ıa	art, historical treasures, or other similar assets held for public exhibition		
	·		public service,
<b>L</b>	provide, in Part XIV, the text of the footnote to its financial statements to		works of art
D	If the organization elected, as permitted under SFAS 116, to report in it		
	historical treasures, or other similar assets held for public exhibition, ed	ideation, or research in furtherance of put	JIIO SELVICE,
	provide the following amounts relating to these items		<b>&gt;</b> \$
	(i) Revenues included in Form 990, Part VIII, line 1		• • • • • • • • • • • • • • • • • • •
_	(ii) Assets included in Form 990, Part X	other similar appets for financial accessor	
2	If the organization received or held works of art, historical treasures, or	- ·	ovide tile
	following amounts required to be reported under SFAS 116 relating to t	nese items	<b>.</b>
	Revenues included in Form 990, Part VIII, line 1		▶ \$ ▶ \$
b	Assets included in Form 990, Part X		P \$

Schedule	D (Form 990) 2009	COLORADO (	COMMUNITY C	COLLEGE	. 84	<u>1-10</u>	<u>7027</u>	<u> 1</u>	P
Part III	Organization	ons Maintaining	Collections of A	rt, Historical Tre	asures, or C	Other S	Simila	r Assets	(continued)
	ng the organization's ection items (check a		n, and other records,	check any of the follow	wing that are a s	significa	nt use	of its	
а	Public exhibition		d Lo	an or exchange progra	ams				
ь	Scholarly research		<del></del>	ther					
=	Preservation for futu	re generations							
4 Prov		•	lections and explain h	now they further the org	ganization's exe	mpt pu	rpose in	1	
5 Duri	ng the year, did the o	organization solicit or e funds rather than to	receive donations of be maintained as pai	art, historical treasure: t of the organization's	s, or other simil	ar			Yes
Part IV				plete if the organ		ered '	'Yes"	to Form 9	90, Part
				0, Part X, line 21					•
1a Is th		<del></del>		ry for contributions or		t			
	ided on Form 990, P					•			Yes
	•	ngement in Part XIV a	and complete the follo	wana tahle					
י וו ט	es, explain the arrai	ngement in rait XIV a	and complete the lone	wing table			Г	<u> </u>	Amount
- D	balanca							1c	7.1100111
_	inning balance						H		
	itions during the year						⊢	1d	
	ributions during the y	/ear					-	1e	<del></del>
	ing balance						L	1f	
2a Did	the organization incli	ude an amount on Fo	rm 990, Part X, line 2	1?					Yes
	es," explain the arrai								
Part V	<u>Endowmer</u>	<u>nt Funds. Compl</u>	<u>ete if organizatio</u>	n answered "Yes	" to Form 99	<u> 10, Pa</u> i	rt IV, I	ine 10.	
			(a) Current year	(b) Pnor year	(c) Two year	s back	(d) Thre	e years back	(e) Four years
1a Beg	inning of year balance	æ	372,06	3 445,90	5			·····	
<b>b</b> Con	tributions		402,94	5 415,47	4				
c Net	investment earnings	. gains.							
	losses	, 3,			,xx.	S. Salar	ăâ.	, ,	
	nts or scholarships		• • • • • • • • • • • • • • • • • • • •		×.*	28.	· , ·		
	er expenditures for fa	acilities	· · · · · · · · · · · · · · · · · · ·	<u> </u>	*,	<b>*</b>			
	programs	10miles	530,71	6 489,31	6	<i>"</i>			
			330,7.2	100/02	<del>' </del>	·			
	ninistrative expenses	•	244,29	2 372,06	:				<del>                                     </del>
•	of year balance		<u> </u>	2 312,00	3				
	•	ercentage of the year							
	rd designated or qua	–	_ <b>4</b>						
b Pen	manent endowment	<u> </u>							
c Ten	m endowment 🕨 _	<u>34.69</u> %							
			sion of the organization	on that are held and a	dministered for	the			
orga	anization by								Yes
(i)	unrelated organization	ons							3a(i)
(ii)	related organizations	5							3a(ii)
. 15 83	es" to 3a(ii), are the	related organizations	listed as required on	Schedule R?					3b
ץ דו ס	. ,.	intended uses of the	organization's endow	ment funds					
	cribe in Part XIV the				90. Part X.	line 10	).		
4 Des	<del></del>		ngs, and Equipr	mont, occ i cilli c					
	<del></del>	ts—Land, Buildi	(a) Cost or other ba			(c) Acci	umulated		(d) Book value
4 Des	I Investmen	ts—Land, Buildi	T		other	• •	umulated eciation		(d) Book value
4 Des Part V	Investmen  Description of inv	ts—Land, Buildi	(a) Cost or other ba	asis (b) Cost or	other ner)	• •			(d) Book value
4 Des Part V	Description of inv	ts—Land, Buildi	(a) Cost or other ba	asis (b) Cost or	other ner)	depre			(d) Book value
Part V	Description of inv	ts—Land, Buildi estment	(a) Cost or other ba	asis (b) Cost or	other ner)	depre			(d) Book value
Part V  1a Lan b Buil c Lea	Description of inv  d dings sehold improvement	ts—Land, Buildi estment	(a) Cost or other ba	asis (b) Cost or	other ner)	depre			(d) Book value
Part V  1a Lan b Buil c Lea d Equ	Description of inv  d dings sehold improvement	ts—Land, Buildi estment	(a) Cost or other ba	asis (b) Cost or	other ner)	depre			(d) Book value
4 Des Part V	Description of inv  d dings sehold improvement	ts—Land, Buildi estment s	(a) Cost or other ba (investment)	asis (b) Cost or	other er)	depre		<b>&gt;</b>	(d) Book value

Schedule D (F	orm 990) 2009	COLORADO COMMUNITY CO	LLEGE	84-1070271	Page 3
Part VII		ts-Other Securities. See Form 990			
		aption of security or category	(b) Book value	(c) Method o	f valuation
		uding name of security)	',	Cost or end-of-ye	
Financial deriv					
			<del></del>	<del></del>	
-	quity interests			·	
Other	<b>-</b> -				
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Total. (Colum	n (b) must equal	Form 990, Part X, col (B) line 12)			
Part VIII	Investmen	ts—Program Related. See Form 99	0, Part X, line 13.		
		ccrption of investment type	(b) Book value	(c) Method o	f valuation
				Cost or end-of-year	ar market value
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<del></del>				<del> </del>	
Total (Colum	n (h) must saual	Form 990, Part X, col (B) line 13 )			•
Part IX		ets. See Form 990, Part X, line 15.	<u> </u>	1 %%	
FaitiA	Other Assi	(a) Description			(b) Book value
		NET INVESTMENT IN LEASE	!S		12,245,000
		WIII IN VIOLITIANI IN IIIIIVI			12/210/000
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T-4-1 (O-1::::::	- (h)h	Form 000 Bod V and (B) line 45 )			12,245,000
Part X		Form 990, Part X, col (B) line 15) ilities. See Form 990, Part X, line 29	<u> </u>		12,243,000
Fail A		Description of liability	(b) Amount	1	
T		Description of hability	(b) Amount	-	
Federal incom	ie taxes	_			
	<del></del>				
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				4	
		Form 990, Part X, col (B) line 25 )	<u> </u>		
2. FIN 48 Fo	otnote In Part X	IV, provide the text of the footnote to the organ	nization's financial statem	ents that reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 COLORADO COMMUNITY COLLEGE		84-107027	1	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,057,492
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,191,490
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-133,998	
4	Net unrealized gains (losses) on investments			4	28,833
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	<del></del>
8	Other (Describe in Part XIV )			8	
9	Total adjustments (net) Add lines 4 through 8			9	28,833
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	-105,165
	rt XII Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per Re		
1	Total revenue, gains, and other support per audited financial statements		The state of the s	1	1,095,900
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			· · · · · · · · · · · · · · · · · · ·	
a	Net unrealized gains on investments	2a	28,833		
b	Donated services and use of facilities	2b	9,575	-	
_	Recoveries of prior year grants	2c	2,0.0		
C	Other (Describe in Part XIV )	2d		1	
d	•	Zu		2e	38,408
e	Add lines 2a through 2d			3	1,057,492
3	Subtract line 2e from line 1	[ ]		-	1,031,432
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	·		
b	Other (Describe in Part XIV )	4D			
_C	Add lines 4a and 4b			4c	1 057 402
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		Allah Francisco	5	1,057,492
	rt XIII   Reconciliation of Expenses per Audited Financial Stateme	ents t	with Expenses per r		1,201,065
1	Total expenses and losses per audited financial statements			1	1,201,003
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 _ 1	0 575		
a	Donated services and use of facilities	2a	9,575		
þ	Prior year adjustments	2b			
С	Other losses	2c		2 4	
d	Other (Describe in Part XIV )	2d			0 575
е	Add lines 2a through 2d			2e	9,575
3	Subtract line 2e from line 1	r	1	3	1,191,490
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,191,490
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin				
and :	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin	es 2d	and 4b Also complete		
	art to provide any additional information				
_P	ART V, LINE 4 - INTENDED USES FOR ENDOWMENT	_FU	NDS		
S	CHOLARSHIPS AND EDUCATIONAL PROGRAMS				
					<del>-</del>
C	COES ADVANCEMENT AND ENRICHMENT PROGRAMS				<b></b> _
			<b></b>		<del>-</del>
	. <b></b>				

Sched	dule i	D (F	om !	990)	200	9	CC	OLC	DRA	AD	0	COI	MM	<u>UN</u>	IT.	Y	CO	LL	EG:	E					3 <b>4</b> -	·10	702	27	1					Page 5
Sched Pa	rt X	V	Su	ıpp	lem	ent	tal l	nfc	orm	ati	on	(co	ntin	ue	d)							-												
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

1545-0047	
의	(
OMB	•

**Open to Public** 2009

Inspection

ŝ 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 (h) Purpose of grant or assistance 10200 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Employer identification number non-cash assistance (a) Description of 84-1070271 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisa), assistance other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable General Information on Grants and Assistance COLLEGE (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? COLORADO COMMUNITY SYSTEM FOUNDATION (a) Name and address of organization Enter total number of other organizations or government Name of the organization PartII Part

Schedule I (Form 990) 2009

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rm 990, Part IV, line 22.	(f) Description of non-cash assistar							
ition answered "Yes" to Fo	(e) Method of valuation (book, FMV, appraisal, other)							
omplete if the organiza d.	(d) Amount of non-cash assistance							
e United States. Con nal space is neede	(c) Amount of cash grant							
to Individuals in the (Form 990) if addition	(b) Number of recipients							
Part III Grants and Other Assistance Use Part IV and Schedule I-1 (	(a) Type of grant or assistance							
	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line, 22.  Use Part IV and Schedule I-1 (Form 990) if additional space is needed.  (a) Type of grant or assistance (b) Number of recipients cash grant non-cash assistance recipients	nited States. Complete if the organizatic space is needed.  (c) Amount of assistance cash grant	nited States. Complete if the organization is needed.  (c) Amount of cash grant non-cash assistance	nited States. Complete if the organizatic space is needed.  (c) Amount of (d) Amount of cash grant non-cash assistance	nited States. Complete if the organizatic space is needed.  (c) Amount of non-cash assistance non-cash assistance	nited States. Complete if the organization space is needed.  (c) Amount of cash grant non-cash assistance non-cash assistance	nited States. Complete if the organization space is needed.  (c) Amount of non-cash assistance non-cash grant non-cash assistance

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information REQUIREMENTS OF THE GRANT, GRANT REPORTS ARE PREPARED AT LEAST ANNUALLY FOR RECORDS ARE AVAILABLE TO THE GRANTORS TO REVIEW TO INSURE THE EXPENDITURES THE GRANTOR. THE GRANT REPORT DESCRIBES HOW THE GRANT FUNDS WERE EXPENDED. ADMINISTRATOR AND THE INTERM DIRECTOR. THEN, DEPENDING ON THE REPORTING THE GRANT FUNDS RECEIVED BY THE FOUNDATION ARE MANAGED BY THE GRANT - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ADMINISTRATOR. ALL EXPENDITURES ARE APPROVED BY BOTH THE GRANT ARE IN COMPLIANCE WITH THE GRANTOR GUIDELINES. PART I, LINE 2 Part IV

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

Internal Revenue Service
Name of the organization

Department of the Treasury

COLORADO COMMUNITY COLLEGE SYSTEM FOUNDATION

Employer identification number 84-1070271

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 IS PROVIDED TO THE BOARD AT THE QUARTERLY BOARD MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BYLAWS-

#### CONFLICT OF INTEREST:

IF ANY PERSON WHO IS A DIRECTOR OR OFFICER OF THE CORPORATION IS AWARE THAT THE CORPORATION IS ABOUT TO ENTER INTO ANY BUSINESS TRANSACTION DIRECTLY OR INDIRECTLY WITH HIMSELF, OR ANY MEMBER OF HIS FAMILY, OR ANY ENTITY IN WHICH HE HAS A LEGAL, EQUITABLE OR FIDUCIARY INTEREST OR POSITION, INCLUDING WITHHOUT LIMITATION AS A DIRECTOR, OFFICER, SHAREHOLDER, PARTNER, BENEFICIARY OR TRUSTEE, SUCH PERSON SHALL:

- A) IMMEDIATELY INFORM THOSE CHARGED WITH APPROVING THE TRANSACTION ON BEHALF OF THE CORPORATION OF HIS INTEREST OR POSITION,
- B) AID THE PERSONS CHARGED WITH MAKING THE DECISION BY DISCLOSING MATERIAL FACTS WITHIN HIS KNOWLEDGE THAT BEAR ON THE ADVISABILITY OF SUCH TRANSACTION FROM THE STANDPOINT OF THE CORPORATION, AND
- C) NOT BE ENTITLED TO VOTE ON THE DECISION TO ENTER INTO SUCH TRANSACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR OF THE FOUNDATION IS HIRED BY THE PRESIDENT OF THE

COLORADO COMMUNITY COLLEGE SYSTEM AND THUS THE SALARY FOR THE POSITION IS

DETERMINED IN CONCERT WITH THE SYSTEM SALARY PLAN. OTHER STAFF WOULD FALL

UNDER THE SAME COMPENSATION PLAN.

Employer identification number 84-1070271

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SALARY FOR POSITIONS IS DETERMINED IN CONCERT WITH THE SYSTEM SALARY PLAN.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990 AND OTHER FEDERAL FILING FORMS ARE AVAILABLE THROUGH PUBLIC REQUEST. THE FILINGS ARE ALSO SHARED WITH THE STATE AUDITOR'S OFFICE.

SCHEDULE O - ADDITIONAL INFORMATION

THE FOUNDATION HAS A WRITTEN POLICY FOR THE REIMBURSEMENT OF
TRAVEL AND ENTERTAINMENT EXPENSES. THE FOUNDATION MIRRORS THE SYSTEM'S
POLICY FOR TRAVEL AND ENTERTAINMENT EXPENSES.

Totals

Forms	Mort	gages and Oth	er Notes Payable	1	2000
990 / 990-PF	For calendar year 2009, o	or tax year beginning	07/01/09 , and ending 06	5/30/10	2009
Name ·			-	Employer Identifi	cation Number
COLORADO COMM				84-10702	71
SYSTEM FOUNDAY	rion			04 10702	<u> </u>
FORM 990, PAR	r x, LINE 23 -	ADDITIONAL	INFORMATION		
	Name of lender		Relationship to di	squalified person	
(1) COLORADO EDI		LTURAL FACI			
(2) COLORADO EDI		LTURAL FACI		<del> </del>	
(3) COLORADO EDI	JCATIONAL & CU	LTURAL FACI			
( <del>4</del> )					
(5) (6)		-			
(7)					
(8)					
(9)	<u> </u>				
(10)	* * * *		*****		<u> </u>
<u> </u>	<u> </u>				T
Original amount borrowed	Date of loan	Maturity date	Repayment terms		Interest rate
(1) 7,090,00		12/01/31	VARIABLE		
(2) 4,730,00		12/01/27	VARIABLE		
(3) 2,480,00		12/01/32	VARIABLE		
(4)					
(5)					
(6)		- · · · ·			<u>-</u>
(7)				···	<del> </del>
(8)					<del>                                     </del>
(9) (10)					
(10)		F	The state of the state of	/ × § + 5.	17 *
Sec	curity provided by borrower		Purpose	of loan	
(1) LEASE RECEI					
(2) LEASE RECEI		······································			
(3) LEASE RECEI	VABLES				
(4)	· · · · · · · · · · · · · · · · · · ·				
(5)					
(6) (7)					
(8)	······································				
(9)					
(10)				<del> </del>	
* . 7		* *** * * * * * * * * * * * * * * * * *	The second of th	1	
Consider	ation furnished by lender		Balance due at beginning of year		ce due at of year
(1)			6,325,000	6,	180,000
(2)			4,150,000	3,	900,000
(3)			2,210,000	2,	165,000
(4)				<del> </del>	
(5)			<u> </u>		
<u>(6)</u>				<del> </del>	-
(7)				+	
(8)				<del> </del>	
(10)					
<u> </u>			12 695 000	12	245 000

12,245,000

12,685,000