

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



Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	e 2012 calendar year, or tax year beginning and	ending	_	
В	Check if	C Name of organization		D Employer identific	ation number
;	applicable	THE COMMUNITY FOUNDATION SERVING GREE	LEY		
	Addre:	ss I			
	Name chang	Doing Business As		84-13	315296
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termir ated	711 8TH AVENUE		970-3	304-9970
\square	Ameno	City, town, or post office, state, and ZIP code		G Gross receipts \$	2,688,457.
	Applic	GREELEY, CO 80631		H(a) Is this a group ret	
	pendir	F Name and address of principal officer: JUDY KNAPP		for affiliates?	Yes X No
		711 8TH AVENUE, GREELEY, CO 80631		H(b) Are all affiliates incli	
$\overline{}$	Tax-exe	empt status X 501(c)(3)	or 527	1	ist (see instructions)
		e: ► WWW.CFSGWC.ORG		H(c) Group exemption	
		organization: X Corporation	L Year		State of legal domicile: CO
	art I	Summary			<u> </u>
_	1	Briefly describe the organization's mission or most significant activities SEE	SCHEDU	LE O	
Activities & Governance	'	<u></u>	 		· · · · · ·
'n	2	Check this box If the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	sets
Š		Number of voting members of the governing body (Part VI, line 1a)		3	14
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
න් ග	1	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	3
ij.		Total number of volunteers (estimate if necessary)		6	57
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		 	0.
¥	/ a	Not unrelated business tevenue from Part VIII, Column (C), line 12		7a	0.
	D	Net unrelated business taxable income from Form 9901, lige 34 CENCED	-ດ :	7b	
		0-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	าชั ⊢	Prior Year	Current Year
ne		Contributions and grants (Part VIII, line 1h)	Ö⊧ —	1,061,847.	1,993,607.
Revenue	II.	Program service revenue (Part VIII, line 2g)	10 H	0.	0.
Ŗ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		500,070.	669,831.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 119 N	 	36,396.	<u>25,019.</u>
	12	Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) -		1,598,313.	<u>2,688,457.</u>
3	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		869,001.	907,556.
)	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		185,057.	187,522.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25)	78.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		149,193.	154,788.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,203,251.	1,249,866.
	19	Revenue less expenses Subtract line 18 from line 12		395,062.	1,438,591.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		11,720,622.	13,394,340.
SSE BB	21	Total liabilities (Part X, line 26)		844,886.	1,003,788.
₹Ĕ	22	Net assets or fund balances Subtract line 21 from line 20		10,875,736.	12,390,552.
Pa	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my	knowledge and belief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi		•	monitory and bollon, it is
	, 00.100	andy Pu and	non proparor	7-11-	-14
Sig	n	Signature of officer		Date	·/
		JUDY KNAPP, PRESIDENT			
He	е	Type or print name and title			
				Date , Check	PTIN
Dai	A			26/K/ 1	- '
Paid		RANDY WATKINS		1 1	
	parer	Firm's name ANTON COLLINS MITCHELL LLP	1	Firm's EIN	01-0724563
USE	Only	Firm's address 3545 WEST 12TH STREET, SUITE 20	Τ.	Dhaar 3 (12 252 1700
		GREELEY, CO 80634		Prione no. 30	3-352-1700
		RS discuss this return with the preparer shown above? (see instructions)	.		X Yes No
2320	001 12-1	2-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2012)

THE COMMUNITY FOUNDATION SERVING GREELEY

Form 990 (2012) & WELD COUNT
Part IV Checklist of Required Schedules & WELD COUNTY

			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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	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, for escrow or custodial account liability, serve as a custodian for	-		
3	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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	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	11b	Х	
С	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	11c		X
d	Did the organization report an amount for other assets 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	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	100	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	^	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	-		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	\vdash	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ <u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_ <u>x</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-43
			990 ((2012)

Form 990 (2012)

& WELD COUNTY Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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		<u>X</u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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	X	<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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			•
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_A_
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OF-		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		-
36	, , ,	26		v
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_36_		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		х
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	-	_
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	NOTE: All LOUIT 200 Hield die Tequired to complete ochedule o			(2012)
		· OIIII	550	(2012)

<u>ELD</u>	COUNTY	 	84-1315296	Page 5

rai	Check if Schedule O contains a response to any question in this Part V			
	Check if contocate a contains a response to any question in this hart v			
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (7 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 !		
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	ا		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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 account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
_	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ا ا		
_	were not tax deductible?	6b	_	├─
7	Organizations that may receive deductible contributions under section 170(c). 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?	_	х	
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	X	\vdash
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	. J		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders Cross income from attended to the control of the cont	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 '		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O			\vdash
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans	[[
С	Enter the amount of reserves on hand	<u>l</u> '		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Eorm	990	(2012)

orm **990** (2012

THE COMMUNITY FOUNDATION SERVING GREELEY

Form 990 (2012) & WELD COUNTY 84-1315296

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

	Check if Schedule O contains a response to any question in this Part VI						LX	
<u>sec</u>	tion A. Governing Body and Management						T	
		1	I	a .r		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			امما				
	Enter the number of voting members included in line 1a, above, who are independent	1b	L	14				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp wıth	any other					
_	officer, director, trustee, or key employee?			}	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision					
	of officers, directors, or trustees, or key employees to a management company or other person?			-	_3_		<u>X</u>	
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?	-	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		ŀ	5		X	
6	Did the organization have members or stockholders?			-	6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or		_		٠,,	
	more members of the governing body?	_41 4	_1_1	-	7a_		X	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, a persons other than the governing body?	Stockn	olders, or				.	
_		-	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by tn	e following:	ł	0-	v		
	The governing body? Each committee with authority to act on behalf of the governing body?			-	8a	X X		
			- 4 4 h	F	8b	Λ		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O	acned a	at tne				v	
<u>~~</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R		Code l		9		X	
, , , , , , , , , , , , , , , , , , , 	tion B. Folicies (mis Section B requests information about policies not required by the internal A	everiu	e Code.)			Yes	No	
1∩a	Did the organization have local chapters, branches, or affiliates?			Γ	10a	162	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hanter	e affiliatoe		iva			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	napter	s, annates,		10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy hefo	re filma the form		11a	Х		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	2, 50.0	io iming the form	`	110			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			ŀ	12a	X		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give risi	e to con	flicts?	-	12b	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			-				
	in Schedule O how this was done				12c	X		
13	Did the organization have a written whistleblower policy?			ľ	13	X		
14	Did the organization have a written document retention and destruction policy?				14	Х		
15	Did the process for determining compensation of the following persons include a review and approve	al by ır	ndependent	F				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-						
а	The organization's CEO, Executive Director, or top management official				15a	X		
b	Other officers or key employees of the organization				15b	X		
	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 arrange	ment v	vith a					
	taxable entity during the year?				16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are safeguard to safeguard the organical statements.	anızatıo	ก'ร					
	exempt status with respect to such arrangements?				16b			
	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	i (Sect	ion 501(c)(3)s o	nly) av	vailab	le		
for public inspection. Indicate how you made these available. Check all that apply								
••	Own website X Another's website X Upon request Other (explain		•		· e			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy	, and	tınan	cıal		
20	statements available to the public during the tax year.	nd	ordo of the e	niect.	oo. >	_		
20	State the name, physical address, and telephone number of the person who possesses the books a JUDY KNAPP $-970-304-9970$	ına rec	orus or the orga	ııızatı	OH: 📂			
	711 8TH AVENUE, GREELEY, CO 80631							
32006 2-10-					Form	990	(2012)	

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ntion more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	below line)	hours for related organizations below line)	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KAREN BURD	1.00									
CHAIRMAN		X		X				0.	0.	0
(2) MIKE PAYNE	1.00					İ		_	_	_
VICE CHAIRMAN		X		X		ļ.,	ļ	0.	0.	0
(3) WES GOEHRING	1.00	∤								_
SECRETARY	1 00	X	<u> </u>	X		ļ		0.	0.	0
(4) NICK BERRYMAN	1.00	-								
TREASURER	1 00	X		X		<u> </u>		0.	0.	0
(5) CHARMAINE COPPOM	1.00	. ,		37						
PAST CHAIR	1 00	X		X				0.	0.	0
(6) MATT ANDERSON	1.00	X						0.	0.	_
DIRECTOR (7) PANCE PRO	1.00	^						U •	U •	0
(7) RANDY BANGERT	1.00	X						0.	0.	0
DIRECTOR (8) BETH BASHOR	1.00	A				┢╌	-	0.		
DIRECTOR	1.00	x		:				0.	0.	0
(9) HEIDI KLEPPER	1.00					† 		•	.	
DIRECTOR		X						0.	0.	0
(10) LEE KORINS	1.00						<u> </u>	•		
DIRECTOR		X						0.	0.	0
(11) BILL MEIER	1.00						_			
DIRECTOR		X						0.	0.	0
(12) STEPHANIE MCCUNE	1.00									
DIRECTOR		X						0.	0.	0
(13) TIM ULRICH	1.00				İ					
DIRECTOR		X						0.	0.	0
(14) ROB WALDO	1.00	1			1					
DIRECTOR		X						0.	0.	0
(15) JUDY KNAPP	40.00	1							_	
PRESIDENT AND CEO		_		X				79,500.	0.	3,749
		-					-	_		
232007 12-10-12										Form 990 (201)

Form **990** (2012)

orm	990 (2012) & WELD C	OUNTY							RVING GREELE	84-13	315:	29 <u>6</u>	P	age 8
Par	t VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	ompensated Employed					
	(A) Name and title	(B) Average hours per week	(do box	not c	(C Pos heck ss pe	C) itior more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org an	pensa rom th anızat d relat anızatı	ation e tion ted
										-1				
											\dashv			
<u>_</u>								-			+			
С	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A					> > >		79,500. 0. 79,500.		0.		3,7 3,7	0.
	Total number of individuals (including but i	not limited to th	ose	liste	d at	oove	e) wh	o re		,000 of reportable			<i>.,</i> ,	_
	compensation from the organization												Yes	No No
	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual			•	•	•					3		X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4		X
	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elate	ed organization or individual	dual for services		5		X
1	tion B. Independent Contractors Complete this table for your five highest cothe organization. Report compensation for									•	 oensa	tion f	rom	
	(A) Name and business			NE					(B) Description of so		Cc	(C) nsatio	n

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2012)

\$100,000 of compensation from the organization

Form 990 (2012) & WELD
Part VIII Statement of Revenue

		Check if Schedule O conta	ins a response	to any question	in this Part VIII			
		3.163.1 3.163.2 5 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		to any quodion	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 8	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ı	b Membership dues	1b					
s, (Am		c Fundraising events	. 1c					
Sift lar		d Related organizations	1d					
imi		e Government grants (contribution	ns) 1e					
tior ir S	1	f All other contributions, gifts, grants	s, and					
ibu		similar amounts not included above	11 1,	993,607.				
n d d	9	g Noncash contributions included in lines 1	a-1f \$	550,929.				
<u>ನಿ ೯</u>		h Total. Add lines 1a-1f			1,993,607.			
				Business Code				
e	2 8	a						
ě Ž	t	b						
သည်		c				-		
eve		d						
Program Service Revenue	•	e						
₫	1	f All other program service reven	ue					
		g Total. Add lines 2a-2f		•				
	3	Investment income (including d	lividends, intere	st, and				
		other similar amounts)		>	298,471.			298,471.
	4	Income from investment of tax-	exempt bond p	roceeds >				
	5	Royalties			9,763.			9,763.
			(ı) Real	(iı) Personal				
	6 a	a Gross rents						
	t	b Less rental expenses						
		c Rental income or (loss)				į		
		d Net rental income or (loss)						
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	<u>371,360.</u>					
	t	b Less cost or other basis						
		and sales expenses	0.					
		_	371,360.		254 260			274 262
		d Net gain or (loss)		•	371,360.			371,360.
e	8 8	a Gross income from fundraising						
Ne l		including \$	of					
Be		contributions reported on line 1	•					
Other Revenu		Part IV, line 18 b Less direct expenses	а					
ŏ		 Less direct expenses Net income or (loss) from fundri 	b because manage					
		a Gross income from gaming acti	-					
	9 6	Part IV, line 19						
		b Less direct expenses	a b					
		c Net income or (loss) from gamir						
		a Gross sales of inventory, less re					-	
		and allowances	a					
	ŀ	b Less cost of goods sold	b		İ			
		c Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 :	a OTHER INCOME		900099	14,556.	14,556.		
		b ADMINISTRATION I	FEES	900099	700.	700.		
	-	c			, 551			
	,	d All other revenue		· · · · · · · · · · · · · · · · · · ·				
	`	e Total. Add lines 11a-11d		•	15,256.			
_	12	Total revenue. See instructions.		•	2,688,457.	15,256.	0.	679,594.
23200 12-10-	Q						<u> </u>	Form 990 (2012)

Form 990 (2012) & WELD COUNTY

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	907,556.	907,556.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	155,750.	52,493.	84,382.	10 075
_	trustees, and key employees Compensation not included above, to disqualified	133,730.	54,433.	04,304.	18,875
6	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 accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,368.	6,285.	1,934.	11,149
10	Payroll taxes	12,404.	4,230.	1,520.	6,654
11	Fees for services (non-employees):		1/2301	1,520.	
''a					
b	T	559.	559.		<u> </u>
c	_ <u> </u>	16,213.		16,213.	
d					
e	5				
f		85,670.		85,670.	· · · · · · · · · · · · · · · · · · ·
g	0.1 (1/1 44) 1 100/ (1 05				
Ī	column (A) amount, list line 11g expenses on Sch 0.)	2,585.		2,585.	
12	Advertising and promotion	_			
13	Office expenses	10,819.		10,819.	
14	Information technology	10,090.		10,090.	
15	Royatties				
16	Occupancy	11,676.		11,676.	
17	Travel	1,130.		1,130.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,428.		1,428.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,342.		1,342.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) DONOR DEVELOPMENT	9,298.		9,298.	-
a b	MET EDUCATE	2,642.		2,642.	
C	TIME T TOTAL	1,336.		1,336.	
d			1	1,3300	
e					
e 25	Total functional expenses. Add lines 1 through 24e	1,249,866.	971,123.	242,065.	36,678
<u>25</u> 26	Joint costs. Complete this line only if the organization			242,000	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

Pa	rt X	Balance Sheet	-				
		Check if Schedule O contains a response to any	y questio	n in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,689.	1	11,686.
	2	Savings and temporary cash investments			784,161.	2	2,608,497.
	3	Pledges and grants receivable, net			12,985.	3	15,349.
	4	Accounts receivable, net			28,928.	4	28,928.
	5	Loans and other receivables from current and fo	ormer offi	cers, directors,			
		trustees, key employees, and highest compensation	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualr	fied pers	ons (as defined under		,	
		section 4958(f)(1)), persons described in section	1 4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
ro.		employees' beneficiary organizations (see instr).	. Complet	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			24,000.	7	22,000.
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			0.	9	1,762.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	89,471.	54 440		54 000
	l	Less: accumulated depreciation	10b	35,471.	54,442.	10c	54,000.
	11	Investments - publicly traded securities	10 001 610	11	8,591,522.		
	12	Investments - other securities See Part IV, line 1	_	10,771,617.	12	2,018,796.	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	•	_	41 000	14	41 000
	15	Other assets See Part IV, line 11	-14 0.4	<u> </u>	41,800.	15_	41,800.
-	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	11,720,622. 8,224.	16	13,394,340.
	17 18	Accounts payable and accrued expenses Grants payable		-	104,130.	17 18	7,663. 53,685.
	19	Deferred revenue	104,130.	19	33,083.		
	20	Tax-exempt bond liabilities			20		
10	21	Escrow or custodial account liability. Complete I	Part IV of	Schedule D		21	
Liabilities	22	Loans and other payables to current and former		F			
ĵį.	_	key employees, highest compensated employee		· · · · · · · · · · · · · · · · · · ·			
Ľ		Complete Part II of Schedule L	, a., a	loqualiiou potocitoi		22	•
	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
	24	Unsecured notes and loans payable to unrelated		f f		24	
	25	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	i 17-24). (Complete Part X of			
		Schedule D			732,532.	25	942,440.
	26	Total liabilities. Add lines 17 through 25			844,886.	26	1,003,788.
		Organizations that follow SFAS 117 (ASC 958	3), check	here ▶ X and			
ë		complete lines 27 through 29, and lines 33 and	nd 34.				
auc	27	Unrestricted net assets			103,696.	27	<u>552,327.</u>
Bai	28	Temporarily restricted net assets			2,683,635.	28	2,578,660.
2	29	Permanently restricted net assets			8,088,405.	29	9,259,565.
Ē		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
S O		and complete lines 30 through 34.	ł				
sets	30	Capital stock or trust principal, or current funds			30		
Asi	31	Paid-in or capital surplus, or land, building, or ec			*	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	icome, or	other funds	10 075 736	32	10 200 550
_	33	Total net assets or fund balances		-	10,875,736.	33	12,390,552.
	34	Total liabilities and net assets/fund balances			11,720,622.	34	13,394,340. Form 990 (2012)

Form 990 (2012)

THE COMMUNITY FOUNDATION SERVING GREELEY

	990 (2012) <u>& WELD COUNTY</u>	84-1	315296	Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,68	8,4	<u>57.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,24	9,8	<u>66.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	1,43	8,5	<u>91.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,87	<u>5,7</u>	<u>36.</u>
5	Net unrealized gains (losses) on investments	5	29	4,6	<u>32.</u>
6	Donated services and use of facilities .	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<21	8,4	<u>07.</u> >
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	12,39	0,5	<u>52.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990		_ '		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,			
	consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audıt,			
	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 Sc	hedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

232012 12-10-12 Form **990** (2012)

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

THE COMMUNITY FOUNDATION SERVING GREELEY

Employer identification number

		≪ METIN	COUNTY						8	4-1313	<u> 1290</u>	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions.				
he orgar	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	١.				
2			'0(b)(1)(A)(ii). (Attach Sc									
з 🔲	A hospital or	a cooperative hospi	tal service organization of	described	n section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nam	ıe,
	city, and stat				•				•	•		·
5 🔲	•	-	benefit of a college or ur	niversity ov	wned or or	erated by	a governi	nental uni	t describ	ped in		
_	_	(b)(1)(A)(iv). (Comple				· · · · · · · · · · · · · · · · · · ·	3					
6 🗀			ent or governmental uni	t describe	d in eactio	n 170/h//	IVAVA)					
, <u> </u>		-	eives a substantial part					r from the	general	nublic dosc	oribod i	D
· —	_	b)(1)(A)(vi). (Comple	·	or its supp	ort nom a	governine	intai uniit c	110111 1116	general	public desc	,IIDeu I	•••
8 X			section 170(b)(1)(A)(vi).	(Complete	Port II \							
9 🗀							ht.a.a.					£
9 <u> </u>	=	•	eives: (1) more than 33							•	•	
			nctions - subject to certa			•				•		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquirea b	y the orga	nization	aπer June :	30, 197	5.
		509(a)(2). (Complete	•	-4 6			500/ W					
	•	-	perated exclusively to te	•	•			•				
11	=	-	perated exclusively for the									or
		•	ations described in section		•	, , ,	2). See se c	tion 509(a)(3). Ch	eck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and comple		•			. — —				
	a Type	•		ype III - Fu 				• •		n-functiona		-
е 📖		•	at the organization is not		•	•	•		•	•		n
		•	han one or more publicly		•				9(a)(1) or	section 509	3(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganızatıon, check th	nis box									
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed i	n (II) and (ııı) below	/,	Yes	No
	the gove	erning body of the s	upported organization?							11g(i)	<u> </u>	
	(ii) A famıly	member of a persor	n described in (i) above?	•						11g(ii)		<u> </u>
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	9?					11g(iii)	<u>, </u>	<u> </u>
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s)							
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization		ı notify the	(vi) Is	the	(vii) Amoun	t of mo	netarv
org	anization	` '	(described on lines 1-9	in col. (i) la			ion in col.	organizátic (i) organiz	ed in the	1	port	•
			above or IRC section	governing	document	(i) of your	support?)`` U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
- ,												
					1		İ					
										T		
otal			1]			1		

 $\ensuremath{\mathsf{LHA}}$ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

THE COMMUNITY FOUNDATION SERVING GREELEY Schedule A (Form 990 or 990-EZ) 2012 & WELD COUNTY Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (c) 2010 **(b)** 2009 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 697,624. 831,119. 1,619,509 1.061.847 6,203,706. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 697,624. 831,119.

The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line

1,619,509

6.203.706.

6,203,706.

Section B. Total Support

Total. Add lines 1 through 3

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,619,509.	697,624.	831,119.	1,061,847.	1,993,607.	6,203,706.
8	Gross income from interest,	, ,					
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	335,193.	305,247.	290,674.	303,944.	308,234.	1,543,292,
9	Net income from unrelated business						, , ,
	activities, whether or not the				i		
	business is regularly carned on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	7,130.		15,753.	26,301.	15,256.	64,440.
11	Total support. Add lines 7 through 10						7,811,438.
	assets (Explain in Part IV.)	7,130.		15,753.	26,301.	15,256.	

12 Gross receipts from related activities, etc. (see instructions)

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))

79.42 14 73.45 15

15 Public support percentage from 2011 Schedule A, Part II, line 14 16a 33 1/3% support test - 2012. 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

ightharpoons x

b 33 1/3% support test - 2011. 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 - 2012. 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

b 10% -facts-and-circumstances test - 2011. 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

18 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) 2012

1.061.847

1 993 607

Schedule A (Form 990 or 990 EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
zation's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support			T			·
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6				<u> </u>	1	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income					1	
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,	1					
whether or not the business is						
regularly carried on						
12 Other income Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)		 				
13 Total support. (Add lines 9, 10c, 11, and 12)		L	1	1		<u> </u>
14 First five years. If the Form 990 is for	or the organization's	s tirst, second, thi	ra, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here Section C. Computation of Pub	lie Support Pe	roontago				
15 Public support percentage for 2012			ookuma (fi)		45	
16 Public support percentage from 2012	• • • • • • • • • • • • • • • • • • • •	•	Column (i))		15	<u>%</u>
Section D. Computation of Inve					10	
17 Investment income percentage for 2					17	%
18 Investment income percentage from	•	•	10, 00,00		18	%
19a 33 1/3% support tests - 2012. If th			on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box	-					▶□
b 33 1/3% support tests - 2011. If th	•	-	•	• • •		and
line 18 is not more than 33 1/3%, ch						. —
20 Private foundation If the organizat		• -	•		-	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION SERVING GREELEY & WELD COUNTY

Employer identification number 84-1315296

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	26	-
2	Aggregate contributions to (during year)	759,461.	
3	Aggregate grants from (during year)	48,620.	
4	Aggregate value at end of year	1,963,173.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised to	funds
	are the organization's property, subject to the organization's	s exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	nferring
	impermissible private benefit?		X Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an histori	cally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	ıt holds?	└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting	_	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	
	and section 170(h)(4)(B)(ii)?		└── Yes No
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
Da	conservation easements	Ant Historical Transcriptor on Other	- Circilar Assats
Pai	t III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
та	If the organization elected, as permitted under SFAS 116 (A)		
	historical treasures, or other similar assets held for public ex		or public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described as a second of the control o		d balanca abaakada af ad baak
b	If the organization elected, as permitted under SFAS 116 (A	•	
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service, provide trie following amounts
	relating to these items.		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
^	(ii) Assets included in Form 990, Part X	aggurga, or other similar essets for fine and a	
2	If the organization received or held works of art, historical tre	· · · · · · · · · · · · · · · · · · ·	un, provide
_	the following amounts required to be reported under SFAS 1	TO (ASC 336) relating to these items.	• •
a h	Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		► \$ ► \$
U	resets included in Form 550, Fall A		Ψ

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

Schedule D (Form 990) 2012

THE COMMUNITY FOUNDATION SERVING GREELEY

	dule D (Form 990) 2012								5 Page 2
Par									
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that ar	e a sign	ıficant	use of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or excl	hange programs	;				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	n how they further th	ne organization's	s exemp	t purpo	ose in Part	XIII	
5	During the year, did the organization solicit of				ımılar as	ssets	_	,	
_	to be sold to raise funds rather than to be ma							<u>Yes</u>	No_
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the organization	n answered "Yes	s" to Fo	rm 990), Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi		iary for contribution	s or other assets	s not inc	cluded			
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table.					_	
	•	•	· ·					Amount	· ·
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					_1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Yes	No No
	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" to For	rm 990, Part IV,	line 10				
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d)		ears back	(e) Four	years back
1a	Beginning of year balance	9,902,734.	9,592,178,	8,925,0	82.	7,9	18,580.		
b	Contributions	1,085,076.	373,686.	205,5			80,353.		·
С	Net investment earnings, gains, and losses	888,388.	396,921,	910,5	80.	•	88,866.		
d	Grants or scholarships	349,035,	314,748.	288,9	39.	4	16,458.		
е	Other expenditures for facilities								
_	and programs	2,414.	<29,984.	i	20.		660,		
f	Administrative expenses	258,097,	175,287,	159,7			45,599.		
g	End of year balance	11,266,652,	9,902,734.	9,592,1	78.	8,9	25,082.		
2	Provide the estimated percentage of the curr	ent year end balanc		ı)) neia as:					
а	Board designated or quasi-endowment	0/	_%						
D	Permanent endowment 82.19	% 7.81 %							
C	Temporarily restricted endowment ▶ 1 The percentages in lines 2a, 2b, and 2c should be a								
32	Are there endowment funds not in the posse	•	ation that are held a	nd administered	for the	Organi.	zation		
Ja	by.	SSION OF THE ORGANIZE	ation that are neid a	na aaniinisterea	101 1110	Organiz	Lation	Γ	Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	•							
Par	t VI Land, Buildings, and Equipm								
	Description of property	(a) Cost or o	1	or other (other)	(c) Accu	umulate	i	(d) Book	value
1a	Land	, , , ,		3,276.	•			53	3,276.
	Buildings								1
	Leasehold improvements								
	Equipment		3	6,195.	3	35,4	71.		724.
	Other								
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c).)				54	1,000.
			· · · · · · · · · · · · · · · · · · ·				Schedule		990) 2012

THE COMMUNITY FOUNDATION SERVING GREELEY

Part VII Investments - Other Securities. See	Earner 000 Deat V Ivan 10		04	-1313496 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati	on Cost or end	of-vear market value
(1) Financial derivatives	(B) Book Value	(c) Welliod of Valdati	011. 0031 01 0110	-orycal market value
(2) Closely-held equity interests		**		
(3) Other				
(A) POOLED ASSET ACCOUNT	2,018,796.	END-OF-YEAF	MARKET	VALUE
(B)	2,010,750.	DIND OF THE	· Maritina	VILLOII
(C)				
(D)	-			
(E)				
(F)				
(G)	· \			······································
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,018,796.			
Part VIII Investments - Program Related. See				
(a) Description of investment type	(b) Book value	(c) Method of valuati	on: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line 1	5.			
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	-			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)			
Part X Other Liabilities. See Form 990, Part X, Irr		N.D. ali valia		
1. (a) Description of liability	(1	o) Book value		
(1) Federal income taxes		050 077		
(2) AGENCY FUNDS		858,877.		
(3) ANNUITY OBLIGATION		61,563.		
(4) INTERFUND LOAN		22,000.		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	05)	042 440		
Total. (Column (b) must equal Form 990, Part X, col (B) line		942,440.		
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the text				
liability for uncertain tax positions under FIN 48 (ASC 74	U). Oneck nere if the text	or the roothote has been	provided in Pa	rt XIII X

Schedule D (Form 990) 2012

THE COMMUNITY FOUNDATION SERVING GREELEY Schedule_D (Form 990) 2012 & WELD COUNTY 84-1315296 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 2,655,041. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains on investments 2a 294,632. b Donated services and use of facilities 2b c Recoveries of prior year grants 2c <4,797 Other (Describe in Part XIII) 2d Add lines 2a through 2d <u>289,835.</u> 2e 2,365,206. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 85,670. Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 237,581 c Add lines 4a and 4b 323,251. 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,688,457. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1,140,225. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX. line 25: Donated services and use of facilities 2a **2**b **b** Prior year adjustments c Other losses 2¢ d Other (Describe in Part XIII) **2**d Add lines 2a through 2d 2e 140 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 85,670 Investment expenses not included on Form 990, Part VIII, line 7b 23.971 b Other (Describe in Part XIII) c Add lines 4a and 4b 109,641. 4c 249,866. Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: THE FOUNDATION BELIEVES THAT IT HAS CONDUCTED ITS

OPERATIONS IN ACCORDANCE WITH, AND HAS PROPERLY MAINTAINED, ITS TAX EXEMPT STATUS, AND THAT IT HAS TAKEN NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2012

Schedule D (Form \$90) 2012 & WELD COUNTY	
Schedule D (Form 990) 2012 & WELD COUNTY Part XIII Supplemental Information (continued)	84-1315296 Page 5
ACTUARIAL CHANGE IN ANNUITIES	-4,797.
DADM VI I ING AD OMUDD AD HIGHWINING	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
AGENCY FUND INCOME	237,581.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
AGENCY FUND EXPENSES	23,971.

	·

232055 12-10-12

SCHEDULE I (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" to Form 990, Part IV, line 21 or 22.

11	Open to Public
-----------	----------------

inspection

OMB No 1545-0047

► Attach to Form 990.

Name of the organization THE COMMUNITY & WELD COUNTY		FOUNDATION SERV	SERVING GREELEY	EY			Employer identification number 84-1315296
Part i General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the		or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	toring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	complete if the orga	ר" אered answered	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if additi	ional space is need	Jed		1	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1610 29TH AVENUE PLACE, STE 201 GREELEY, CO 80634	84-1469488	501(C)(3)	7,000.	0			OPERATING AND FOSTERING FUTURES
BOOK TRUST 201 LINDEN STREET, STE 202 BODE COLLING CO 80524	00-01-00	507(2)	A R 2.0	c			EMPOWERING YOUTH OF WELD
3		(6)(7)(7)		•			COUNTY THROUGH LITERACY
COLORADO STATE UNIVERSITY FOUNDATION - PO BOX 1870 - FORT COLLINS CO 80523	23-7098397	501(C)(3)	S 000	0			CONCETIS IN COLOR: SMALL-SCALE SUSTAINABLE SCIENCE AT MILLIKEN ELEMENTARY
					:		
2101 16TH STREET GREELEY, CO 80631	84-0419732		8,150,	0			CHARITABLE
GOODWILL INDUSTRIES OF DENVER 6850 FEDERAL BLVD DENVER, CO 80221	84-0405513	501(C)(3)	7,300,	0			YOUTH CAREER DEVELOPMENT PROGRAM-GREELEY
GREELEY DREAM TEAM, INC. 1025 9TH AVENUE STE 336 GREELEY, CO 80631	84-1070282	501(C)(3)	6,292,	•0			TEEN PARENTING CLASS AND MIDDLE SCHOOL BOYS BOOK CLUB
	and government or	ganizations listed in th	ne line 1 table				15.
~ı	is listed in the line						
LHA For Paperwork Reduction Act Notice, see the Instructions for For	, see the instruct	ions for Form 990.					Schedule I (Form 990) (2012)

232101 12-18-12

THE COMMUNITY FOUNDATION SERVING GREELEY	Schedul Part II	e I (Form 990) Continuation o	Schedule I (Form 990) & WELD COUNTY Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (S	FOUNDATION Si	ERVING Organization	GREELEY	S
	Schedul	e I (Form 990)	& WELD COUNTY				
Schedule I (Form 990) & WELD COUNTY	Part II	Continuation o	f Grants and Other Assistan	ce to Governments and	Organization	s in the United State	S) SE

84-1315296

	ONTE				-0.000		84-1313296 Page 1
(a) Name and address of (b) FIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g)	(b) FIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(a) Description of	(h) Purpose of grant
organization or government	(a)	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
GREELEY/WELD SENIOR FOUNDATION, INC PO BOX 336325 - GREELEY, CO 80633	84-1181424	501(C)(3)	5,800	0			CHARITABLE
LUTHERAN FAMILY SERVICES OF COLORADO - 2032 LOWE STREET, STE 200 - GREELEY, CO 80525	84-0775550	501(C)(3)	5,000,	0			SAFE TOUCH: BODY SAFETY PROGRAM
MARION MEDICAL MISSION 1412 SHAWNEE DRIVE MARION, IL 62959	37-1277129	501(C)(3)	7,200,	0.			DONATION FOR 18 SHALLOW WATER WELLS IN MALAWI
NCMC FOUNDATION 1801 16TH STREET GREELEY CO 80631	84-0718355	501(C)(3)	18,883,	Ö			2012 ENDOWMENT, CONTINUING EDUCATION, AND AED FOR SCHOOL OR REC CENTER
SEXUAL ASSAULT VICTIM ADVOCATE CENTER (SAVA) - 331 S. MELDRUM STREET - FORT COLLINS, CO 80521	38-3675536	501(C)(3)	10,000.	0			COMMUNITY COLLABORATION GRANT
EELEY TRANSITION? 1206 10TH STREET 31		501(C)(3)	7,000.	0			OPERATING GRANT
UNITED WAY OF WELD COUNTY, INC. PO BOX 1944 GREELEY, CO 80632		501(C)(3)	12,750,	0			CHARITABLE; COLORADO GIVES DAY, RAISING A READER/PROMISES FOR CHILDREN
WELD COUNTY SCHOOL DISTRICT 6 1025 9TH AVENUE GREELEY, CO 80631	84-6002058		71,668,	0			CHARITABLE
WELD FOOD BANK 1108 H STREET GREELEY, CO 80631	74-2244826	501(C)(3)	10,000	0			BACKPACK PROGRAM, COLORADO GIVES DAY, COMMUNITY COLLABORATION
							Schedule I (Form 990)

Page 2

84-1315296

& WELD COUNTY Schedule | (Form 990) (2012)

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the informatior	n required in Part I,	line 2, Part III, colum	n (b), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: COMPETITIVE	ITIVE GR	GRANTS: GRA	GRANTEES WHO RECEIVE	RECEIVE	
GRANTS THROUGH THE COMMUNITY FOUND	ATION'S (COMPETITIV	FOUNDATION'S COMPETITIVE GRANT CYCLES ARE	CLES ARE	
REQUIRED TO COMPLETE A FINAL GRANT REPORT WITHIN 60 DAYS OF THE PROJECT	REPORT V	WITHIN 60	DAYS OF TH	E PROJECT	
COMPLETION, ALONG WITH A FINAL FINANCI	IANCIAL RI	EPORT OF H	AL REPORT OF HOW THE FUNDS ARE	DS ARE	
EXPENDED.					

SCHOLARSHIPS: VERIFICATION OF ENROLLMENT AT HIGHER EDUCATION INSTITUTIONS

IS REQUIRED FOR EACH STUDENT RECEIVING A COMMUNITY FOUNDATION SCHOLARSHIP.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

THE COMMUNITY FOUNDATION SERVING GREELEY

Employer identification number

Schedule M (Form 990) (2012)

84-1315296 & WELD COUNTY Types of Property (a) (d) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art · Fractional interests Books and publications 6,437. FAIR MARKET VALUE X 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes Intellectual property 8 X 538,834. FAIR MARKET VALUE Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 **Taxidermy** 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 3,589. FAIR MARKET VALUE Other > (OFFICE SUPPLI) X 25 21 (GIFT CARDS 26 Other > X 2,069. FAIR MARKET VALUE 27 Other ▶ 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? X 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

232141 12-20-12

LHA

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

THE COMMUNITY FOUNDATION SERVING GREELEY Schedule M (Form 990) (2012) & WELD COUNTY **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information Schedule M (Form 990) (2012) 232142 12-20-12

SCHEDULE O ' (Form 990 or 990-EZ)

(Form 990 or 990-E2)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

Internal Revenue Service

THE COMMUNITY FOUNDATION SERVING GREELEY & WELD COUNTY

Employer identification number 84-1315296

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE COMMUNITY FOUNDATION SERVING GREELEY AND WELD COUNTY PROMOTES

PHILANTHROPY TO BUILD RESOURCES, DEVELOPS PARTNERSHIPS, AND PROVIDES

LEADERSHIP THAT WILL BE OF LASTING BENEFIT TO OUR COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE OF THE BOARD

OF DIRECTORS REVIEWS THE FORM 990 BEFORE FILING. IN ADDITION, A COPY OF

THE FORM 990 IS PROVIDED TO MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO

FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY APPLIES TO ALL BOARD MEMBERS, STAFF, COMMITTEES, AND ANY OTHER VOLUNTEERS. IN ANY DECISION-MAKING SESSION, MEMBERS SHALL DISCLOSE ANY POSSIBLE CONFLICTS BEFORE DISCUSSION BEGINS. IN ADDITION, STAFF, WHETHER PAID OR UNPAID, SHALL AVOID ANY CONFLICTS OF INTEREST WITH THE FOUNDATION. NO STAFF SHALL HAVE ANY INTEREST IN ANY ENTITY WHICH DOES BUSINESS WITH THE FOUNDATION WITHOUT THE PRIOR WRITTEN APPROVAL OF THE CHAIR OF THE BOARD, AFTER FULL DISCLOSURE. NO STAFF SHALL HOLD ANY POSITION WITH ANY NOT-FOR-PROFIT ORGANIZATION THAT MAY HAVE BEEN OR MAY BECOME A GRANTEE OF THE FOUNDATION, OR WHICH MAY REASONABLY BE CONSIDERED TO COMPETE FOR FUNDING WITH OTHER NONPROFITS THAT ARE OR MAY BECOME GRANTEES, WITHOUT FULL DISCLOSURE AND PRIOR APPROVAL BY THE CHAIR OF THE BOARD. MEMBERS ARE REQUIRED AT THE BEGINNING OF EACH TERM, APPOINTMENT, OR EMPLOYMENT, COMPLETE AND FILE WITH THE FOUNDATION A CONFLICT OF INTEREST DISCLOSURE THE CODE OF CONDUCT REQUIRES AN ANNUAL UPDATE OF THE CONFLICT

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

OF INTEREST DISCLOSURE STATEMENT.

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization THE COMMUNITY FOUNDATION SERVING GREELEY **Employer identification number** & WELD COUNTY 84-1315296 FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS' EXECUTIVE COMMITTEE EVALUATES THE PRESIDENT AND KEY EMPLOYEES ANNUALLY AND DETERMINES COMPENSATION. THE FOUNDATION PARTICIPATES IN AN ANNUAL SALARY AND BENEFITS SURVEY WITH THE COUNCIL ON FOUNDATIONS. THE EXECUTIVE BOARD REVIEWED THE PRESIDENT'S SALARY IN DECEMBER 2012. FORM 990, PART VI, SECTION C, LINE 19: FINANCIAL STATEMENTS ARE AVAILABLE ON THE FOUNDATION WEBSITE, AND GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: ACTUARIAL CHANGE IN ANNUITIES -4,797. AGENCY FUND REVENUE -213,610. AGENCY FUND CONTRIBUTIONS TOTAL TO FORM 990, PART XI, LINE 9 -218,407.AMENDED RETURN THIS TAX RETURN IS BEING AMENDED TO INCLUDE THE AGENCY FUND INCOME AND EXPENSES THAT WERE NOT INCLUDED ON THE ORIGINALLY FILED RETURN. THE FOLLOWING SECTIONS HAVE BEEN AMENDED: 1. PART I LINE 8 INCREASED BY \$194,134 TO INCLUDE THE AGENCY FUND CONTRIBUTIONS. 2. PART I LINE 13 INCREASED BY \$23,971 TO INCLUDE THE AGENCY FUND

Schedule O (Form 990 or 990-EZ) (2012)

GRANTS.

Schedule @ (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE COMMUNITY FOUNDATION SERVING GREELEY & WELD COUNTY	Employer identification number 84-1315296
3. PART I LINE 11 DECREASED BY \$9,322 TO NET THE AGENCY FEES AGAINST ADMINISTRATIVE FEES.	
4. PART III LINE 4A EXPENSES AND GRANTS INCREASED BY \$2 INCLUDE THE AGENCY FUND GRANTS.	
5. PART VIII LINE 1F INCREASED BY \$194,134 TO INCLUDE TO CONTRIBUTIONS.	
6. PART VIII LINE 11B DECREASED BY \$9,322 TO NET THE AGE FEES AGAINST ADMINISTRATIVE FEES.	
7. PART IX LINE 1 INCREASED BY \$23,971 TO INCLUDE THE AGRANTS.	GENCY FUND
8. PART XI LINE 9 CHANGED BY \$160,841 TO REFLECT THE NETHER AGENCY FUND ACTIVITY RESULTING FROM THE CONTRIBUTION GRANTS AND MANAGEMENT FEES.	S AND THE
9. SCHEDULE A PART II COLUMN E LINE 1 INCREASED BY \$194 THE AGENCY FUND CONTRIBUTIONS.	-
10. SCHEDULE A PART II COLUMN E LINE 10 DECREASED BY \$9, AGENCY MANAGEMENT FEES AGAINST ADMINISTRATIVE FEES.	

11. SCHEDULE D PART XI LINE 2D CHANGED BY \$52,769 TO COMBINE THIS
232212
01-04-13
Schedule O (Form 990

Schedule O (Form 990 or 990-EZ) (2012)

Schedule 0 (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization THE COMMUNITY FOUNDATION SERVING GREELEY & WELD COUNTY	Employer identification number 84-1315296
AMOUNT WITH THE AGENCY FUND CONTRIBUTIONS ON LINE 4B.	
12. SCHEDULE D PART XI LINE 4B INCREASED BY \$237,581 TO	INCLUDE \$52,769
FROM ABOVE AND \$194,134 OF AGENCY FUND CONTRIBUTIONS LESS FEES OF \$9,322.	S MANAGEMENT
13. SCHEDULE D PART XII LINE 4B INCREASED BY \$23,971 WHICH	TH INCLIDES
\$23,971 OF AGENCY FUND GRANTS.	· - · · · - · · · · · · · · · · · · · ·
·	
