Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

AF	or the	e 2023 calendar year, or tax year beginning and c	enaing							
B c	heck if pplicabl	C Name of organization		D Employer identific	cation number					
	Addre	THE LONGMONT COMMUNITY FOUNDATION								
	Name chang	Doing business as		46-38947						
	Initial return		Room/suite	E Telephone numbe						
	Final return termin			303-678-						
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	9,272,456.					
	_return	LONGMON1, CO 80301		H(a) Is this a group re						
	tion pendir	F Name and address of principal officer: EKIC HOZEMFA		for subordinates? Yes X No						
		SAME AS C ABOVE		H(b) Are all subordinates included? Yes No						
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1 ′	list. See instructions					
	Vebsi		1	H(c) Group exemptio						
K ⊦ Da	orm of art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: ZUI3 N	M State of legal domicile; CO					
Гс		-	NIT NIC	TTDD TN MUD	ST. VRAIN					
e		Briefly describe the organization's mission or most significant activities: IMPRO VALLEY THROUGH PHILANTHROPY AND CHARITABLE			DI. VRAIN					
au										
/err	l			1 - 1	17					
ő	l	Number of independent voting members of the governing body (Part VI, line 1b)			17					
<u>«</u> ۆ		Total number of individuals employed in calendar year 2023 (Part V, line 1a)			4					
Activities & Governance		Total number of volunteers (estimate if necessary)			100					
Ę				7a	0.					
Ă	l	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
•	8	Contributions and grants (Part VIII, line 1h)		2,874,310.	2,709,026.					
ñ	l	Program service revenue (Part VIII, line 2g)		89,552.	78,743.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		174,724.	645,177.					
œ	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,138,586.	3,432,946.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,522,099.	1,894,833.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		193,692.	233,141.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
xpe	ı	Total fundraising expenses (Part IX, column (D), line 25) 39,79								
ш	ı	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		245,108.	249,172.					
	ı	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,960,899.	2,377,146.					
	19	Revenue less expenses. Subtract line 18 from line 12		1,177,687.	1,055,800.					
S Or			Ве	ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		22,262,235.	25,314,606.					
et A Ind	21	Total liabilities (Part X, line 26)		7,806,785. 14,455,450.	8,519,070. 16,795,536.					
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20		14,433,430.	10,793,330.					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	knowledge and helief it is					
		et, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and belief, it is					
ii uo,	COLLEC	ts and complete. Declaration of proparti (entire than emetry is based on an information of with	ιστι ρι σραι σι	nas any knowledge.						
Sigr	1	Signature of officer		Date						
Her		ERIC HOZEMPA, EXECUTIVE DIRECTOR								
	•	Type or print name and title								
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN					
Paid		KEVIN RICKMAN		if self-employ	P01240896					
	arer	Firm's name BROCK AND COMPANY, CPAS, P.C.			4-0930288					
	Only	Firm's address 4940 PEARL EAST CR., SUITE 300								
		BOULDER, CO 80301		Phone no. 30	3-444-2971					
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No					

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: IMPROVING LIFE IN THE ST. VRAIN VALLEY THROUGH PHILANTHROPY AND
	CHARITABLE LEADERSHIP
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,168,380 · including grants of \$ 1,894,833 ·) (Revenue \$ 78,743 ·)
4a	(Code:) (Expenses \$
	ST. VRAIN VALLEY THROUGH PHILANTHROPY AND CHARITABLE LEADERSHIP.
	ANNUALLY, THE FOUNDATION PROVIDED MORE THAN \$1.7 MILLION IN GRANTS TO
	CHARITABLE ORGANIZATIONS AND OVER \$181,000 IN SCHOLARSHIPS TO STUDENTS
	PURSUING TRADE/VOCATIONAL CAREERS OR TWO OR FOUR YEAR COLLEGE
	EDUCATIONS. EACH YEAR, THE LIVE & GIVE LONGMONT FUND (A PERMANENT
	SOURCE OF FUNDING TO THE COMMUNITY) PROVIDES SUPPORT TO NONPROFITS IN 7
	KEY PROGRAM AREAS. THESE INCLUDE: EDUCATION, HUMAN SERVICES, HEALTH,
	ANIMALS, ARTS, CIVIC, AND ENVIRONMENT.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program conting expenses 2 168 380.

Form 990 (2023) THE LONGMONT COMMUNITY FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا
	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			l
	similar amounts as defined in Rev. Proc. 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	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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			
	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 donor-restricted endowments			
	or in 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, 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,			l
	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			ا
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	37	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	3			3,7
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_~
40	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		_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
D	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	4.41		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		125
15	foreign organization? 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 other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		+
10		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		+
13	,	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

THE LONGMONT COMMUNITY FOUNDATION 46-3894713 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 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 X 23 Schedule J 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 Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Х 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 Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	officer if deficidate of contains a response of flote to any life in this rare v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	11			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	(gambling) winnings to prize winners?					

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023) THE LONGMONT COMMUNITY FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2023) **Part V** Sta

			Yes	No
2 a	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		77	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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			x
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for Fig.CFN Form 114. Beneat of Foreign Bank and Figure 1940 Associate (FRAR)			
5 0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
va	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- ou		
~	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?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against			
100	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?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

THE LONGMONT COMMUNITY FOUNDATION 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 on Schedule O. See instructions.

	to line bu, bu, or row solon, accorded the directional coo, proceeded, or changes on contouring the metallicine.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	Enter the number of voting members of the governing body at the end of the tax year 17		Yes	No
та	,			
	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 on Schedule 0. Enter the number of voting members included on line 1a. above, who are independent 15 15			
b	, , , ,			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
•	officer, director, trustee, or key employee?	2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		
7a		_		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a		8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	
40-	Did the sussaination have lead shouton humanhas an efficience	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
_		Ha	21	
b 120		12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21	
C	• • • • • • • • • • • • • • • • • • • •	12c	Х	
12	on Schedule O how this was done	13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	21	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
10a		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		21
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sec	exempt status with respect to such arrangements?	16b		
17 10	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onl: A	availa!	ole.
18		orily)	avallal	лe
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain on Schedule O)			
40	(**************************************	fines	امند	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	imano	ıdı	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 303-678-6555			
	600 KIMBARK STREET, LONGMONT, CO 80501			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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.
- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)						
Name and title	Average	Position (do not check more than one				than o		Reportable	Reportable	Estimated		
	hours per week		box, unless person is both an officer and a director/trustee)					compensation from	compensation from related	amount of other		
	(list any	ctor						the	organizations	compensation		
	hours for	or dire	as a			ted		organization	(W-2/1099-MISC/	from the		
	related	istee (truste		ep.	pensa		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations below	ual tru	tional		ploye	t com	_	1099-NEC)		and related organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) ELIBERTO MENDOZA	3.00											
PRESIDENT		Х		Х				0.	0.	0.		
(2) DONALD ALSPAUGH	3.00									_		
VICE PRESIDENT		Х		Х				0.	0.	0.		
(3) STEVE NADING	3.00											
TREASURER	2 22	Х		X				0.	0.	0.		
(4) TEDD DAVIS	3.00	7.7		37					0	•		
(5) KELSIE BETSCH	2.00	Х		Х				0.	0.	0.		
TRUSTEE	2.00	х						0.	0.	0.		
(6) JOHN CALDWELL	2.00	Λ						0.	0.	<u> </u>		
TRUSTEE	2.00	Х						0.	0.	0.		
(7) EMILY LUCERO	2.00	25						•	0.			
TRUSTEE	2,00	х						0.	0.	0.		
(8) SHAKEEL DALAL	2.00											
TRUSTEE		Х						0.	0.	0.		
(9) LYNNE HARKNESS	2.00											
TRUSTEE		Х						0.	0.	0.		
(10) BRIAN LAARTZ	2.00											
TRUSTEE		Х						0.	0.	0.		
(11) KATIE MACDONALD	2.00											
TRUSTEE		Х						0.	0.	0.		
(12) FELIPE MOSQUEDA	2.00								_			
TRUSTEE	2 22	Х						0.	0.	0.		
(13) ANN NOONAN	2.00								•	•		
TRUSTEE	2 00	Х						0.	0.	0.		
(14) CARMEN PALACIOS-RAMIREZ TRUSTEE	2.00	х						0.	0.	0.		
(15) MADELYN STRONG WOODLEY	2.00	Λ						0.	0.	0.		
TRUSTEE	2.00	Х						0.	0.	0.		
(16) SANDI SWIDERSKI	2.00	21						0.	0.	<u></u> _		
TRUSTEE		х						0.	0.	0.		
(17) JAKE VAN KESSEL	2.00								•	<u> </u>		
TRUSTEE		х						0.	0.	0.		

332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trus		oloy	ees,			gnes	st C		'	—			
(A)	(B)			((_		(D)	(E)			(F)	
Name and title	Average Position (do not check more than one					one	Reportable	Reportable			stimate		
	hours per	box	, unle	ss per	rson i	is both or/trus	h an	compensation	compensation		ar	nount	of
	week	_	T		II COLO	T	1	from	from related			other	
	(list any hours for	irecto						the	organizations (W-2/1099-MIS			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	,0/		om the anizat	
	organizations	ruste	ll trus		ee.	mpen		1099-NEC)	1099-1120)			d relat	
	below	dual t	riona		nploy	st col		'				anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
(18) ERIC HOZEMPA	40.00	_	 -	Ŭ	×	1	_						
EXECUTIVE DIRECTOR		1		x				109,126.		0.			0.
			\vdash			\vdash		103/1201		- 			
		1											
	+									\dashv			
		-											
			-			-				\rightarrow			
		-											
	-									\longrightarrow			
		4											
	1		_			_							
		1											
		1											
1h Subtotal	1		I	_		_		109,126.		0.			0.
1b Subtotal c Total from continuation sheets to Part V								0.		0.			0.
								109,126.		0.			0.
d Total (add lines 1b and 1c)								•	000 - 6				<u> </u>
2 Total number of individuals (including but r	not limited to th	ose	liste	ed an	oove	e) wn	io re	eceived more than \$100,	000 of reportable	1			1
compensation from the organization												V	1
										1		Yes	No
3 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 s	um of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5 Did any person listed on line 1a receive or	accrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." con	nplete Schedule	e J f	or su	ıch ı	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	ensat	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	n the organization's tax y	ear.				
(A)								(B)			((C)	
Name and business	address	N	NC	3				Description of s	ervices	С		nsatio	n
							-						
							-						
2 Total number of independent contractors (including but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ	ization				()							

46-3894713

		Check if Schedule O contains a respons	se or note to any line	e in this Part VIII			
		Officer if deficable of contains a respons	SC OF FIGURE 10 AFTY III N	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
nts nts		Federated campaigns 1a					
Sra Iou		Membership dues1b					
s, (Am		Fundraising events 1c					
E E	d	Related organizations 1d					
s, (е	Government grants (contributions) 1e					
igu	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	2,709,026.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f					
Se	h	Total. Add lines 1a-1f		2,709,026.			
			Business Code				
•	2 a	MANAGEMENT FEES	523940	77,877.	77,877.		
Š	2 u b	-	-	, -	, -		
Program Service Revenue			-				
m S	C						
Jrai Be	d		-				
Š.	е			0.5.5	0.55		
Δ.		All other program service revenue		866.	866.		
	g	Total. Add lines 2a-2f		78,743.			
	3	Investment income (including dividends, into					
		other similar amounts)		370,802.			370,802.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securitie	s (ii) Other				
	, a	assets other than inventory 7a 6,113,88	``'				
	L	, <u></u>					
0	D	Less: cost or other basis and sales expenses 7b 5,839,51	ا ا				
ň							
Revenue		, , , , , , , , , , , , , , , , , , , ,		274 275			274 275
		Net gain or (loss)		274,375.			274,375.
her	8 a	Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·	8a				
	b	Less: direct expenses	8b				
	С	Net income or (loss) from fundraising events	s				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19	9a				
	b		9b				
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		• •	10a				
	h		10b				
$\overline{}$	C	Net income or (loss) from sales of inventory	Business Code				
SI	44 -						
e e	11 a						
Miscellaneous Revenue	b						
Se.	c						
Σ		All other revenue					
		Total. Add lines 11a-11d		3 432 946.	78 743.	2	645 177.
	12	Total revenue See instructions		3 432 94h	ı /8 /43	l 0.	ı 645 I//

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0001	on 501(c)(3) and 501(c)(4) organizations must complete			ipiete colaitiii (i ij.	
	Check if Schedule O contains a respons		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	ехрепзез
•	and demandia necessaria Can David IV lina Od	1,713,397.	1,713,397.		
2	Grants and other assistance to domestic	1,713,3374	1,713,3376		
2		181,436.	181,436.		
3	individuals. See Part IV, line 22	101,430.	101,430.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	100 127	01 015	10 012	16 260
_	trustees, and key employees	109,127.	81,845.	10,913.	16,369.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	70 774	F0 001	7 077	11 01 6
7	Other salaries and wages	78,774.	59,081.	7,877.	11,816.
8	Pension plan accruals and contributions (include	7 500	F (40	750	1 100
	section 401(k) and 403(b) employer contributions)	7,523. 21,526.	5,642. 16,145.	752. 2,153.	1,129.
9	Other employee benefits	21,526.	16,145.	2,153.	1,129. 3,228. 2,429.
10	Payroll taxes	16,191.	12,143.	1,619.	2,429.
11	Fees for services (nonemployees):				
а	Management	2.256		2.256	
b	Legal	3,256.		3,256.	
С	Accounting	16,000.		16,000.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	39,859.	39,859.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	45,213.		45,213.	
12	Advertising and promotion	20,174.	12,104.	8,070.	
13	Office expenses	5,486.	3,840.	1,097.	549.
14	Information technology	28,164.		28,164.	
15	Royalties				
16	Occupancy	2,000.	1,500.	200.	300.
17	Travel	8,627.	6,039.	1,725.	863.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,776.	2,082.	278.	416.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).				
	amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS EXPENSES	53,949.	32,370.	18,882.	2,697.
b	PROFESSIONAL DEVELOPMEN	12,686.		12,686.	
С	DUES AND SUBSCRIPTIONS	9,786.		9,786.	
d	PRINTING AND POSTAGE	1,196.	897.	299.	
е	All other expenses			440 4=1	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	2,377,146.	2,168,380.	168,970.	39,796.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				E 000 (2000)

Form 990 (2023)
Part X Balance Sheet

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or no	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	673,141.	1	987,226.	
	2	Savings and temporary cash investments		361,405.	2	0.
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current of				
		trustee, key employee, creator or founder, sub-	stantial contributor, or 35%			
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
ğ	9	Prepaid expenses and deferred charges		2,122.	9	13,880.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	21,225,567.	11	24,313,500.	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must eq		22,262,235.	16	25,314,606.
	17	Accounts payable and accrued expenses		15,625.	17	23,529.
	18	Grants payable	134,725.	18	154,499.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, sub-				
jab.		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, p	•			
		parties, and other liabilities not included on line	, .	7 656 425		0 2/1 0/2
		-		7,656,435. 7,806,785.		8,341,042. 8,519,070.
	26		eck here X	7,000,703.	26	0,519,070.
ý		Organizations that follow FASB ASC 958, ch	eck nere A			
nce	07	and complete lines 27, 28, 32, and 33.		7,936,612.	27	8,910,126.
<u>ala</u>	27	Net assets with depar restrictions		6,518,838.	28	7,885,410.
B B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC		0,310,030.		7,005,410.
Ë		and complete lines 29 through 33.	956, Check here			
ō	20		2		29	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund: Paid-in or capital surplus, or land, building, or each			30	
\ss(30	Retained earnings, endowment, accumulated i			31	
et 🌶	31 32	Total net assets or fund balances		14,455,450.	32	16,795,536.
Ž	33		22,262,235.	33	25,314,606.	
	JJ	Total liabilities and net assets/fund balances		22,202,233.	აა	23,314,000.

Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>3,43</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,37			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 14						
5	_ 1						
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 on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	16	5,79	5,5	36.	
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
					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 on Schedule	Ο.					
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	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	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	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 the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	_					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red auc	lit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		THE	LONGMONT CO	OMMUNITY FOUR	NDATIO	ON		4	6-3894713		
Pa	rt I	Reason for Public (Charity Status. ((All organizations must c	omplete th	nis part.) S	ee instruction	s.		_	
The	organ	ization is not a private found									
1		A church, convention of ch	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	າ 990).)						
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a	land-grant	college		
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or		
		university:								_	
10	X	An organization that norma	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	ip fees, and	d gross receipts from		
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ifter June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11	Щ	An organization organized a	·		•						
12		An organization organized a	·	•	-			•			
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on										
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а			•		•	-					
		the supported organization			majority o	of the direc	tors or trustee	es of the su	ipporting		
		organization. You must o						- (-) laur la au	d.,		
b			•				-		-		
		control or management o			ame perso	ns that coi	ntroi or manag	je tne supp	оопеа		
_		organization(s). You mus	- ·		in connect	المناسمة	and franctional	l into avata	ad with		
С		Type III functionally inte its supported organization	- '					ly integrate	eu wiiii,		
d		Type III non-functionally						tod organi	zation(s)		
u		that is not functionally int						-			
		requirement (see instructi	-	* *	-		-	anattonin	7011033		
е		Check this box if the orga	•	-				I Tyne III			
·		functionally integrated, or					турст, турст	i, i ypc iii			
f	Fnte	er the number of supported of		any integrated supporting		ation.				-	
		vide the following information	•							-	
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
										_	
										_	
										_	
										-	

332021 12-21-23

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	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 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
0	organization, check this box and stop						
	tion C. Computation of Publi			. (6)		T T	
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies		-				
D	33 1/3% support test - 2022. If the constant have The averaged test and the support test - 2022 and the support te						
47~	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·	• • •			and line 14 is 10%	
174	10% -facts-and-circumstances test						
	and if the organization meets the fact		•	-	•	vi now the organiz	au011
L	meets the facts-and-circumstances test	_	•	*	-	17a, and line 15 is :	L
a	10% -facts-and-circumstances test	_					1070 UI
	more, and if the organization meets the				-		
10	organization meets the facts-and-circle						
10	Private foundation. If the organization	ni did fiot check a	DUX UIT IIITE TO, TO	a, 100, 1/a, 01 1/1	b, check this box a	ina see instructions	

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support	elow, please comp	iete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2400463.	2281559.	2685091.	2874310.	• •	12950449.
2	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	37,800.	72,415.	90,523.	89,552.	78,743.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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	2438263.	2353974.	2775614.	2963862.	2787769.	13319482.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	658,931.	836,267.	688,262.	849,578.	499,060.	3532098.
t	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						0.
c	: Add lines 7a and 7b	658,931.	836,267.	688,262.	849,578.	499,060.	3532098.
8	Public support. (Subtract line 7c from line 6.)						9787384.
	ction B. Total Support						Г
	ndar year (or fiscal year beginning in)	(a) 2019 2438263.	(b) 2020 2353974.	(c) 2021	(d) 2022 2963862.	(e) 2023	(f) Total 13319482.
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	153,106.	299,337.	2775614.	556,008.		1825435.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	23372333	23373373	110/1010	330,70001	3.37332	
	Add lines 10a and 10b	153,106.	299,337.	446,182.	556,008.	370,802.	1825435.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2591369.	2653311.	3221796.	3519870.	3158571.	15144917.
14	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	ction C. Computation of Publi	• • •					CA CO
	Public support percentage for 2023 (li					15	64.62 % 59.00 %
	Public support percentage from 2022 ction D. Computation of Inves					16	59.00 %
	Investment income percentage for 20			ne 13 column (f)		17	12.05 %
	Investment income percentage from 2					18	11.99 %
	33 1/3% support tests - 2023. If the						, -
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly s	upported organizat	tion	X
r	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
JD		
3с		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
JU		
9с		
10a		
 10b	- 000	0000

Par	t IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.2		
·		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		71 11 0 0		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
Sec	super tion (vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
		5. Type it capporating organizations		V	NI -
_	14/			Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
202	the su	upported organization(s). D. All Type III Supporting Organizations	1		
366	LIOII L	5. All Type III Supporting Organizations		.,	
				Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Щ	The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Ш	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2 b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	unization (see

Schedule A (Form 990) 2023

instructions).

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	tion D - Distributions			•		Current Year		
1	Amounts paid to supported organizations to	accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that direct	y furthers exemp	ot purposes of supported					
	organizations, in excess of income from acti		2					
3	Administrative expenses paid to accomplish	S	3					
4	Amounts paid to acquire exempt-use assets				4			
5	Qualified set-aside amounts (prior IRS appro	val required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See	e instructions.			6			
7	Total annual distributions. Add lines 1 thro	ough 6.			7			
8	Distributions to attentive supported organization	ations to which th	ne organization is responsive					
	(provide details in Part VI). See instructions.				8			
9	Distributable amount for 2023 from Section	C, line 6			9			
10	Line 8 amount divided by line 9 amount		T		10			
Secti	tion E - Distribution Allocations (see instruc	tions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	i	(iii) Distributable Amount for 2023		
1	Distributable amount for 2023 from Section	C, line 6						
2	Underdistributions, if any, for years prior to	2023 (reason-						
	able cause required - explain in Part VI). See	e instructions.						
3	Excess distributions carryover, if any, to 202	.3						
а	From 2018							
b	From 2019							
С	From 2020							
d	From 2021							
е	From 2022							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2023 distributable amount							
<u>i</u>	Carryover from 2018 not applied (see instruction	ctions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i fro	m line 3f.						
4	Distributions for 2023 from Section D,							
	line 7:							
а	Applied to underdistributions of prior years							
	Applied to 2023 distributable amount							
	Remainder. Subtract lines 4a and 4b from lines							
5	Remaining underdistributions for years prior	to 2023, if						
	any. Subtract lines 3g and 4a from line 2. Fo	-						
	than zero, explain in Part VI. See instruction							
6	Remaining underdistributions for 2023. Sub							
	and 4b from line 1. For result greater than ze	ero, <i>explain in</i>						
	Part VI. See instructions.							
7	Excess distributions carryover to 2024. A	dd lines 3j						
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2019							
	Excess from 2020							
	Excess from 2021							
d	Excess from 2022							

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

THE LONGMONT COMMUNITY FOUNDATION

Employer identification number 46-3894713

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tee Giff Giff 600, Fartiv, init	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	131	.,
2	Aggregate value of contributions to (during year)	1,199,812.	
3	Aggregate value of grants from (during year)	1,323,421.	
4	Aggregate value at end of year	10,333,267.	
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation of	a historically 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 qualifi	ed conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquir		
_	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation easi		
5	Does the organization have a written policy regarding the peri		□ v □ N.
6	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and emorcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservati	on easements during the year
•	, and are or expenses mounted in monitoring, inspecting, hard	ing of violations, and emoroning conservati	on easements daring the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)((4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement an	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that describes these items	3.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

_	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	Contin	nued)	<u>ago</u>
3	Using the organization's acquisition, accession						(OOITEI)	<u>uou</u> ,	
	collection items (check all that apply).	.,	.,						
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e							
c	Preservation for future generations	J							
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII		
5	During the year, did the organization solicit or	•	•	· ·		oo iii i ai c	,		
·	to be sold to raise funds rather than to be mai						Yes		No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Part		on the organization	anoworda roo on	, , , , , , , , , , , , , , , , , , , ,	, r air i v , iii	,		
	Is the organization an agent, trustee, custodia		liary for contribution	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a						00		
~	Too, explain the thrangement in real rain to		owing table.				Amount	t	
С	Beginning balance				1c				
	Additions during the year								
u e	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo						Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.				y		_ 100		֧֖֖֝֞֞֝֟֝֟֝֟֝֟֝֟֝ <u>֚</u>
Par					10.				
	Complete ii	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	/ears back	(e) Four	vears	back
12	Beginning of year balance	6,657,135.	6,711,739.	6,021,860.		85,903.		,674,	
b	Contributions	986,195.	1,028,550.			41,815.		,190,	
0	Net investment earnings, gains, and losses	984,882.	-713,036.	-		47,514.		812,	
4	Grants or scholarships	465,442.	267,528.	340,589.	<u> </u>	72,207.		306,	
d		103,112.	207,520.	310,303.	-	, 2, 20, .		300,	310.
е	Other expenditures for facilities								
	and programs	119,989.	102,590.	100,733.		81,165.		84	188.
	Administrative expenses	8,042,781.	6,657,135.			21,860.	5	,285,	
g	End of year balance				0,0	21,000.	,	205,	505.
2	Provide the estimated percentage of the curre	1.9567) rieid as.					
a	Board designated or quasi-endowment Permanent endowment 98.0433		_%						
b		%							
С	Term endowment								
0-	The percentages on lines 2a, 2b, and 2c shou	•			h -				
Зa	Are there endowment funds not in the posses	sion of the organiza	tion that are neid ar	administered for t	ne		ſ	Yes	No
	organization by:						0-(:)	163	X
	(i) Unrelated organizations?						3a(i)		X
	(ii) Related organizations?	P-4					3a(ii)	\longrightarrow	
	If "Yes" on line 3a(ii), are the related organizati						3b		
Par	Describe in Part XIII the intended uses of the of the VI Land, Buildings, and Equipme		wment tunas.						
ı uı	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part Y	line 10				
	·						(-I) D		
	Description of property	(a) Cost or of basis (investment)	` '	' '	Accumulate epreciation		(d) Bool	(value	Э
	Land	`	Dasis	(Outlier) Ge	-preciation				
_	Land								
b	Buildings								
C	Leasehold improvements								
d	Equipment								
	Other					+			0.
ıota	l. Add lines 1a through 1e. (Column (d) must eq	ual Form 990.Part)	X. line 10c. column	(B))					U •

Schedule D (Form 990) 2023 THE LONGMON	T COMMUNITY FO	OUNDATION 46	5-389 4 713 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Dort IV line 1	1a Cas Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) book value	(c) Method of Valuation. Cost of en	u-oi-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1)			<u> </u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ASSETS HELD FOR AGENCY FU	NDS		8,341,042
(3)			

(4) (5) (6) (7) (8) (9) 8,341,042. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	Reconciliation of Revenue per Audited	•		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial	ial statements	1	4,717,232.
2	Amounts included on line 1 but not on Form 990, Part VIII,	1 1		
а	Net unrealized gains (losses) on investments		•	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е			2e	1,284,286.
3	Subtract line 2e from line 1		3	3,432,946.
4	Amounts included on Form 990, Part VIII, line 12, but not of	l l		
	,		_	
	Other (Describe in Part XIII.)	4b		•
С			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form S	990. Part I. line 12.)	5	3,432,946.
Pai	rt XII Reconciliation of Expenses per Audited	-	Returr	1
	Complete if the organization answered "Yes" on Fo			0 000 116
1	Total expenses and losses per audited financial statements		1	2,377,146.
2	Amounts included on line 1 but not on Form 990, Part IX, I	1 1		
а	Donated services and use of facilities			
b	, , , , , , , , , , , , , , , , , , , ,			
С	Other losses			
d	, , , , , , , , , , , , , , , , , , , ,			•
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,377,146.
4	Amounts included on Form 990, Part IX, line 25, but not or	1 1		
	Investment expenses not included on Form 990, Part VIII,		_	
	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·		•
С			4c	0.
5 Do:	Total expenses. Add lines 3 and 4c. (This must equal Form IT XIII Supplemental Information	n 990, Part I, line 18.)	5	2,377,146.
	vide the descriptions required for Part II, lines 3, 5, and 9; Par		4; Part X	K, line 2; Part XI,
ines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	s part to provide any additional information.		

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

Internal Revenue Service

Department of the Treasury

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization THE LONGM	ONT COMMUN	NITY FOUNDA	TION				Employer identification number 46-3894713
Part I General Information on Grants ar							
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro 	tance?				/ for the grants or assis		on X Yes No
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BORN TO READ (UCC CHURCH) 1500 9TH AVENUE							
LONGMONT, CO 80501	84-0477919		0.	8,600.	воок		PROGRAM SUPPORT
COMMUNITY FOOD SHARE, INC. 650 SOUTH TAYLOR AVENUE LOUISVILLE, CO 80027	74-2227731		0.	17,000.	воок		PROGRAM SUPPORT
ERIE UPLINK 77 ERIE VILLAGE SQUARE, SUITE 280 ERIE, CO 80516	45-2261184		0.	10,000.	воок		PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH (HEART OF LONGMONT) - 350 ELEVENTH AVENUE - LONGMONT, CO 80501	84-0444737		0.	6,550.	воок		PROGRAM SUPPORT
GROWING GARDENS 1630 HAWTHORN AVE BOULDER, CO 80304	84-1454093		0.	17,750.	воок		PROGRAM SUPPORT
HOLDEN HOPE FOUNDATION 24791 E ROWLAND PLACE AURORA, CO 80016	88-0580793		0.	6,484.	воок		PROGRAM SUPPORT
 Enter total number of section 501(c)(3) ar Enter total number of other organizations 							61.

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	r ag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
I HAVE A DREAM FOUNDATION OF							
BOULDER COUNTY - 5390 MANHATTAN							
CIRCLE #200 - BOULDER, CO 80303	84-1150542		0.	6,000.	воок		PROGRAM SUPPORT
				,			
LIFEBRIDGE CHRISTIAN CHURCH							
10345 UTE HIGHWAY							
LONGMONT, CO 80501	84-0463390		0.	20,600.	воок		PROGRAM SUPPORT
LONGS DEAK INTERD MEMIODISE SUITON							
LONGS PEAK UNITED METHODIST CHURCH 1421 ELMHURST DRIVE							
LONGMONT, CO 80503	84-0847320		0.	7,309.	BOOK		PROGRAM SUPPORT
EONGMONT, CO 00303	04 004/320		· ·	7,303.	Book		I KOOKIM BUITOKI
LPC SHARING THE NEXT LIGHT							
1100 S SHERMAN ST.							
LONGMONT, CO 80501			0.	6,545.	воок		PROGRAM SUPPORT
MOUNTAIN STATES CHILDREN'S HOME							
14780 N. 107TH							
LONGMONT, CO 80504	84-0516736		0.	38,500.	воок		PROGRAM SUPPORT
OPEN DOOR ESL (CALVARY CHURCH)							
2101 GAY STREET	04 6020264			7.600	D007		DDOGDAN GUDDODE
LONGMONT, CO 80501	84-6039364		0.	7,600.	BOOK		PROGRAM SUPPORT
OUTREACH UNITED RESOURCE CENTER,							
INC. (OUR CENTER) - 220 COLLYER							
STREET - LONGMONT, CO 80501	74-2448346		0.	83,731.	BOOK		PROGRAM SUPPORT
REAL COLORADO (DOUGLAS COUNTY	, , , , , , , , , , , , , , , , , , , ,						
SOCCER ASSOCIATION) - 8200 SOUTH							
AKRON STREET, SUITE 122 -							
CENTENNIAL, CO 80112	74-2392779		0.	47,500.	воок		PROGRAM SUPPORT
RISE AGAINST SUICIDE (FORMERLY							
SECOND WIND FUND BOULDER COUNTY) -							
PO BOX 846 - LAFAYETTE, CO 80026	27-3029987		0.	10,200.	воок		PROGRAM SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBERTA'S LEGACY, INC.							
2100 LONGS PEAK AVE							
LONGMONT, CO 80501	82-3205605		0.	56,800.	BOOK		PROGRAM SUPPORT
20110110111, 00 00001	02 020000		· ·				
SAMARITAN'S PURSE							
PO BOX 3000							
BOONE, NC 28607	58-1437002		0.	10,000.	воок		PROGRAM SUPPORT
ST. JOHN THE BAPTIST CATHOLIC							
CHURCH - 323 COLLYER ST							
LONGMONT, CO 80501	84-0405521		0.	8,070.	BOOK		PROGRAM SUPPORT
ST. JUDE CHILDREN'S RESEARCH							
HOSPITAL - PO BOX 1893 - MEMPHIS,	62.0646012			15 000	D007		DDOGDAM GUDDODE
TN 38101	62-0646012		0.	15,000.	BOOK		PROGRAM SUPPORT
ST. VRAIN VALLEY SCHOOLS EDUCATION							
FOUNDATION - PO BOX 2598 -							
LONGMONT, CO 80502	84-0979954		0.	11,000.	воок		PROGRAM SUPPORT
				,			
THE REENTRY INITIATIVE							
402 KIMBARK ST							
LONGMONT, CO 80501	81-3681963		0.	27,100.	воок		PROGRAM SUPPORT
TUNNEL TO TOWERS							
2361 HYLAN BLVD							
STATEN ISLAND, NY 10306	02-0554654		0.	8,000.	BOOK		PROGRAM SUPPORT
Had difficult of Longveys							
UCC CHURCH OF LONGMONT							
1500 9TH AVE	04 0477010			126 105	D007		DDOGDAM GUDDODE
LONGMONT, CO 80501	84-0477919		0.	136,195.	BUUK		PROGRAM SUPPORT
UNIVERSITY OF COLORADO FOUNDATION							
PO BOX 17126							
BOULDER, CO 80217	84-6049811		0.	17,600.	воок		PROGRAM SUPPORT
20022211, 00 00217	1 0015011		<u> </u>	1,,000.		L	F 5

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	rago
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VETERANS COMMUNITY PROJECT							
8900 TROOST AVENUE							
KANSAS CITY, MO 64131	47-4960735		0.	53,827.	BOOK		PROGRAM SUPPORT
,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ABLE TO SAIL							
10354 DAHLIA ST							
FIRESTONE, CO 80504	47-4013234		0.	6,000.	воок		PROGRAM SUPPORT
A WAY FORWARD, INC.							
600 TERRY STREET			_				
LONGMONT, CO 80501	85-2676751		0.	10,536.	воок		PROGRAM SUPPORT
BLUE SKY BRIDGE							
PO BOX 19122							
BOULDER, CO 80803	84-1305384		0.	6,250.	BOOK		PROGRAM SUPPORT
BOULDER, CO 80803	04-1303304		0.	0,230.	BOOK		FROGRAM BOFFORT
BOULDER COUNTY RSVP BOARD, INC DBA							
CULTIVATE - 6325 GUNPARK DR.# F -							
BOULDER, CO 80301	84-0769724		0.	6,250.	BOOK		PROGRAM SUPPORT
BOOLDER, CO COSCI	01 0703721		•	0,230.	book		I ROSIUMI BOLLONI
BUFFS 4 LIFE							
6684 GUNPARK DR STE 1500							
BOULDER, CO 80301	20-8580617		0.	10,000.	воок		PROGRAM SUPPORT
CALVARY BIBLE EVANGELICAL FREE							
CHURCH - 3245 KALMIA AVENUE -							
BOULDER, CO 80301	84-6039364		0.	10,000.	BOOK		PROGRAM SUPPORT
CAL-WOOD EDUCATION CENTER							
PO BOX 347							
JAMESTOWN, CO 80455	20-2472544		0.	14,000.	воок		PROGRAM SUPPORT
CENTED AT I ON CHONE PRESERVED TAN							
CENTRAL LONGMONT PRESBYTERIAN CHURCH - 402 KIMBARK STREET -							
	84-0410424		0.	14,000.	BOOK		DDOGDAM GIIDDODM
LONGMONT, CO 80501	04-0410424		<u> </u>	14,000.	BOOK		PROGRAM SUPPORT

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	r age
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGIATE CROSSINGS, INC.							
2571 SKYLINE COURT							
ERIE, CO 80516	45-5493413		0.	11,300.	BOOK		PROGRAM SUPPORT
<u> </u>	13 3133113		•	11,500.	book		I HOGHAN BOTTON
COLORADO FRIENDSHIP							
1067 S. HOVER ST., E-116							
LONGMONT, CO 80501	45-3547798		0.	5,700.	воок		PROGRAM SUPPORT
,				,			
COMMUNITY FOUNDATION OF GREATER							
DES MOINES - 1915 GRAND AVE - DES							
MOINES, IA 50309	42-6139033		0.	25,000.	воок		PROGRAM SUPPORT
DENVER RESCUE MISSION							
PO BOX 5206							
DENVER, CO 80217	84-6038762		0.	8,057.	воок		PROGRAM SUPPORT
DORDT UNIVERSITY							
498 4TH AVE NE							
SIOUX CENTER, IA 51250	42-0772559		0.	13,000.	BOOK		PROGRAM SUPPORT
EL COMITE DE LONGMONT, INC.							
455 KIMBARK STREET							
LONGMONT, CO 80501	84-0867626		0.	12,000.	воок		PROGRAM SUPPORT
TIDAT GOVERNA TONAL INTERD GUIDAU							
FIRST CONGREGATIONAL UNITED CHURCH							
OF CHRIST - 1500 9TH AVENUE -	04 0477010			0.050	D007		DDOGDAM GUDDODE
LONGMONT, CO 80501	84-0477919		0.	8,250.	BOOK		PROGRAM SUPPORT
FLATIRONS COMMUNITY CHURCH							
400 W. SOUTH BOULDER RD, STE 1700 LAFAYETTE, CO 80026	47-0857845		0.	7,500.	BOOK		PROGRAM SUPPORT
	±/ 003/043		1	7,500.	DOOR		INCORMI BULLORI
GOOD LIFE REFUGE							
13759 N 95TH ST							
LONGMONT, CO 80504	83-1809184		0.	7,500.	ВООК		PROGRAM SUPPORT
10110110111, 00 00004	03 1007104		<u> </u>	1,300.	Poor	l	PROSITIES DOLLOW

Part II Continuation of Grants and Other A	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII COMMUNITY FOUNDATION							
827 FORT STREET MALL							
HONOLULU, HI 96813	99-0261283		0.	14,200.	ВООК		PROGRAM SUPPORT
HOVER COMMUNITY							
1380 CHARLES DRIVE							
LONGMONT, CO 80503	84-0890971		0.	25,420.	воок		PROGRAM SUPPORT
IMMIGRANT LEGAL CENTER OF BOULDER							
COUNTY - 948 NORTH STREET, SUITE 8							
- BOULDER, CO 80304	20-3001622		0.	5,500.	воок		PROGRAM SUPPORT
LIFEWISE INC							
5375 GRACE ST	45 4000505						
HILLIARD, OH 43026	45-4002535		0.	6,000.	воок		PROGRAM SUPPORT
LONGMONT FOOD RESCUE							
708 BLUEGRASS DR.							
LONGMONT, CO 80503	81-4920478		0.	11,250.	BOOK		PROGRAM SUPPORT
ZONOMI, CO 00000	01 1320170		· ·	11,230.			I ROGIUM BOTTORT
LONGMONT HUMANE SOCIETY							
9595 NELSON RD							
LONGMONT, CO 80501	84-0645455		0.	10,776.	воок		PROGRAM SUPPORT
LONGMONT PUBLIC SAFETY							
225 KIMBARK ST							
LONGMONT, CO 80501			0.	6,300.	воок		PROGRAM SUPPORT
MOVING TO END SEXUAL ASSAULT -							
MESA (MENTAL HEALTH PARTNERS) -							
1455 DIXON AVE - LAFAYETTE, CO							
80026	84-0520493		0.	7,000.	воок		PROGRAM SUPPORT
NAACP BOULDER COUNTY	82-0935080		0.	41,811.	воок		PROGRAM SUPPORT

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	rug
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS							
SOCIETY - PO BOX 4527 - NEW YORK,							
NY 10163	13-5661935		0.	6,000.	BOOK		PROGRAM SUPPORT
RED CLOUD INDIAN SCHOOL				,,,,,,,			
100 MISSION DRIVE							
PINE RIDGE INDIAN RESERVATION, SD							
57770	46-0275071		0.	17,000.	воок		PROGRAM SUPPORT
DOGWY WOIDING TO THE COURT							
ROCKY MOUNTAIN EQUALITY (OUT							
BOULDER) - PO BOX 1018 - BOULDER, CO 80306	84-1467134		0.	38,750.	BOOK .		PROGRAM SUPPORT
	04-140/134		0.	38,730.	BOOK		PROGRAM SUPPORT
SCL HEALTH FOUNDATION							
500 ELDORADO BLVD SUITE 4300							
BROOMFIELD, CO 80021	82-3290526		0.	8,000.	воок		PROGRAM SUPPORT
				,			
SPECIAL OLYMPICS							
12450 E. ARAPAHOE ROAD, SUITE C							
CENTENNIAL, CO 80112	84-0713739		0.	10,350.	воок		PROGRAM SUPPORT
STRATEGIES 360, INC							
PO BOX 84851	01 1204555			7 400	DOOK.		DDOGDAM GUDDODE
SEATTLE, WA 98124	91-1304555		0.	7,409.	BOOK		PROGRAM SUPPORT
SUSTAINABLE RESILIENT LONGMONT							
PO BOX 1764							
LONGMONT, CO 80502	82-1521892		0.	5,750.	ВООК		PROGRAM SUPPORT
				2,1220			
THE ARTS STUDIO D.B.A. FIREHOUSE							
ART CENTER - 667 FOURTH AVENUE -							
LONGMONT, CO 80501	74-2380475		0.	5,750.	воок		PROGRAM SUPPORT
THE PEARL GROUP, INC.							
PO BOX 1825							
LONGMONT, CO 80502	45-5530404		0.	5,100.	воок		PROGRAM SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIOR PROJECT, INC. PO BOX 758517							
TOPEKA, KS 66675	20-2370934		0.	7,500.	воок		PROGRAM SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
SCHOLARSHIPS	39	181,436.	0.					
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2; Part III, column	(b); and any other ac	dditional information.				
PART I, LINE 2:								
GRANT REPORTS ARE SUBMITTED TO THE	FOUNDATI	ON FOR REV	VIEW AS TO	THE USE OF				
THE GRANT FUNDS AND TO ENSURE COMP	LIANCE WI	TH THE TER	RMS OF ANY	GRANT				
AGREEMENT. THE NONPROFIT'S INFORMATION IS OBTAINED FROM GUIDESTAR.ORG TO								
DETERMINE THEIR 501(C)(3) STATUS. IF THE NONPROFIT'S INFORMATION CANNOT BE								
FOUND ON GUIDESTAR, THE FOUNDATION REQUESTS THE IRS TAX NUMBER (EIN)								
VERIFIED BY A COPY OF THEIR 501(C)(3) TAX DETERMINATION LETTER. GRANTEES								
ARE REQUIRED TO SUBMIT A WRITTEN FINAL REPORT THAT IS REVIEWED BY THE								
FOUNDATION STAFF AND GRANTS COMMITTEE. GRANTEES THAT FAIL TO SUBMIT A FINAL								

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE LONGMONT COMMUNITY FOUNDATION

Employer identification number 46-3894713

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 IS PROVIDED TO MANAGEMENT AND THE TRUSTEES FOR

THEIR REVIEW. ALL QUESTIONS AND COMMENTS ARE COMMUNICATED AND RESOLVED BY

THE EXECUTIVE DIRECTOR PRIOR TO FINALIZING AND FILING THE FORM.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION PRESENTS THE POLICY TO ALL TRUSTEES ON AN ANNUAL BASIS AND MONITORS ANY CONFLICTS THROUGHOUT THE YEAR. TRUSTEES EXCUSE THEMSELVES

FROM MEETINGS IF THERE IS A POTENTIAL CONFLICT AND THIS IS DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION IS RESEARCHED BY THE EXECUTIVE COMMITTEE ANNUALLY WITH THE USE

OF SALARY SURVEYS. THE BOARD THEN APPROVES PROPOSED COMPENSATION DURING

APPROVAL OF THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

AVAILABLE UPON WRITTEN REQUEST RECEIVED AT ORGANIZATION'S OFFICE VIA POSTAL

MAIL OR E-MAIL. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE

ORGANIZATION'S WEBSITE OR UPON WRITTEN REQUEST RECEIVED AT ORGANIZATION'S

OFFICE VIA POSTAL MAIL OR E-MAIL.

FORM 990, PART XII, LINE 2C:

THE LONGMONT COMMUNITY FOUNDATION HAS AN AUDIT COMMITTEE TO PROVIDE

OVERSIGHT OF FINANCIAL REPORTING PROCESSES AND THE SELECTION OF AN

Schedule O (Form 990) 2023 Page **2**

Name of the organization THE LONGMONT COMMUNITY FOUNDATION	Employer identification number 46-3894713
INDEPENDENT EXTERNAL AUDITOR. AUDIT FIRMS ARE SELECTED THR	OUGH AN RFP
PROCESS EVERY THREE YEARS. THE PROCESS HAS NOT CHANGED FRO	M THE PRIOR
YEAR.	
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