For Paperwork Reduction Act Notice, see the separate instructions.

DLN: 93493321027890

OMB No. 1545-0047

2019

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

		nue Service								
A F	or the	2019 c	alendar year, or tax year begi	nning 01-01-2019 , and endi	ng 12-31	-2019	_			
		pplicable:	C Name of organization COMMUNITY FIRST FOUNDATION				D Employe	er identi	fication number	
□ Address change □ Name change □ Initial return □ Final return/terminated □ Amended return □ Application pending		-					51-0157	7964		
		-	Doing business as							
		/terminated					E Telephon	o numboi	r	
			Number and street (or P.O. box if r 5855 WADSWORTH BYPASS UNIT A	nail is not delivered to street address) A	Room/suit	е				
		n pending	19				(720) 898-5900			
			City or town, state or province, country, and ZIP or foreign postal code ARVADA, CO 80003							
									216,887,736	
			F Name and address of principal officer: KELLY DUNKIN				this a group ret	urn for		
			5855 WADSWORTH BYPASS UNIT A				pordinates? e all subordinat	and a subsequent		
Tax-exempt status			ARVADA, CO 80003				luded?			
L Tax	x-exem	ipi status:					'No," attach a l	•	•	
) W	ebsite	e:▶ WW	W.COMMUNITYFIRSTFOUNDATIO	ON.ORG		H(c) Gro	oup exemption	number	* ▶	
						L v . c c	.: 4075	Maria		
K Forr	n of org	ganization:	n: ☑ Corporation ☐ Trust ☐ Association ☐ Other ►			L Year of formation: 1975		M State of legal domicile: CO		
Dr	art I	Sum	m 2 PV							
ГС		•	scribe the organization's mission (or most significant activities:						
a,	WE INCREASE GENEROSITY AND POWER COMMUNITY FOR POSITIVE CHANGE.									
ဋိ	-									
E										
Governance	ر ا	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.								
5		Number of voting members of the governing body (Part VI, line 1a)					•	3	18	
ಶ	4 1	4 Number of independent voting members of the governing body (Part VI, line 1b)					•	4	17	
Acuviues &	5 -	Total number of individuals employed in calendar year 2019 (Part V, line 2a)						5	28	
<u> </u>	6 -	Total number of volunteers (estimate if necessary)						6	126	
AC	7a -	7a Total unrelated business revenue from Part VIII, column (C), line 12						7a	106,442	
	l d	Net unrel	ated business taxable income fro	m Form 990-T, line 39				7b	19,165	
				•			Prior Year		Current Year	
_	8 (Contribut	ions and grants (Part VIII, line 1h)			51,567,7	42	68,603,875	
Ravenue	l		service revenue (Part VIII, line 2g)					0 73,480 12,644,74		
ðΛċ	10	Investme					38,573,4			
<u> </u>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)							1,845,923	
									83,094,542	
			irants and similar amounts paid (Part IX, column (A), lines 1–3)				55,886,848 59,991,6			
			fits paid to or for members (Part IX, column (A), line 4)				,,-	0	0	
so.			aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				3,253,975 2,87		2,875,274	
Se		•	ofessional fundraising fees (Part IX, column (A), line 11e)				-,,-	0	0	
Expenses		Total fundraising expenses (Part IX, column (D), line 25) ▶641,332								
핇	l	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)					3,135,5	508	3,315,378	
	l	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)					62,276,331			
		9 Revenue less expenses. Subtract line 18 from line 12					29,803,3	-	16,912,264	
- S		Revenue less expenses. Subtract line 10 from line 12					ing of Current Y		End of Year	
Net Assets or Fund Balances							J		·	
	20 -	Total ass	ets (Part X, line 16)				387,682,8	341	454,604,459	
	21 -	1 Total liabilities (Part X, line 26)					35,373,7	775	40,441,675	
	22	Net asset	s or fund balances. Subtract line	21 from line 20			352,309,0	166	414,162,784	
Pa	rt II	Sign	ature Block							
			erjury, I declare that I have exan							
	nowle		f, it is true, correct, and complete	e. Declaration of preparer (other	triair office	i) is base	u on an miorma	ation of	which preparer has	
		l k								
Sign		*****	202							
		y Signati	gnature of officer Date							
Here	•		DUNKIN PRESIDENT & CEO r print name and title							
		17		Dronavaria -it	15	to 1	T -	TT N		
Paid Preparer			rint/Type preparer's name	Preparer's signature	Da 20:	20-11-09	Check 📙 if F	TIN 20064525	52	
		_ -	irm's name DIANTE & MODAN DIE				self-employed Firm's EIN > 38-	1357051		
		·•	Firm's name ► PLANTE & MORAN PLLC				Firm's EIN ► 38-1357951			
Use	Onl	ly 👍	irm's address ▶ 8181 E TUFTS AVE SU	ITE 600			Phone no. (303)	740-9400		
			DENVER, CO 80237							
Mav t	he IRS	S discuss	this return with the preparer sho	own above? (see instructions)				√	Yes 🗆 No	

Cat. No. 11282Y

Form **990** (2019)