

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c)(1) or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

C Name of organization	The CCP Foundation		
D Employer identification number	74-3161259	E Telephone number	651-356-1013
F Group Exemption Number	55082 MN		

G Accounting method: Cash Accrual
H Check if the organization is not required to attach Schedule B (Form 990).
I Website: www.ccpfoundation.org
J Tax-exempt status (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.
L Add lines 5b, 6b, and 7b to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. **63,683**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	63,325
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	358
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
a	Gross revenue (not including \$ of contributions reported on line 1)	
b	Less: direct expenses other than fundraising expenses	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
7a	Gross sales of inventory, less returns and allowances	
b	Less: cost of goods sold	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	63,683
10	Grants and similar amounts paid (attach schedule)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	
16	Other expenses (describe)	78,643
17	Total expenses. Add lines 10 through 16	78,643
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-14,960
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	216,019
20	Other changes in net assets or fund balances (attach explanation)	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	201,059

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

22	Cash, savings, and investments	204,244
23	Land and buildings	
24	Other assets (describe)	
25	Total assets	204,244
26	Total liabilities (describe)	3,185
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	201,059

(See the instructions for Part II.)
 (A) Beginning of year
 (B) End of year

Form 990-EZ (2009)
 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

ERO's signature: R. J. Madson, CPA Date: 5/11/10

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4183, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's EIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 4102510000

do not enter all zeros

Part II: Certification and Authentication

Officer's signature: [Signature] Date: 5-11-10

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

I authorize Madsen, O'Meara and Company, P.C. ERO firm name to enter my PIN [Signature] as my signature. Enter five numbers, but do not enter all zeros.

Officers' PIN: check one box only

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Part III: Declaration and Signature Authorization of Officer

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)

2a Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)

3a Form 1120-POL check here Total tax (Form 1120-POL, line 22)

4a Form 990-PF check here Tax based on investment income (Form 990-PF, Part VI, line 5)

5a Form 8868 check here Balance Due (Form 8868, line 3c)

1b _____

2b 63,683

3b _____

4b _____

5b _____

Part IV: Type of Return and Return Information (Whole Dollars Only)

Name and title of officer: Gerald Glomb, Director

Name of exempt organization: The CCP Foundation

Employer identification number: 74-3161259

Department of the Treasury Internal Revenue Service

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____, 2009

Do not send to the IRS. Keep for your records.

See instructions on back.

OMB No. 1545-1878

2009

Form 990-EZ (2009) The CCF Foundation 74-3161259 (Note the statement requirements in the instructions for Part V.)

33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	X	33
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	X	34
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		35a
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 603(e) notice, reporting, and proxy tax requirements?	X	35b
b	If "Yes," has it filed a tax return on Form 990-T for this year?		36
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	X	37a
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions for Form 1120-POL for this year?		37b
b	Did the organization file Form 1120-POL for this year?	X	38a
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	X	38b
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		39b
39	Section 501(c)(7) organizations. Enter:		39a
a	Initiation fees and capital contributions included on line 9		39b
b	Gross receipts, included on line 9, for public use of club facilities		40a
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911		40b
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	X	40c
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		40e
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	X	
41	List the states with which a copy of this return is filed		MN
42a	The organization's books are in care of		Star Services
	Located at		475 Cleveland Avenue North, Ste 130 St. Paul, MN
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		43
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	X	44
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	X	45

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	X	46
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	47
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	48
49a	Did the organization make any transfers to an exempt non-charitable related organization?	X	49a
b	If "Yes," was the related organization a section 527 organization?		49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Gerald Glomb	Date Director
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature Richard Schachtman	Date 05/13/10	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr.) P00165220
	Firm's name (or yours if self-employed) Madsen, O'Meara and Company, P.C. 10800 Lyndale Ave S Ste 250 Bloomington, MN 55420-5693	Phone no. 952-881-9111	EIN 56-2377597	No <input checked="" type="checkbox"/> Yes

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A (Form 990 or 990-EZ)

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. See separate instructions.

Open to Public Inspection

2009

OMB No. 1545-0047

Employer identification number 74-3161259

The CCP Foundation

Name of the organization

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- 1 The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).
2 A school described in section 170(b)(1)(A)(iii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iiii).
4 A medical research organization operated in conjunction with a hospital described in section 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). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(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). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I
b Type II
c Type III—Functionally integrated
d Type III—Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
h (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity or a person described in (i) or (ii) above?
Provide the following information about the supported organization(s).

Table with 2 columns: Yes/No and 3 rows for 11g(i), 11g(ii), 11g(iii)

Main table with columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S.?, (vii) Amount of support, Total

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

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

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

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

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

15 Public support percentage for 2008 Schedule A, Part II, line 14

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

15	%
14	%

Section C. Computation of Public Support Percentage

organization, check this box and stop here

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

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

11 Total support. Add lines 7 through 10

10 Other income. Do not include gain or loss from the sale of capital assets

9 Net income from unrelated business activities, whether or not the business is regularly carried on

8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

7 Amounts from line 4

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
12						

Section B. Total Support

6 Public support. Subtract line 5 from line 4

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)

4 Total. Add lines 1 through 3

3 The value of services or facilities furnished by a governmental unit to the organization without charge

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total

Section A. Public Support

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	438,475	250,150	63,000	62,000	63,325	438,475
2						
3						
4						
5						
6	438,475	250,150	63,000	62,000	63,325	438,475
7a						
7b						
8						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	438,475	250,150	63,000	62,000	63,325	438,475
10a						
11						
12						
13						
14						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	97.58%
16	Public support percentage from 2008 Schedule A, Part III, line 15	97.27%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	2%
18	Investment income percentage from 2008 Schedule A, Part III, line 17	3%

17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.
 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.
 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.
 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Contracted Services	31,247
Insurance	1,235
Office supplies	355
Marketing	2,311
Dues & Memberships	909
Education Services	1,851
Grant sponsorships	12,625
Postage	714
Telephone	505
Utilities	180
Technology	1,660
Two Steps Forward	25,051
Total	\$ 78,643

Statement 2 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 3,409	\$ 3,185
	3,409	3,185

Statement 3 - Form 990-EZ, Part III, Line 31 - Statement of Program Service

Accomplishments

Description

Provide support to organizations, groups and individuals for the purpose of improving the quality of life for persons with disabilities through grants.