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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010**Open to Public
Inspection**

A For the 2010 calendar year, or tax year beginning _____, and ending _____									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization NORTHERN COLORADO HUMAN RESOURCES ASSOCIATION</td> </tr> <tr> <td style="width:60%;">Number and street (or P O box, if mail is not delivered to street address) 14112 OAKRIDGE DRIVE, PMB 207</td> <td>Room/suite 104</td> </tr> <tr> <td>City or town FORT COLLINS</td> <td>state or country CO</td> </tr> <tr> <td colspan="2">ZIP + 4 80525</td> </tr> </table>	C Name of organization NORTHERN COLORADO HUMAN RESOURCES ASSOCIATION		Number and street (or P O box, if mail is not delivered to street address) 14112 OAKRIDGE DRIVE, PMB 207	Room/suite 104	City or town FORT COLLINS	state or country CO	ZIP + 4 80525	
C Name of organization NORTHERN COLORADO HUMAN RESOURCES ASSOCIATION									
Number and street (or P O box, if mail is not delivered to street address) 14112 OAKRIDGE DRIVE, PMB 207	Room/suite 104								
City or town FORT COLLINS	state or country CO								
ZIP + 4 80525									
D Employer identification number 84-1181904									
E Telephone number (970) 224-3811									
F Group Exemption Number ►									
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►									
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)									
I Website: ► N/A									
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no. <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527									

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 26,117

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	7,270
	4	Investment income	4	304
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe in Schedule O)	8	18,543	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	26,117	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	23,616
17	Total expenses. Add lines 10 through 16	17	23,616	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,501
	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)	19	17,647
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	20,148

For Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990-EZ** (2010)

SCANNED NOV 04 2011

Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	17,647	22 20,148
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	17,647	25 20,148
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,647	27 20,148

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? PROVIDE EDUCATION AND NETWORKING RESOURC

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 <u>PROVIDE MEMBERS WITH INDUSTRY TRAINING THROUGH SPEAKERS AND SEMINARS</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 <u>PROVIDE SCHOLARSHIPS FOR STUDENTS</u>		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KODY R. BRAISTED	Title PRESIDENT			
1112 OAKRIDGE DR FORT COLLINS CO 80525	Hr/WK 00	0		
MARCI HAABESTAD	Title PRESIDENT ELECT/			
1112 OAKRIDGE DR FORT COLLINS CO 80525	Hr/WK 00	0		
JODI SMITH	Title TREASURER			
1112 OAKRIDGE DR FORT COLLINS CO 80525	Hr/WK 00	0		
PAMALYN ALLEN	Title PAST PRESIDENT			
1112 OAKRIDGE DR FORT COLLINS CO 80525	Hr/WK 00	0		
	Title			
	Hr/WK 00	0		
	Title			
	Hr/WK 00	0		
	Title			
	Hr/WK 00	0		
	Title			
	Hr/WK 00	0		
	Title			
	Hr/WK 00	0		
	Title			
	Hr/WK 00	0		
	Title			
	Hr/WK 00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
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, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a 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 tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
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 ▶ _____		
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 ▶ _____		
42 a The organization's books are in care of ▶ ORGANIZATION Telephone no ▶ (970) 224-3811		
Located at ▶ 1112 OAKRIDGE DRIVE #104 City FORT COLLINS ST CO ZIP + 4 ▶ 80525		
b 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)?		X
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 ?		X
If "Yes," enter the name of the foreign country ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		
46		X

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 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

	Yes	No
47		
48		
49a		
49b		

(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
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00			
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00			
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00			
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00			
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00			

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"

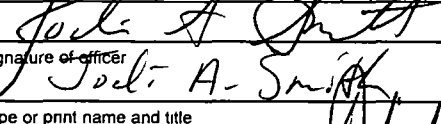
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		

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

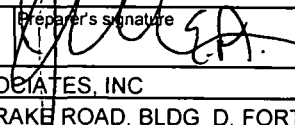
- 52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► ☐ Yes ☒ No

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  **9/30/11**
 Signature of officer _____ Date _____
 Type or print name and title Jodi A. Smith, Treasurer

Paid Preparer's Use Only

Print/Type preparer's name JAMES J. CLAY, EA	Preparer's signature 	Date 8/8/2011	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name CLAY & ASSOCIATES, INC	Firm's EIN ►			
Firm's address 702 WEST DRAKE ROAD, BLDG D, FORT COLLINS, CO 80526	Phone no (970) 443-2997			

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

► ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

NORTHERN COLORADO HUMAN RESOURCES ASSOCIATION

Employer identification number
84-1181904

Form 990-EZ, Part I, Line 8, Other Revenue MONTHLY LUNCH MEETINGS 6,406

Form 990-EZ, Part I, Line 8, Other Revenue DIVERSITY CONFERENCE 7,597

Form 990-EZ, Part I, Line 8, Other Revenue SHRM 1,968

Form 990-EZ, Part I, Line 8, Other Revenue JOB BANK 1,472

Form 990-EZ, Part I, Line 8, Other Revenue STATE SUPPORT 1,100

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 8,630

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 301

Form 990-EZ, Part I, Line 16, Other Expenses BOARD EXPENSE 797

Form 990-EZ, Part I, Line 16, Other Expenses CREDIT CARD FEES 2,837

Form 990-EZ, Part I, Line 16, Other Expenses FACILITY EXPENSE 4,356

Form 990-EZ, Part I, Line 16, Other Expenses INSURANCE 1,410

Form 990-EZ, Part I, Line 16, Other Expenses PRINTING & POSTAGE 335

Form 990-EZ, Part I, Line 16, Other Expenses PROGRAM EXPENSE 275

Form 990-EZ, Part I, Line 16, Other Expenses PROFESSIONAL FEES 395

Form 990-EZ, Part I, Line 16, Other Expenses SHRM FOUNDATION 3,748

Form 990-EZ, Part I, Line 16, Other Expenses WEBSITE REVISIONS 532

Name of the organization

NORTHERN COLORADO HUMAN RESOURCES ASSOCIATION

Employer identification number

84-1181904

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	304
2	Dividends and interest from securities	2	
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	304

Part II, Ln 7 (8868) - Extension Explanation

Part II, Line 7 - State in detail why you need the extension

- ☐ Additional time is needed due to unavoidable absence of the taxpayer NOTE The absence must have been of an individual having sole authority to execute the return
- ☐ Additional time is needed to reconstruct business records destroyed by fire or other casualty of the taxpayers place of business
- ☐ An attempt to obtain information necessary for filing a return was requested in a timely fashion, but the information was not furnished in sufficient time to permit the timely filing of the return, or the taxpayer personally visited an IRS office for the purpose of securing information or advice and was unable to meet with an IRS representative
- ☒ Additional time is needed to gather information in order to file a complete and accurate return

Assets by Classification - 990EZ

12/31/2010 NORTHERN COLORADO HUMAN RESOURCES ASSOCIATION 84-1181904

Item No	Description of Property ***** indicates DISPOSED	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum Deprec., 179, Bonus	2010 Deprec	2010 Accum Deprec
5-yr Office mach (data handling)																
	PROJECTOR	7/10/2006	F-6	100 00%	1,028		0	0	0	0	5	200DB	HY	1,028	0	1,028
	Total 5-yr Office machinery (data-handling equipment, exce				1,028		0	0	0	1,028				1,028	0	1,028
7-yr Office furn, fixtures, equip																
	SOUND SYSTEM	7/20/1999	F-11	100 00%	2,696		0	0	0	0	7	200DB	HY	2,696	0	2,696
	Total 7-yr Office furniture, fixtures and equipment				2,696		0	0	0	2,696				2,696	0	2,696
Amort - 197 - Intangible costs																
	WEBSITE DEVELOPMEN	8/1/2001	Z-9	100 00%	2,000		0	0	0	2,000	15	SL	FM	2,000	0	2,000
	WEBSITE DEVELOPMEN	6/5/2002	Z-9	100 00%	1,000		0	0	0	1,000	15	SL	FM	1,000	0	1,000
	Total Amortization - 197 - Intangibles (goodwill, etc)				3,000		0	0	0	3,000				3,000	0	3,000
	SubTotals				6,724		0	0	0	6,724				6,724	0	6,724
	Less Disposed Assets				(0)		0	0	0	0				(0)	0	0
	Ending Totals				6,724		0	0	0	6,724				6,724	0	6,724

Assets by Classification - ALL

12/31/2010 NORTHERN COLORADO HUMAN RESOURCES ASSOCIATION 84-1181904

Item No	Description of Property **** indicates DISPOSED	Date Placed In Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum Deprec, 179, Bonus	2010 Deprec	2010 Accum Deprec
5-yr Office mach (data handling)																
	PROJECTOR	7/10/2006	F-6	100 00%	1,028		0	0	0	1,028	5	200DB	HY	1,028	0	1,028
	Total 5-yr Office machinery (data-handling equipment, exce				1,028	0	0	0	0	1,028				1,028	0	1,028
7-yr Office furn, fixtures, equip																
	SOUND SYSTEM	7/20/1999	F-11	100 00%	2,696		0	0	0	2,696	7	200DB	HY	2,696	0	2,696
	Total 7-yr Office furniture, fixtures and equipment				2,696	0	0	0	0	2,696				2,696	0	2,696
Amort - 197 - Intangible costs																
	WEBSITE DEVELOPMEN	8/1/2001	Z-9	100 00%	2,000		0	0	0	2,000	15	SL	FM	2,000	0	2,000
	WEBSITE DEVELOPMEN	6/5/2002	Z-9	100 00%	1,000		0	0	0	1,000	15	SL	FM	1,000	0	1,000
	Total Amortization - 197 - Intangibles (goodwill, etc)				3,000	0	0	0	0	3,000				3,000	0	3,000
SubTotals																
	Less Disposed Assets				6,724	0	0	0	0	6,724				6,724	0	6,724
	Ending Totals				(0)	(0)	(0)	(0)	(0)	(0)				(0)	(0)	(0)
					6,724	0	0	0	0	6,724				6,724	0	6,724

Detail Report

990EZ

12/31/2010 NORTHERN COLORADO HUMAN RESOURCES ASSOCIATION 84-1181904

Item No	Description of Property <small>***** indicates DISPOSED</small>	Date Placed in Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	AMT Type	Recovery Period (years)	Method	Convention	Prior Accum Deprec	179 Bonus
					6,724	0	0	0	0	0	6,724					6,724
	SOUND SYSTEM PROJECTOR	7/20/1999	F-11	100 00%	2,696	0	0	0	0	0	2,696	7	200DB	HY		2,696
	WEBSITE DEVELOPMENT	7/10/2006	F-6	100 00%	1,028	0	0	0	0	0	1,028	5	200DB	HY		1,028
	WEBSITE DEVELOPMENT	8/1/2001	Z-9	100 00%	2,000	0	0	0	0	0	2,000	15	SL	FM		2,000
	WEBSITE DEVELOPMENT	6/5/2002	Z-9	100 00%	1,000	0	0	0	0	0	1,000	15	SL	FM		1,000
SubTotals																
	Less Disposed Assets				6,724	0	0	0	0	0	6,724					6,724
	Ending Totals				(0)	(0)	(0)	(0)	(0)	(0)	(0)				(0)	0
					6,724	0	0	0	0	0	6,724					6,724

Detail Report

990EZ					0	6,724
Item No	Description of Property ***** indicates DISPOSED	Date Placed in Service	2010 Current Deprec	2010 Accum Deprec		
	SOUND SYSTEM	7/20/1999	0	2,696		
	PROJECTOR	7/10/2006	0	1,028		
	WEBSITE DEVELOPMENT	8/1/2001	0	2,000		
	WEBSITE DEVELOPMENT	6/5/2002	0	1,000		
SubTotals					0	6,724
Less Disposed Assets					(0)
Ending Totals					0	6,724

Detail Report

12/31/2010 NORTHERN COLORADO HUMAN RESOURCES ASSOCIATION 84-1181904

ALL																	6,724	0	0	6,724
Item No	Description of Property <small>***** indicates DISPOSED</small>	Date Placed in Service	Activity	Asset Code	Bus. Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	AMT Type	Recovery Period (years)	Method	Convention	Code				
	SOUND SYSTEM	7/20/1999	990EZ	F-11	100 00%	2,696	0	0	0	0	2,696		7	200DB	HY	HY				
	PROJECTOR	7/10/2006	990EZ	F-6	100 00%	1,028	0	0	0	0	1,028		5	200DB	HY	HY				
	WEBSITE DEVELOPMENT	8/1/2001	990EZ	Z-9	100 00%	2,000	0	0	0	0	2,000		15	SL	FM	FM				
	WEBSITE DEVELOPMENT	6/5/2002	990EZ	Z-9	100 00%	1,000	0	0	0	0	1,000		15	SL	FM	FM				
SubTotals						6,724	0	0	0	0	6,724									
Less Disposed Assets						(0)	(0)	(0)	(0)	(0)	(0)									
Ending Totals						6,724	0	0	0	0	6,724									

Detail Report

ALL						
		6,724	0	6,724		
Item No	Description of Property "***" indicates DISPOSED	Date Placed in Service	Prior Accum Deprec., 179, Bonus	2010 Current Deprec	2010 Accum Deprec	
	SOUND SYSTEM	7/20/1999	2,696	0	2,696	
	PROJECTOR	7/10/2006	1,028	0	1,028	
	WEBSITE DEVELOPMENT	8/1/2001	2,000	0	2,000	
	WEBSITE DEVELOPMENT	6/5/2002	1,000	0	1,000	
SubTotals						
	Less Disposed Assets		(0)	(0)	(0)	
Ending Totals			6,724	0	6,724	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization	Employer identification number
	NORTHERN COLORADO HUMAN RESOURCES ASSOCIATION	84-1181904
	Number, street, and room or suite no. If a P O box, see instructions	
	14112 OAKRIDGE DRIVE, PMB 207, Room No 104	
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
FORT COLLINS		CO 80525

Enter the Return code for the return that this application is for (file a separate application for each return)

03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **ORGANIZATION 1112 OAKRIDGE DRIVE #104 FORT COLLINS CO 80525**
Telephone No **(970) 224-3811** FAX No
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until **11/15/2011**
- For calendar year **2010**, or other tax year beginning _____, and ending _____
- If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period
- State in detail why you need the extension. Additional time is needed to gather information in order to file a complete and accurate return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐Title ☐Date ☐