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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COMMUNITY FOUNDATION OF NORTHERN COLORADO

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4745 WHEATON DRIVE SUITE 100

City or town, state or country, and ZIP + 4
FORT COLLINS, CO 80525

D Employer identification number
84-0699243

E Telephone number
(970) 224-3462

G Gross receipts $ 15,677,762

F Name and address of principal officer
RAY CARAWAY
4745 WHEATON DRIVE SUITE 100
FORT COLLINS, CO 80525

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW COMMUNITYFOUNDATIONNC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1975

M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO BE THE REGIONAL LEADER IN BUILDING A MORE ENGAGED, PHILANTHROPIC AND VISIONARY COMMUNITY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	15
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	5,020,366	3,808,146
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,006,013	2,207,823
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,762	7,204
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,052,141	6,023,173
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,616,112	3,262,336
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	681,607	680,881
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶166,754		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	342,412	256,551
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,640,131	4,199,768
19	Revenue less expenses Subtract line 18 from line 12	2,412,010	1,823,405
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	41,614,543	48,468,180
21	Total liabilities (Part X, line 26)	8,202,154	10,043,473
22	Net assets or fund balances Subtract line 21 from line 20	33,412,389	38,424,707

Part II Signature Block

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

****** | 2012-04-19
Signature of officer | Date

RAY CARAWAY PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
SUSAN R JOHNSON	SUSAN R JOHNSON			

Firm's name ▶ BROCK AND COMPANY CPAS PC — Firm's EIN ▶

Firm's address ▶ 3711 JFK PARKWAY 315
FORT COLLINS, CO 80525 — Phone no ▶ (970) 223-7855

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO PROVIDE A TRUSTED, LOCAL PLATFORM THAT ENABLES PEOPLE TO GIVE MORE EFFECTIVELY AND TO THINK STRATEGICALLY AND CREATIVELY ABOUT THE FUTURE OF OUR COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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 ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,671,209 including grants of $ 3,262,936) (Revenue $ 1,190,969)

THE COMMUNITY FOUNDATION OF NORTHERN COLORADO WAS ESTABLISHED 36 YEARS AGO TO ENCOURAGE AND ASSIST THOSE WHO WANT TO BE A PART OF SHAPING THE FUTURE OF OUR REGION WE MAKE IT EASY TO CREATE A CHARITABLE LEGACY THROUGH THE CREATION OF YOUR OWN CUSTOM-DESIGNED PERMANENT ENDOWMENT FUND, AND WE CONNECT PEOPLE TO THE NONPROFIT SECTOR IN WAYS THAT INFORM AND INSPIRE THEIR PHILANTHROPY AND COMMUNITY INVOLVEMENT THROUGH HUNDREDS OF INDIVIDUAL CHARITABLE FUNDS, WE DISTRIBUTE MILLIONS OF DOLLARS INTO OUR COMMUNITY EACH YEAR THROUGH INITIATIVES, FORUMS AND EDUCATIONAL EVENTS WE BRING PEOPLE TOGETHER TO CREATE GREATER IMPACT FOR THOSE WHO WISH TO GIVE BACK TO THEIR COMMUNITY, WE SERVE AS A LONG-TERM, STRATEGIC PARTNER TO MAKE THEIR DONATIONS OF TIME AND MONEY MORE EFFECTIVE AND ENJOYABLE

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 3,671,209

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
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," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	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*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	4		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

COMMUNITY FOUNDATION OF NO COLORADO
4745 WHEATON DR SUITE 100
FORT COLLINS, CO 80525
(970) 224-3462

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

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

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LUANNE BALL TRUSTEE/BOARD MEMBER	1 00	X						0	0	0
(2) RANDY DAVIS TRUSTEE/BOARD MEMBER	1 00	X						0	0	0
(3) CONNIE DOHN SECR/TREA EXEC CMTE	2 00	X		X				0	0	0
(4) KRISHNA MURTHY TRUSTEE/BOARD MEMBER	1 00	X						0	0	0
(5) KATHAY RENNELS TRUSTEE/BOARD MEMBER	1 00	X						0	0	0
(6) BRUCE HACH VICE CHAIR EXEC CMTE	2 00	X		X				0	0	0
(7) SPIRO PALMER TRUSTEE/BOARD MEMBER	1 00	X						0	0	0
(8) JOHN E ROBERTS TRUSTEE/BOARD MEMBER	1 00	X						0	0	0
(9) WYNNE ODELL CHAIR EXEC CMTE	2 00	X		X				0	0	0
(10) CHRIS OSBORN EXECUTIVE COMMITTEE MEMBER	2 00	X						0	0	0
(11) TOM PATTERSON TRUSTEE/BOARD MEMBER	1 00	X						0	0	0
(12) JEAN SUTHERLAND TRUSTEE/BOARD MEMBER	1 00	X						0	0	0
(13) ERIC PETERSON JD TRUSTEE/BOARD MEMBER	1 00	X						0	0	0
(14) TROY PETERSON TRUSTEE/BOARD MEMBER	1 00	X						0	0	0
(15) JOE GEBHARDT TRUSTEE/BOARD MEMBER	1 00	X						0	0	0
(16) RAY CARAWAY PRESIDENT EXEC CMTE	40 00	X		X		X		132,492	0	11,454

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) ROXANNE FRY CHIEF OPERATING OFFICER	40 00			X				78,913	0	10,264
(18) STEPHANIE CASHMAN CHIEF FINANCIAL OFFICER	40 00			X				83,643	0	4,005
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								295,048	0	25,723

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* **4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 29,990				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 33,500				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 3,744,656				
	g	Noncash contributions included in lines 1a-1f $ 398,350				
	h	**Total.** Add lines 1a-1f	3,808,146			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f				
	3	Investment income (including dividends, interest and other similar amounts)	1,017,309			1,017,309
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents: 19,883				
	b	Less rental expenses: 20,808				
	c	Rental income or (loss): -925				
	d	Net rental income or (loss)	-925			-925
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 10,751,185				
	b	Less cost or other basis and sales expenses: 9,560,671				
	c	Gain or (loss): 1,190,514				
	d	Net gain or (loss)	1,190,514	1,190,514		
Other Revenue	8a	Gross income from fundraising events (not including $ 29,990 of contributions reported on line 1c) See Part IV, line 18 a 80,784				
	b	Less direct expenses b 73,110				
	c	Net income or (loss) from fundraising events	7,674			7,674
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue / Business Code				
	11a	OTHER REVENUE 900099	455	455		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d	455			
	12	**Total revenue.** See Instructions	6,023,173	1,190,969	0	1,024,058

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,262,336	3,262,336		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	313,852	108,499	126,187	79,166
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	245,873	194,127	43,705	8,041
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,328	6,125	3,438	1,765
9 Other employee benefits	68,148	36,845	20,685	10,618
10 Payroll taxes	41,680	22,535	12,651	6,494
a Fees for services (non-employees) Management				
b Legal	20,609		20,609	
c Accounting	12,116		12,116	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	15,604		15,604	
12 Advertising and promotion	7,833		7,833	
13 Office expenses	25,435	3,663	18,789	2,983
14 Information technology	28,192	7,418	13,416	7,358
15 Royalties				
16 Occupancy	25,568	4,641	19,380	1,547
17 Travel	4,354	435	435	3,484
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,691	2,673	8,018	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,718	12,590	10,788	3,340
23 Insurance	7,804		7,804	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a DONOR AND BOARD DEVELOP	37,168	600		36,568
b SPECIAL EVENTS	9,108	3,718		5,390
c DUES AND SUBSCRIPTIONS	6,547		6,547	
d SMALL EQUIPMENT	5,169		5,169	
e ANNUAL CELEBRATION	5,004	5,004		0
f All other expenses	8,631		8,631	
25 **Total functional expenses.** Add lines 1 through 24f	4,199,768	3,671,209	361,805	166,754
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		124,448	1	341,407
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		200	3	127,736
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		6,257	7	0
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		16,613	9	16,888
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,084,299			
	b	Less accumulated depreciation	10b 231,099	871,560	10c	853,200
	11	Investments—publicly traded securities		39,015,943	11	45,395,273
	12	Investments—other securities See Part IV, line 11		1,579,522	12	1,733,676
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		41,614,543	16	48,468,180
Liabilities	17	Accounts payable and accrued expenses		33,776	17	26,934
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		8,168,378	25	10,016,539
	26	**Total liabilities.** Add lines 17 through 25		8,202,154	26	10,043,473
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		14,075,089	27	15,569,120
	28	Temporarily restricted net assets		19,337,300	28	22,855,587
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		33,412,389	33	38,424,707
	34	Total liabilities and net assets/fund balances		41,614,543	34	48,468,180

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	6,023,173
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,199,768
3	Revenue less expenses Subtract line 2 from line 1	3	1,823,405
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	33,412,389
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,188,913
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	38,424,707

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

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.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN COLORADO

Employer identification number
84-0699243

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

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)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,709,310	5,799,362	8,348,146	5,001,142	3,852,399	28,710,359
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,709,310	5,799,362	8,348,146	5,001,142	3,852,399	28,710,359
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)						1,767,976
6 **Public Support.** Subtract line 5 from line 4						26,942,383

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,709,310	5,799,362	8,348,146	5,001,142	3,852,399	28,710,359
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	661,459	889,664	888,263	876,903	1,016,684	4,332,973
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 IV)				1,791		1,791
11 **Total support** (Add lines 7 through 10)						33,045,123

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	81 530 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	74 920 %

16a **33 1/3% support test—2010.** 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 ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN COLORADO

Employer identification number
84-0699243

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	136	187
2	Aggregate contributions to (during year)	1,376,417	2,476,582
3	Aggregate grants from (during year)	1,272,245	1,853,800
4	Aggregate value at end of year	18,887,935	29,592,943

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☑ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	19,047,245	17,304,708	19,824,771		
b Contributions	1,158,068	2,156,233	1,989,854		
c Investment earnings or losses	4,012,408	2,040,002	-3,024,903		
d Grants or scholarships	-1,184,467	-1,988,463	-954,545		
e Other expenditures for facilities and programs	-49,736	-221,946	-211,244		
f Administrative expenses	-268,853	-243,290	-319,225		
g End of year balance	22,714,665	19,047,245	17,304,708		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 970 %
- b Permanent endowment ▶ 99 030 %
- c Term endowment ▶ 0 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		225,000		225,000
b Buildings		680,327	140,952	539,375
c Leasehold improvements		48,380		48,380
d Equipment		130,592	90,147	40,445
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				853,200

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ASSETS HELD FOR OTHERS - AGENCY FUNDS	9,653,663
LIABILITY UNDER CHARITABLE REMAINDER TRUSTS	362,876
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	10,016,539

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,023,173
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,199,768
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,823,405
4	Net unrealized gains (losses) on investments	4	3,693,866
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-504,953
9	Total adjustments (net) Add lines 4 - 8	9	3,188,913
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	5,012,318

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	8,973,584
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	3,693,866		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	251,338		
e	Add lines **2a** through **2d**			2e	3,945,204
3	Subtract line **2e** from line **1**			3	5,028,380
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	994,793		
c	Add lines **4a** and **4b**			4c	994,793
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	6,023,173

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,962,302
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	94,954		
e	Add lines **2a** through **2d**			2e	94,954
3	Subtract line **2e** from line **1**			3	3,867,348
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	332,420		
c	Add lines **4a** and **4b**			4c	332,420
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,199,768

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS HELD BY THE ORGANIZATION HELP DONORS ACHIEVE THEIR LONG-TERM GIVING GOALS FUNDS ARE GRANTED TO THE ORGANIZATIONS IN THE COMMUNITY ON AN ANNUAL BASIS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FOR UNCERTAIN TAX POSITIONS, THE FOUNDATION USES A MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA BEFORE AND SEPARATE FROM THE MEASUREMENT OF A TAX POSITION THE FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION WITH RESPECT TO THE FOUNDATION, THIS WOULD PRIMARILY RELATE TO THE DETERMINATION OF UNRELATED BUSINESS TAXABLE INCOME, AND TO THE MAINTENANCE OF ITS TAX EXEMPT STATUS MANAGEMENT HAS EVALUATED THE POLICIES AND PROCEDURES THAT HAVE BEEN IMPLEMENTED TO PROVIDE ASSURANCE THAT INCOME IS PROPERLY CHARACTERIZED AND ACTIVITIES THAT JEOPARDIZE ITS TAX EXEMPT STATUS ARE WITHIN LIMITS ESTABLISHED UNDER EXISTING TAX CODE AND REGULATIONS MANAGEMENT HAS DETERMINED THE EFFECTS OF UNCERTAIN TAX POSITIONS ARE NOT MATERIAL TO THE FOUNDATION FOR RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS AND, ACCORDINGLY, NO INCOME TAX LIABILITY HAS BEEN RECORDED FOR UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS ALL INCOME TAX YEARS OPEN FOR EXAMINATION ARE SUBJECT TO TAXATION AT CORPORATE TAX RATES THE YEARS ENDED JUNE 30, 2010, 2009 AND 2008 ARE AVAILABLE FOR EXAMINATION AT JUNE 30, 2011 ADDITIONALLY, PENALTIES AND INTEREST MAY BE ASSESSED ON INCOME TAXES THAT ARE DELINQUENT THE ASSESSMENT OF UNCERTAIN INCOME TAXES IS SUBJECT TO ESTIMATE, AND IT IS REASONABLY POSSIBLE THAT THE ESTIMATE MAY CHANGE IN THE NEAR TERM AND THE CHANGE MAY BE MATERIAL
PART XI, LINE 8 - OTHER ADJUSTMENTS		ACTUARIAL GAIN ON LIFE INCOME AGREEMENT 65,883 AGENCY MANAGEMENT FEES COLLECTED 91,537 AGENCY INTEREST -208,707 AGENCY FUNDS CONTRIBUTED - 786,086 AGENCY GRANTS 332,420
PART XII, LINE 2D - OTHER ADJUSTMENTS		ADMINISTRATIVE FEE FOR AGENCY FUNDS 91,537 LEASING ACTIVITY EXPENSES 20,808 ACTUARIAL GAIN ON THE LIFE INSURANCE AGREEMENTS 65,883 FUNDRAISING EXPENSES REPORTED NET OF INCOME 73,110
PART XII, LINE 4B - OTHER ADJUSTMENTS		AGENCY CONTRIBUTIONS 786,086 AGENCY INTEREST AND DIVIDENDS 208,707
PART XIII, LINE 2D - OTHER ADJUSTMENTS		LEASING ACTIVITY EXPENSES 20,808 INTERAGENCY EXPENSES 1,036 FUNDRAISING EXPENSES REPORTED NET OF FUNDRAISING INCOME 73,110
PART XIII, LINE 4B - OTHER ADJUSTMENTS		AGENCY FUNDS GRANTS 332,420

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN COLORADO

Employer identification number
84-0699243

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ANNUAL CELEBRATION OF PHILANTHROPY (event type)	(b) Event #2 PSDF ANNUAL BREAKFAST (event type)	(c) Other Events 12 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	47,541	18,380	44,853	110,774
	2 Less Charitable contributions	6,750	11,990	11,250	29,990
	3 Gross income (line 1 minus line 2)	40,791	6,390	33,603	80,784
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	7,785	5,110	0	12,895
	7 Food and beverages	14,458	8,990	0	23,448
	8 Entertainment				
	9 Other direct expenses	29,341	7,426	0	36,767
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				73,110
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				7,674

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN COLORADO

Employer identification number
84-0699243

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 87

3 Enter total number of other organizations . . . ▶ 4

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION RELIES ON THE GRANTEE ORGANIZATION TO FOLLOW ITS STATED MISSION WHEN FUNDS ARE GRANTED GRANTEE ORGANIZATIONS MUST BE 501(C)(3) ORGANIZATIONS, EDUCATIONAL INSTITUTIONS OR GOVERNMENTAL ENTITIES 501(C)(3) STATUS IS CONFIRMED BEFORE A GRANT IS ISSUED
OTHER INFORMATION	PART IV	ALL GRANTS ARE MADE TO 501(C)(3) ORGANIZATIONS, GOVERNMENTAL UNITS OR COLLEGE/UNIVERSITIES IN THE UNITED STATES

Additional Data Return to Form

Software ID:
Software Version:
EIN: 84-0699243
Name: COMMUNITY FOUNDATION OF NORTHERN COLORADO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS NORTHERN COLORADO CHAPTER120 SATURN DRIVE FORT COLLINS,CO 80525	84-6002234	501(C)(3)	7,621				GENERAL SUPPORT
AMERICAN WHITEWATER PO BOX 1540 CULLOWHEE,NC 28723	23-7083760	501(C)3	10,000				FUNDING OF UPPER COLORADO RIVER PROJECT
AMES EDUCATION FOUNDATIONPO BOX 1125 AMES,IA 50014	42-1357966	501(C)(3)	5,000				SUPPORT OF SCHOLARSHIP FUND
BERTHOUD ARTS & HUMANITIES ALLIANCEPO BOX B BERTHOUD,CO 80513	84-1296737	501(C)(3)	6,000				SCULPTORS IN THE PARK
BERTHOUD HISTORICAL SOCIETYPO BOX 401 BERTHOUD,CO 80513	84-0727564	501(C)(3)	17,342				GENERAL SUPPORT
BOYS & GIRLS CLUBS OF LARIMER COUNTY103 SMOKEY ST FORT COLLINS,CO 80525	74-2425914	501(C)(3)	223,535				GENERAL AND PROGRAM SUPPORT
CANYON CONCERT BALLET1031 CONIFER STREET SUITE 3 FORT COLLINS,CO 80524	84-0776736	501(C)(3)	5,122				PROGRAM SUPPORT
CENTER FOR FAMILY OUTREACH344 FOOTHILLS PARKWAY SUITE 4E FORT COLLINS,CO 80525	84-1515935	501(C)(3)	7,500				SUPPORT OF NTAY PROGRAM
CHADRON STATE COLLEGE FOUNDATION 1000 MAIN STREET CHADRON,NE 69337	23-7352673	501(C)(3)	10,000				SUPPORT OF THE VISION 2011
CHAMPPO BOX 272176 FORT COLLINS,CO 80527	27-1514777	501(C)(3)	23,912				GENERAL AND PROGRAM SUPPORT
CHILDREN'S SPEECH AND READING CENTER1247 RIVERSIDE AVE STE 4 FORT COLLINS,CO 80524	84-1227883	501(C)(3)	10,500				GENERAL AND PROGRAM SUPPORT
CHILDSAFE SEXUAL ABUSE TREATMENT CENTER1148 E ELIZABETH ST SUITE A FORT COLLINS,CO 80524	31-1581377	501(C)(3)	8,000				GENERAL AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITIZENS FOR DIXIE'S FUTUREPO BOX 161 HURRICANE,UT 84737	56-2600858	501(C)3	15,000				SUPPORT LAKE POWELL PIPELINE PROJECT
CITY OF FORT COLLINSPO BOX 580 FORT COLLINS,CO 80522	84-6000587		273,535				SUPPORT AZTLAN CENTER, VETS PLAZA, DOLA GRANT
CITY OF LOVELAND500 E 3RD ST LOVELAND,CO 80537	84-6000609		175,000				SUPPORT OF RIALTO BRIDGE
COLORADO CLEAN ENERGY CLUSTER320 EAST VINE DRIVE SUITE 323 FORT COLLINS,CO 80524	26-3243017	501(C)(3)	5,000				GENERAL SUPPORT
COLORADO ENVIRONMENTAL COALITION INC1536 WYNKOOP ST 5C DENVER,CO 80202	84-0614285	501(C)3	32,231				GENERAL AND PROGRAM SUPPORT
COMMUNITY FOUNDATION SERVING GREELEY AND WELD COUNTY711 8TH AVE GREELEY,CO 80631	84-1315296	501(C)(3)	5,250				SUPPORT OF HONOR FLIGHT
COURT APPOINTED SPECIAL ADVOCATES OF LARIMER COUNTY (CASA) 201 LAPORTE AVE STE 100 FORT COLLINS,CO 80521	84-1048149	501(C)(3)	5,000				HARMONY HOUSE
CROSSROADS SAFEHOUSE PO BOX 993 FORT COLLINS,CO 80522	84-0786145	501(C)(3)	38,918				GENERAL AND PROGRAM SUPPORT
CSU FINANCIAL AID OFFICE1065 CAMPUS DELIVERY FORT COLLINS,CO 80523	84-6000545		11,495				SCHOLARSHIPS
CSU FOUNDATION410 UNIVERSITY SERVICES CENTER FORT COLLINS,CO 80523	23-7098397	501(C)(3)	49,268				SCHOLARSHIPS AND PROGRAM SUPPORT
CYSTIC FIBROSIS FOUNDATION1355 S COLORADO BLVD C200 DENVER,CO 80222	13-6161105	501(C)(3)	96,500				RESEARCH SUPPORT
DISCOVERY SCIENCE CENTER200 MATHEWS ST FORT COLLINS,CO 80524	74-2541265	501(C)(3)	59,459				GENERAL, PROGRAM, AND CAPITAL CAMPAIGN SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRAKE UNIVERSITY2507 UNIVERSITY AVE DES MOINES,IA 503114505	42-0680460	501(C)(3)	5,000				SUPPORT OF THE DRAKE FUND
EARTHJUSTICE1400 GLENARM PLACE 300 DENVER,CO 80202	94-1730465	501(C)3	10,000				PROGRAM SUPPORT
EDUCATION & LIFE TRAINING CENTER401 LINDEN ST FORT COLLINS,CO 80524	84-0574440	501(C)(3)	9,117				GENERAL SUPPORT AND WEBSITE REDESIGN
ELDER PET CARE5915 NORTH TAFT HILL ROAD FORT COLLINS,CO 80524	84-1273943	501(C)(3)	6,000				GENERAL SUPPORT
FAMILY CENTERLA FAMILIA309 HICKORY STREET SUITE 5 FORT COLLINS,CO 80524	84-1318219	501(C)(3)	35,583				GENERAL AND PROGRAM SUPPORT
FIRST PRESBYTERIAN CHURCH OF BERTHOUDPO BOX 1290 BERTHOUD,CO 80513	84-6028077	501(C)(3)	20,000				NEW CHURCH ORGAN
FIRST UNITED METHODIST CHURCH -- BERTHOUDPO BOX 506 BERTHOUD,CO 80513	84-0927955		10,000				PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH -- LOVELAND533 N GRANT AVE LOVELAND,CO 80537	84-0456559		28,209				GENERAL AND KENYA MISSION SUPPORT
FOOD BANK FOR LARIMER COUNTY1301 BLUE SPRUCE FORT COLLINS,CO 80524	74-2336171	501(C)(3)	63,877				GENERAL, PROGRAM AND CAPITAL SUPPORT
FORT COLLINS MUSEUM OF ART201 S COLLEGE AVE FORT COLLINS,CO 80524	84-1007370	501(C)(3)	12,500				GENERAL AND PROGRAM SUPPORT
FORT COLLINS SENIOR CENTER1200 RAINTREE DR FORT COLLINS,CO 80526	84-6000587	501(C)(3)	5,000				GENERAL SUPPORT
FORT COLLNS SYMPHONY ASSOCIATIONPO BOX 1963 FORT COLLINS,CO 80522	84-6038716	501(C)(3)	16,037				GENERAL AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR METROWEST21 ELIOT ST NATICK,MA 01760	04-3266789	501(C)3	74,962				SUPPORT OF SCHOLARSHIP FUNDSUPPORT OF SCHOLARSHIP FUND SUPPORT OF SCHOLARSHIP FUND
FOUNDATION FOR THE LSU HEALTH SERVICES CENTER 450A S CLAIBORNE AVE NEW ORLEANS,LA 70112	72-1115391	501(C)3	50,749				TRANSFER OF ENDOWMENT TO FOUNDATION FOR LSU HEALTH SERVICES CENTER
FRIENDS OF THE LOVELAND PUBLIC LIBRARY300 N ADAMS AVENUE LOVELAND,CO 80537	84-1424591	501(C)(3)	37,372				GENERAL AND CAPITAL SUPPORT
FRONT RANGE COMMUNITY COLLEGE FINANCIAL AID 4616 S SHIELDS FORT COLLINS,CO 80526	52-1560779		24,036				SCHOLARSHIPS AND PROGRAM SUPPORT
GLENN CANYON INSTITUTE429 EAST 100 SOUTH SALT LAKE CITY,UT 84111	84-1375975	501(C)3	15,000				GLEN CANYON RESTORATION CAMPAIGN
GLOBAL MEDICAL RELIEF FUND64 MACFARLAND AVENUE STATEN ISLAND,NY 10305	13-3987722	501(C)3	10,000				PROGRAM SUPPORT
GRAND CANYON TRUST 2601 N FORT VALLEY RD FLAGSTAFF,AZ 86001	86-0512633	501(C)3	10,000				SUPPORT OF COLORADO RIVER ADVOCACY
GRIT ATHLETICS INCPO BOX 195 LIVERMORE,CO 80536	26-3448369	501(C)(3)	6,285				GENERAL SUPPORT
HEARTS & HORSES THERAPEUTIC RIDING CENTER163 NCR 29 LOVELAND,CO 80537	84-1387873	501(C)(3)	6,040				GENERAL OPERATING FUNDS
HOMELESSNESS PREVENTION INITIATIVE 424 PINE STREET SUITE 102 FORT COLLINS,CO 80524	20-8593088	501(C)(3)	25,000				RENTAL ASSISTANCE AND PROGRAM SUPPORT
HOUSE OF NEIGHBORLY SERVICE565 N CLEVELAND AVE LOVELAND,CO 80537	84-0568546	501(C)(3)	5,674				GENERAL SUPPORT
LARIMER CENTER FOR MENTAL HEALTH125 W CRESTRIDGE ST FORT COLLINS,CO 80525	84-1512383	501(C)(3)	5,625				GENERAL AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LARIMER COUNTY CHILD ADVOCACY CENTER5529 S TIMBERLINE RD FORT COLLINS,CO 80528	84-1324009	501(C)(3)	5,000				DONATION
LEGACY LAND TRUST214 S COLLEGE AVE 200 FORT COLLINS,CO 80524	84-1277019	501(C)(3)	5,311				GENERAL SUPPORT
LIFEQUEST TRANSITIONS 6125 OMAHA BLVD COLORADO SPRINGS,CO 80915	27-1079123	501(C)(3)	10,000				SUPPORT MILITARY'S WOUNDED
LINCOLN CENTER417 W MAGNOLIA ST FORT COLLINS,CO 80521	84-6000587		476,171				GENERAL SUPPORT
LOS ANGELES AND SAN GABRIEL RIVERS WATERSHED COUNCIL700 N ALAMEDA ST LOS ANGELES,CA 90012	95-4589325	501(C)3	6,000				WATER RESOURCE EFFICIENCY DATABASE PROJECT
LOVELAND OPERA THEATREPO BOX 7293 LOVELAND,CO 80537	26-0348842	501(C)(3)	5,000				SUPPORT OF FUNDRAISING ACTIVITIES
LUBICK FOUNDATION - RAMSTRENGTH2221 BALDWIN ST FORT COLLINS,CO 50528	27-1444241	501(C)(3)	6,500				GENERAL SUPPORT
MEALS ON WHEELS FOR FORT COLLINSPO BOX 424 FORT COLLINS,CO 80522	23-7116630	501(C)(3)	11,815				GENERAL SUPPORT
MURIE CENTERPO BOX 399 MOOSE,WY 83012	83-0328297	501(C)3	16,500				PROGRAM SUPPORT
NATIONAL AUDUBON SOCIETY INC225 VARICK ST 7TH FLOOR DEPT W NEW YORK,NY 10014	13-1624102	501(C)(3)	5,000				GENERAL SUPPORT
NEIGHBOR TO NEIGHBOR 1550 BLUE SPRUCE DR 33 FORT COLLINS,CO 80524	84-0630214	501(C)(3)	16,750				GENERAL, EDUCATION AND COUNSELING SUPPOIRT
NORTHERN COLORADO ACTIVE 2030 INC3545 W 12TH ST SUITE 201 GREELEY,CO 80634	20-8575428	501(C)(3)	17,378				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN COLORADO AIDS PROJECT (NCAP)400 REMINGTON SUITE 100 FORT COLLINS,CO 80524	84-1035151	501(C)(3)	5,000				NURSING ASSISTANCE AND MENTAL HEALTH PROGRAM
OPERA FORT COLLINSPO BOX 503 FORT COLLINS,CO 80522	84-1183179	501(C)(3)	9,000				GENERAL SUPPORT
PARTNERS MENTORING YOUTH -- FORT COLLINS 530 S COLLEGE AVE STE 1 FORT COLLINS,CO 80524	74-2486211	501(C)(3)	6,394				GENERAL AND PROGRAM SUPPORT
PATHWAYS HOSPICE305 CARPENTER RD FORT COLLINS,CO 80525	84-0782874	501(C)(3)	11,000				GENERAL SUPPORT
POUDRE SCHOOL DISTRICT2407 LAPORTE AVE FORT COLLINS,CO 80521	84-6013733		116,436				PROGRAM SUPPORT
POUDRE VALLEY HOSPITAL FOUNDATION 2315 E HARMONY RD STE 200 FORT COLLINS,CO 80528	74-1894581	501(C)(3)	24,174				GENERAL AND PROGRAM SUPPORT
PROJECT SELF-SUFFICIENCY375 W 37TH ST 150 LOVELAND,CO 80538	84-1206341	501(C)(3)	108,010				GENERAL AND PROGRAM SUPPORT
RED FEATHER LAKES COMMUNITY LIBRARYPO BOX 123 RED FEATHER LAKES,CO 80545	84-1569094	501(C)(3)	12,836				GENERAL SUPPORT
ROCKY MOUNTAIN INNOSPHERE INC320 E VINE DR SUITE 101 FORT COLLINS,CO 80524	77-0707779	501(C)(3)	8,393				GENERAL AND PROGRAM SUPPORT
SAN DIEGO COASTKEEPER 2825 DEWEY ROAD SUITE 200 SAN DIEGO,CA 92106	33-0647946	501(C)3	15,000				PROJECT SECURING SAN DIEGO'S
SHEEP MOUNTAIN ALLIANCEPO BOX 389 TELLURIDE,CO 81435	84-1294894	501(C)3	10,000				PROJECT STOP THE PINON RIDGE
ST CROIX VALLEY FOUNDATION516 SECOND STREET STE 214 HUDSON,WI 54016	41-1817315	501(C)3	73,000				SUPPORT OF THE FRANCES E GUNN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST ELIZABETH ANN SETON CHURCH5450 S LEMAY AVE FORT COLLINS,CO 80525	84-0870104	501(C)(3)	5,000				DONATION
ST LUKE'S EPISCOPAL CHURCH2000 STOVER FORT COLLINS,CO 80525	84-0478852		5,000				DONATION
STEWARDS OF THE EARTH 34 JONES LN SURRY,ME 04684	56-2121655	501(C)(3)	5,000				SUPPORT OF LOCAL PROJECTS
SUICIDE RESOURCE CENTER OF LARIMER COUNTY315 E 7TH STREET SUITE 201 LOVELAND,CO 80537	84-1194619	501(C)(3)	7,250				GENERAL AND PROGRAM SUPPORT
SUMMITVIEW COMMUNITY CHURCH1601 W DRAKE RD FORT COLLINS,CO 80526	84-0979601	501(C)(3)	10,000				GENERAL AND PROGRAM SUPPORT
TEACHING TREE EARLY CHILDHOOD LEARNING CENTER424 PINE ST 100 FORT COLLINS,CO 80524	84-0598116	501(C)(3)	19,000				TUITION ASSISTANCE PROGRAM
THE ATMOSPHERE CONSERVANCY430 W MYRTLE ST FORT COLLINS,CO 80521	26-3639902	501(C)(3)	10,000				FORTZED COMMUNITY ENERGY CHALLENGE
THE COMMUNITY FOUNDATION SERVING BOULDER COUNTY1123 SPRUCE ST BOULDER,CO 80302	84-1171836	501(C)(3)	16,000				PROGRAM SUPPORT
THE NATURE CONSERVANCY4245 NORTH FAIRFAX DRIVE SUITE 100 ARLINGTON,VA 222031606	53-0242652	501(C)(3)	6,000				CO AND MN PROGRAM SUPPORT
THE SONORAN INSTITUTE 7650 E BROADWAY BLVD SUITE 203 TUCSON,AZ 85710	86-0684610	501(C)3	15,000				CO RIVER DELTA PROJECT
THE WOMEN'S FOUNDATION OF COLORADO1901 E ASBURY AVE DENVER,CO 80208	84-1039305	501(C)(3)	7,500				GENERAL AND PROGRAM SUPPORT
THOMPSON EDUCATION FOUNDATION2890 N MONROE AVE LOVELAND,CO 80538	84-1158256	501(C)(3)	28,179				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIMBERLINE CHURCH2908 S TIMBERLINE RD FORT COLLINS,CO 80525	84-0470239		5,500				U-COUNT CAMPAIGN AND REHABITAT SUPPORT
UNITED WAY OF LARIMER COUNTY424 PINE ST 102 FORT COLLINS,CO 80524	84-6031503	501(C)(3)	60,895				GENERAL AND PROGRAM SUPPORT
UNIVERSAL EDUCATION FOUNDATIONPO BOX 115 DIVIDE,CO 80814	74-2427145	501(C)(3)	9,000				GENERAL SUPPORT
UNIVERSITY OF COLORADO AT BOULDER SCHOLARSHIP SEVICES REGENT ADMINISTRATION CTR 77 UCB BOULDER,CO 803090077	84-6000555		7,500				SCHOLARSHIPS
UNIVERSITY OF NORTHERN COLORADO FINANCIAL AIDCARTER HALL ROOM 1005 GREELEY,CO 80639	84-6000546	501(C)(3)	7,700				SCHOLARSHIPS
VOLUNTEERS OF AMERICA COLORADO BRANCH405 CANYON AVE FORT COLLINS,CO 80521	84-0420995	501(C)(3)	10,000				CAREGIVER SUPPORT PROGRAM
WHEELS ACROSS THE PRAIRIE MUSEUMPO BOX 1091 TRACY,MN 56175	41-1325053	501(C)(3)	17,685				DISPLAY CASES, HEATING/COOLING SYSTEMS
WOMEN'S RESOURCE CENTER424 PINE ST STE 201 FORT COLLINS,CO 80524	69-0983456	501(C)(3)	10,000				GENERAL, OUTREACH AND EDUCATION SUPPORT
WORLD VENTURE1501 W MINERAL AVE LITTLETON,CO 80120	36-2216163	501(C)(3)	16,260				MISSION PROJECT SUPPORT

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN COLORADO

Employer identification number
84-0699243

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRYCE HACH	FATHER IS A TRUSTEE	75,000	COMPENSATION PAID BY ORGANIZATION TO BRYCE HACH WHO IS EMPLOYED AS PROGRAM DIRECTOR OF FOUNDATION INITIATIVE - HOMEWARD 2020		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN COLORADO

Employer identification number
84-0699243

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	5	398,380	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN COLORADO

Employer identification number
84-0699243

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		TRUSTEE'S SON, IS EMPLOYED AS PROGRAM DIRECTOR OF FOUNDATION INITIATIVE HOMEWARD 2020

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A DRAFT OF FORM 990 IS E-MAILED TO ALL TRUSTEES FOR THEIR REVIEW ALL QUESTIONS OR COMMENTS ARE COMMUNICATED THROUGH E-MAIL AND RESOLVED BY THE CHIEF FINANCIAL OFFICER PRIOR TO FINALIZING AND FILING THE FORM 990

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 3,693,866 ACTUARIAL GAIN ON LIFE INCOME AGREEMENT 65,883 AGENCY MANAGEMENT FEES COLLECTED 91,537 AGENCY INTEREST -208,707 AGENCY FUNDS CONTRIBUTED -786,086 AGENCY GRANTS 332,420 TOTAL TO FORM 990, PART XI, LINE 5 3,188,913

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF NORTHERN COLORADO

Employer identification number
84-0699243

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) COMMUNITY FOUNDATION TRUST 4745 WHEATON DRIVE STE 100 FORT COLLINS, CO 80525 26-3421174	TO SUPPORT COMMUNITY FOUNDATION OF NORTHERN COLORADO	CO	501(C)(3)	509(A) (3)	COMMUNITY FOUNDATION OF NORTHERN COLORADO		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	COMMUNITY FOUNDATION TRUST	Q	600	TRANSFER
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation