

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.

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization COMMUNITY FOUNDATION OF NORTHERN COLORADO Doing Business As		D Employer identification number 84-0699243
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4745 WHEATON DRIVE SUITE 100		E Telephone number 970-224-3462
		City or town, state or country, and ZIP + 4 FORT COLLINS, CO 80525		G Gross receipts \$ 19,855,911.
		F Name and address of principal officer: RAY CARAWAY SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.COMMUNITYFOUNDATIONNC.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1975	
M State of legal domicile: CO				

Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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 employees (Part V, line 2a) 5 18
	6 Total number of volunteers (estimate if necessary) 6 200
	7a Total gross 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
		8 Contributions and grants (Part VIII, line 1h)	8,348,146.
9 Program service revenue (Part VIII, line 2g)			
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,528,132.	1,006,013.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,100.	25,762.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,834,114.	6,032,917.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,069,467.	2,596,888.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	587,521.	681,607.	
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 216,267.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	378,891.	342,412.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,035,879.	3,620,907.	
19 Revenue less expenses. Subtract line 18 from line 12	2,798,235.	2,412,010.	

		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	36,510,972.
21 Total liabilities (Part X, line 26)	6,650,704.	8,202,154.	
22 Net assets or fund balances. Subtract line 21 from line 20	29,860,268.	33,412,389.	

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

Signature of officer _____ Date _____

RAY CARAWAY, PRESIDENT
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BROCK AND COMPANY, CPAS, P.C. 3711 JFK PARKWAY, #315 FORT COLLINS, CO 80525		EIN ▶	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

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 \$ 3,014,296. including grants of \$ 2,596,888.) (Revenue \$ 5,001,142.)
THE COMMUNITY FOUNDATION OF NORTHERN COLORADO WAS ESTABLISHED 35 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 ▶ \$ 3,014,296.

COMMUNITY FOUNDATION OF
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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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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? <i>If "Yes," complete Schedule F, Part I</i>		X
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 United States? <i>If "Yes," complete Schedule F, Part II</i>		X
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 United States? <i>If "Yes," complete Schedule F, Part III</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
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.	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 6		
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?	X	
	1c		
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 18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
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)?		X
	4a		
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	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?	X	
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
	6b		
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?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d 0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	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?		X
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		X
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
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	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?	X	
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	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	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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?		X
16b	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?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u>
18	Section 6104 requires an organization to make its Forms 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <u>COMMUNITY FOUNDATION OF NO COLORADO - 970-224-3462</u> <u>4745 WHEATON DR. SUITE 100, FORT COLLINS, CO 80525</u>

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

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. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
LUANNE BALL TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
RANDY DAVIS TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
CONNIE DOHN SECR/TREA EXEC. CMTE.	2.00	X		X				0.	0.	0.
KRISHNA MURTHY TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
PHIL FARLEY TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
BRUCE HACH VICE CHAIR EXEC. CMTE	2.00	X		X				0.	0.	0.
SPIRO PALMER TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
JOHN E. ROBERTS TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
WYNNE ODELL CHAIR EXEC CMTE	2.00	X		X				0.	0.	0.
CHRIS OSBORN EXECUTIVE COMMITTEE MEMB	2.00	X						0.	0.	0.
TOM PATTERSON TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
JEAN SUTHERLAND TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
ERIC PETERSON J.D. TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
TROY PETERSON TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
MARK SOUKUP TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
RAY CARAWAY PRESIDENT EXEC. CMTE.	40.00	X		X	X			119,799.	0.	16,788.
ROXANNE FRY CHIEF OPERATING OFFICER	40.00			X				74,042.	0.	13,797.

COMMUNITY FOUNDATION OF
NORTHERN COLORADO

Form 990 (2009)

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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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	79,625.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	109,387.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,812,130.			
	g Noncash contributions included in lines 1a-1f: \$		120,217.			
	h Total. Add lines 1a-1f		5,001,142.			
	Program Service Revenue	Business Code				
2 a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		852,932.		852,932.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	46,658.			
		(ii) Personal				
		b Less: rental expenses	22,687.			
	c Rental income or (loss)	23,971.				
	d Net rental income or (loss)		23,971.		23,971.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	13953388			
		(ii) Other				
		b Less: cost or other basis and sales expenses	13800307			
		c Gain or (loss)	153,081.			
	d Net gain or (loss)		153,081.	153,081.		
	8 a Gross income from fundraising events (not including \$ 79,625. of contributions reported on line 1c). See Part IV, line 18	a	0.			
		b Less: direct expenses				
c Net income or (loss) from fundraising events			0.			
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER REVENUE	900099	1,791.	1,791.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		1,791.				
12 Total revenue. See instructions.		6,032,917.	154,872.	0.	876,903.	

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

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	2,596,888.	2,596,888.		
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	292,568.	101,148.	120,175.	71,245.
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	277,159.	194,965.	71,249.	10,945.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,867.	4,089.	2,643.	1,135.
9 Other employee benefits	62,338.	32,400.	20,945.	8,993.
10 Payroll taxes	41,675.	21,660.	14,003.	6,012.
11 Fees for services (non-employees):				
a Management				
b Legal	2,044.		2,044.	
c Accounting	14,547.		14,547.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	9,117.			9,117.
13 Office expenses	30,841.	4,814.	22,202.	3,825.
14 Information technology	5,706.	1,883.	1,940.	1,883.
15 Royalties				
16 Occupancy	17,475.	4,415.	11,588.	1,472.
17 Travel	5,242.	524.	524.	4,194.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,707.	2,177.	6,530.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,427.	14,136.	13,363.	3,928.
23 Insurance	6,346.		6,346.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SERVICE CONTRACT	91,594.	27,478.	64,116.	
b ANNUAL CELEBRATION	42,322.	4,232.		38,090.
c SPECIAL EVENTS	34,867.	3,487.		31,380.
d DONOR AND BOARD DEVELOP	24,048.			24,048.
e DUES AND SUBSCRIPTIONS	6,515.		6,515.	
f All other expenses	11,614.		11,614.	
25 Total functional expenses. Add lines 1 through 24f	3,620,907.	3,014,296.	390,344.	216,267.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

COMMUNITY FOUNDATION OF
NORTHERN COLORADO

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	143,611.	1	124,448.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	900.	3	200.
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	14,556.	7	6,257.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,306.	9	16,613.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,069,272.		
	b	Less: accumulated depreciation	10b 197,712.	899,875.	10c 871,560.
	11	Investments - publicly traded securities	34,624,195.	11	39,015,943.
	12	Investments - other securities. See Part IV, line 11	812,529.	12	1,579,522.
	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)	36,510,972.	16	41,614,543.	
Liabilities	17	Accounts payable and accrued expenses	54,941.	17	33,776.
	18	Grants payable	12,116.	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	6,583,647.	25	8,168,378.
	26	Total liabilities. Add lines 17 through 25	6,650,704.	26	8,202,154.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	13,209,175.	27	14,075,089.
	28	Temporarily restricted net assets	16,651,093.	28	19,337,300.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	29,860,268.	33	33,412,389.
34	Total liabilities and net assets/fund balances	36,510,972.	34	41,614,543.	

Form 990 (2009)

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate 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?

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.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Copy

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

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 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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8268971.	5709310.	5799362.	8348146.	5001142.	33126931.
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	8268971.	5709310.	5799362.	8348146.	5001142.	33126931.
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)						4959878.
6 Public support. Subtract line 5 from line 4.						28167053.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8268971.	5709310.	5799362.	8348146.	5001142.	33126931.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1164659.	661,459.	889,664.	888,263.	876,903.	4480948.
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						37609670.

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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	74.89	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	64.85	%

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

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

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

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2009. 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 - 2008. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

COMMUNITY FOUNDATION OF
NORTHERN COLORADO

Employer identification number

84-0699243

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

2009

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, etc.), a table for 'Held at the End of the Tax Year' with rows 2a-2d, and several numbered questions (3-9) regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a and 1b regarding reporting requirements, and question 2 regarding financial gain reporting.

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

- 3 Using the organization's acquisition, 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 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	17304708.	19824771.			
b Contributions	2,156,233.	1,989,854.			
c Net investment earnings, gains, and losses	2,040,002.	-3024903.			
d Grants or scholarships	-1988463.	-954,545.			
e Other expenditures for facilities and programs	-221,946.	-211,244.			
f Administrative expenses	-243,290.	-319,225.			
g End of year balance	19047245.	17304708.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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		728,707.	118,908.	609,799.
c Leasehold improvements				
d Equipment		115,565.	78,804.	36,761.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				871,560.

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,032,917.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,620,907.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,412,010.
4	Net unrealized gains (losses) on investments	4	2,265,569.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-1,125,458.
9	Total adjustments (net). Add lines 4 through 8	9	1,140,111.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,552,121.

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	7,122,665.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,265,569.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	159,331.
e	Add lines 2a through 2d	2e	2,424,900.
3	Subtract line 2e from line 1	3	4,697,765.
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	1,335,152.
c	Add lines 4a and 4b	4c	1,335,152.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,032,917.

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

1	Total expenses and losses per audited financial statements	1	3,556,813.
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	28,180.
e	Add lines 2a through 2d	2e	28,180.
3	Subtract line 2e from line 1	3	3,528,633.
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	92,274.
c	Add lines 4a and 4b	4c	92,274.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,620,907.

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, line 2; 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.

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.

PART X: DURING 2010, THE FOUNDATION ADOPTED A NEWLY-EFFECTIVE ACCOUNTING PRONOUNCEMENT PERTAINING TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE NEW PRONOUNCEMENT REQUIRES THE USE OF A MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA BEFORE AND SEPARATE FROM THE

Part XIV Supplemental Information (continued)

MEASUREMENT OF A TAX POSITION. AN ENTITY SHALL INITIALLY RECOGNIZE 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 ADOPTED 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. 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: 39687.

AGENCY MANAGEMENT FEES COLLECTED: 77733.

AGENCY INTEREST: -159789.

AGENCY FUNDS CONTRIBUTED: -1175363.

AGENCY GRANTS: 92274.

Part XIV Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEE FOR AGENCY FUNDS: 77733.

LEASING ACTIVITY EXPENSES: 22687.

ACTUARIAL GAIN ON THE LIFE INSURANCE AGREEMENTS: 39687.

NON-CASH DONATED ITEMS AUCTIONED FOR CONTRIBUTIONS: 19224.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY CONTRIBUTIONS: 1175363.

AGENCY INTEREST AND DIVIDENDS: 159789.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LEASING ACTIVITY EXPENSES: 22687.

INTERAGENCY EXPENSES: -13731.

NON-CASH DONATED ITEMS AUCTIONED FOR CONTRIBUTIONS: 19224.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS GRANTS: 92274.

COMMUNITY FOUNDATION OF

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL CELEBRATION (event type)	PSDF ANNUAL BREAKFAST (event type)	10 (total number)		
Revenue	1	Gross receipts	51,590.	25,675.	2,360.	79,625.
	2	Less: Charitable contributions	32,840.	16,675.	0.	49,515.
	3	Gross income (line 1 minus line 2)	18,750.	9,000.	2,360.	30,110.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	20,177.	7,602.	3,808.	31,587.
	7	Food and beverages	22,145.	19,748.	3,808.	45,701.
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(77,288)
	11	Net income summary. Combine line 3, column (d), and line 10				-47,178.

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				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine line 1, column (d), and line 7				

	Yes	No
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?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

13 Indicate the percentage of gaming activity operated in:

- | | | | |
|--|------------|---|--|
| a The organization's facility | 13a | % | |
| b An outside facility | 13b | % | |

14 Enter 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? **15a**

- 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 of the third party:

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? **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

	Yes	No
15a		
17a		

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
ALPHA CENTER 1212 S. COLLEGE AVE. FORT COLLINS, CO 80524	74-2481573	501(C)(3)	5,500.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY NORTHERN - 1020 9TH AVENUE - GREELEY, CO 80631	84-1316555	501(C)(3)	21,504.	0.			GENERAL SUPPORT MEDICAL RESEARCH
BERTHOUD HIGH SCHOOL 850 SPARTAN AVE. BERTHOUD, CO 80513	84-6013346	501(C)(3)	5,700.	0.			GENERAL SUPPORT MUSIC AND FORENSICS
BOYS & GIRLS CLUBS OF LARIMER COUNTY - 103 SMOKEY ST. - FORT COLLINS, CO 80525	74-2425914	501(C)(3)	226,843.	0.			GENERAL SUPPORT OF BRIGGS TEAM AND TRANSITION FUND GENERAL SUPPORT OF WORKED BY BRIGGS TEAM AND
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DR. ORLANDO, FL 32832	95-6006173	501(C)(3)	5,500.	0.			SUPPORT OF WORK BY DAVE AND WENDY BRIGGS; TRANSITION FUND BRETT AND ERWIN WESTON
CENTRAL ASIA INSTITUTE PO BOX 7209 BOZEMAN, MT 59771	51-0376237	501(C)(3)	7,765.	0.			GENERAL SUPPORT OF CENTRAL ASIA; ELIGIBLE FOR MATCH FROM PRIVATE FOUNDATION

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

COMMUNITY FOUNDATION OF
NORTHERN COLORADO

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 Part IV and 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

Copy

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

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.

ALL GRANTS ARE MADE TO 501(C)(3) ORGANIZATIONS, GOVERNMENTAL UNITS OR COLLEGE/UNIVERSITIES IN THE UNITED STATES.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

**Employer identification number
84-0699243**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHADRON STATE COLLEGE FOUNDATION 1000 MAIN STREET CHADRON, NE 69337	23-7352673	501(C)(3)	10,000.	0.			IN SUPPORT OF THE VISION 2011
CHARACTER FORT COLLINS PO BOX 271427 FORT COLLINS, CO 27142	80-0020775	501(C)(3)	7,000.	0.			BRIDGING FUND GENERAL SUPPORT, CHAMP
CHILDSAFE SEXUAL ABUSE TREATMENT CENTE - 1031 ROBERTSON STREET - FORT COLLINS, CO 80524	31-1581377	501(C)(3)	5,000.	0.			GENERAL SUPPORT CHILD PROTECTION
CITY OF FORT COLLINS PO BOX 580 FORT COLLINS, CO 80524	84-6000587	GOVERNMENT	260,248.	0.			GENERAL SUPPORT RECREATION; PLANNING; FORT ZED; DOLA GRANT
CLEAN ENERGY CLUSTER 226 S. REMINGTON #3 FORT COLLINS, CO 80524	26-3243017	501(C)(3)	24,812.	0.			CLOSURE OF FISCAL SPONSORSHIP
COMMUNITY FOUNDATION SERVING GREELEY A - 711 8TH AVE. - GREELEY, CO 80631	84-1315296	501(C)(3)	21,250.	0.			SUPPORT OF HONOR FLIGHT DONATION FOR HONOR FLIGHT
CROSSROADS SAFEHOUSE PO BOX 993 FORT COLLINS, CO 80521	84-0786145	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
CROSSROADS SAFEHOUSE PO BOX 993 FORT COLLINS, CO 80521	84-0786145	501(C)(3)	21,895.	0.			GENERAL SUPPORT, YOUTH ADVOCATE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

2009

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Name of the organization **COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

**Employer identification number
84-0699243**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CSU FINANCIAL AID OFFICE 1065 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	COLLEGE/UNIVERSI	10,325.	0.			SPECIFIC FINANCIAL AID FOR TUITION TO UNIVERSITY
CSU FOUNDATION 410 UNIVERSITY SERVICES CENTER FORT COLLINS, CO 80523	23-7098397	501(C)(3)	35,862.	0.			GENERAL SUPPORT VARIOUS COLLEGES AND CONTINUING EDUCATION
CYSTIC FIBROSIS FOUNDATION 1355 S. COLORADO BLVD, #C200 DENVER, CO 80222	13-6161105	501(C)(3)	64,375.	0.			GENERAL SUPPORT MEDICAL RESEARCH
DISCOVERY SCIENCE CENTER 200 MATHEWS ST. FORT COLLINS, CO 80524	74-2541265	501(C)(3)	18,950.	0.			SUPPORT OF NEW FACILITY AND GENERAL SUPPORT GENERAL SUPPORT EDUCATION
DRAKE UNIVERSITY 2507 UNIVERSITY AVE. DES MOINES, IA 50311	42-0680460	501(C)(3)	5,000.	0.			GENERAL SUPPORT EDUCATION
EATON MIDDLE SCHOOL 225 JUNIPER AVE. EATON, CO 80615	84-0519375	501(C)(3)	6,792.	0.			SUPPORT FOR CONSTRUCTION OF OUTDOOR CLASSROOM
EDUCATION & LIFE TRAINING CENTER 401 LINDEN ST. FORT COLLINS, CO 80524	84-0574440	501(C)(3)	12,845.	0.			EDUCATIONAL TUITION ASSISTANCE, GENERAL SUPPORT FOR SUPPLIES
ELDER PET CARE 5915 NORTH TAFT HILL ROAD FORT COLLINS, CO 80524	84-1273943	501(C)(3)	6,000.	0.			GENERAL SUPPORT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

**Employer identification number
84-0699243**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMBRACE NORTHERN COLORADO 419 CANYON AVE., SUITE 300 FORT COLLINS, CO 80521	42-1762331	501(C)(3)	10,000.	0.			CHALLENGE GRANT
ESTES PARK NONPROFIT RESOURCE CENTER, - PO BOX 4221 - ESTES PARK, CO 80517	85-0486591	501(C)(3)	5,041.	0.			GENERAL SUPPORT
FAMILY CENTER/LA FAMILIA 309 HICKORY STREET, SUITE 5 FORT COLLINS, CO 80524	84-1318219	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 77000	11-0303001	501(C)(3)	10,900.	0.			TRANSFER OF CHARITABLE FUNDS
FIRST UNITED METHODIST CHURCH 533 N. GRANT AVE. LOVELAND, CO 80537	84-0456559	CHURCH	13,116.	0.			REQUESTED DISTRIBUTION
FOOD BANK FOR LARIMER COUNTY 1301 BLUE SPRUCE FORT COLLINS, CO 80524	74-2336171	501(C)(3)	17,045.	0.			GENERAL SUPPORT FOOD ASSISTANCE
FORT COLLINS AREA CHAMBER OF COMMERCE - 225 S. MELDRUM ST. - FORT COLLINS, CO 80521	84-0201983	501(C)(3)	6,221.	0.			GENERAL SUPPORT; LEADERSHIP FORT COLLINS
FORT COLLINS SYMPHONY ORCHESTRA PO BOX 1963 FORT COLLINS, CO 80522	84-6038716	501(C)(3)	19,095.	0.			GENERAL SUPPORT ARTS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF
NORTHERN COLORADO** Employer identification number
84-0699243

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE LOVELAND PUBLIC LIBRARY - 300 N. ADAMS AVENUE - LOVELAND, CO 80537	84-1424591	501(C)(3)	17,459.	0.			LIBRARY EXPANSION CAPITAL AND GENERAL SUPPORT
FRONT RANGE COMMUNITY COLLEGE-LARIMER - FINANCIAL AID, 4616 SOUTH SHIELDS - FORT COLLINS, CO 80526	52-1560779	COLLEGE/UNIVERSI	15,500.	0.			EDUCATION - FINANCIAL AID
GLOBAL EXPLORERS 420 S. HOWES, SUITE B300 FORT COLLINS, CO 80521	06-1693441	501(C)(3)	6,000.	0.			SUPPORT DIGITAL ARTS ACADEMY
GREELEY CHAMBER OF COMMERCE FOUNDATION - 902 7TH AVE. - GREELEY, CO 80631	84-0957435	501(C)(3)	6,000.	0.			SUPPORT LEADERSHIP IN NORTHERN COLORADO
GRIT ATHLETICS, INC. PO BOX 195 LIVERMORE, CO 80536	26-3448369	501(C)(3)	26,800.	0.			GENERAL SUPPORT
HEARTS & HORSES THERAPEUTIC RIDING 163 NCR 29 LOVELAND, CO 80537	84-1387873	501(C)(3)	5,465.	0.			GENERAL SUPPORT
HOMELESSNESS PREVENTION INITIATIVE 424 PINE STREET, SUITE 102 FORT COLLINS, CO 80524	84-6031503	501(C)(3)	15,000.	0.			GENERAL SUPPORT RENTAL ASSISTANCE
LARIMER COUNTY CHILD ADVOCACY CENTER - 5529 S. TIMBERLINE RD. - FORT COLLINS, CO 80528	84-1324009	501(C)(3)	5,000.	0.			GENERAL SUPPORT

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

**Employer identification number
84-0699243**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS FOR FORT COLLINS PO BOX 354 FORT COLLINS, CO 80522	23-7116630	501(C)(3)	10,000.	0.			GENERAL SUPPORT - SUBSIDIZE MEALS FOR SENIORS
MUSEUM OF CONTEMPORARY ART 201 S. COLLEGE AVE. FORT COLLINS, CO 80524	84-1007370	501(C)(3)	18,025.	0.			GENERAL SUPPORT; EDUCATION AND OUTREACH FOR THE ARTS
NEIGHBOR TO NEIGHBOR 1550 BLUE SPRUCE DR. FORT COLLINS, CO 80524	84-0630214	501(C)(3)	16,755.	0.			GENERAL OPERATIONS - ASSIST FAMILIES WITH RENT AND UTILITIES
NORCO JUNIORS VOLLEYBALL CLUB 7395 GREENDALE RD. WINDSOR, CO 80550	84-1008922	501(C)(3)	147,278.	0.			SPONSORS - DISBURSING FUNDS
NOVO RESTORATION PO BOX 7124 LOVELAND, CO 80537	20-4596704	501(C)(3)	15,000.	0.			SUPPORT OF ARTSPACE PROJECT
OPPORTUNITY INTERNATIONAL 2122 YORK ROAD, SUITE #150 OAK BROOK, IL 60523	54-0907624	501(C)(3)	10,000.	0.			GENERAL OPERATIONS - SUPPORT WORK IN COLUMBIA
PARTNERS MENTORING YOUTH FORT COLLINS - 530 S. COLLEGE AVE., STE. 1 - FORT COLLINS, CO 80524	74-2486211	501(C)(3)	22,000.	0.			GENERAL OPERATIONS - YOUTH SUPPORT
POUDRE RIVER PUBLIC LIBRARY DISTRICT - 201 PETERSON ST. - FORT COLLINS, CO 80524	56-2645727	501(C)(3)	57,150.	0.			REQUESTED DISTRIBUTION; SUPPORT FORT COLLINS READS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

**Employer identification number
84-0699243**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POUDRE SCHOOL DISTRICT 2407 LAPORTE AVE FORT COLLINS, CO 80521	84-6013733	GOVERNMENT	155,639.	0.			TEACHER PROJECTS; TECHNOLOGY GRANTS
POUDRE VALLEY HOSPITAL FOUNDATION 2315 E. HARMONY RD, STE 200 FORT COLLINS, CO 80528	74-1894581	501(C)(3)	56,068.	0.			ANNUAL DISTRIBUTION; REHAB NAMING RIGHTS; GENERAL SUPPORT
PROJECT SELF-SUFFICIENCY 375 W. 37TH ST., #150 LOVELAND, CO 80538	84-1206341	501(C)(3)	35,217.	0.			ANNUAL DISTRIBUTION; GENERAL SUPPORT EDUCATION AND CAREER
REALITIES FOR CHILDREN CHARITIES, INC. - 1610 S. COLLEGE AVE. - FORT COLLINS, CO 80525	26-4219652	501(C)(3)	24,956.	0.			CLOSURE OF FUND AND KIDS MATTER PROJECT
RED FEATHER LAKES COMMUNITY LIBRARY - PO BOX 123 - RED FEATHER, CO 80545	84-1569094	501(C)(3)	13,439.	0.			REQUESTED DISTRIBUTION
ROBERT R. MCCORMICK FOUNDATION 435 N. MICHIGAN AVE., SUITE 770 CHICAGO, CO 60611	36-3689171	501(C)(3)	102,000.	0.			SUPPORT OF NORTHERN COLORADO YOUTH AGENCIES THROUGH CHALLENGE GRANT
ROCKY MOUNTAIN INNOVATION INITIATIVE, - 200 W. MOUNTAIN AVE, SUITE C - FORT COLLINS, CO 80521	77-0707779	501(C)(3)	17,500.	0.			SUPPORT GENERAL OPERATIONS
ROTARY CLUB OF FORT COLLINS, INC. PO BOX 1206 FORT COLLINS, CO 80522	84-1027489	501(C)(3)	5,000.	0.			REQUESTED DISBURSEMENT; SUPPORT PURCHASE OF SCHOOL

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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SENIOR ALTERNATIVES IN TRANSPORTATION - 333 W. DRAKE RD., #42 - FORT COLLINS, CO 80526	84-0626086	501(C)(3)	10,000.	0.			UPGRADE VOLUNTEER DISPATCH
SERIMUS FOUNDATION 201 LINDEN ST. STE 202 FORT COLLINS, CO 80524	84-1603231	501(C)(3)	74,580.	0.			SUPPORT OF EARLY CHILDHOOD PROGRAM
ST. LUKE'S EPISCOPAL CHURCH 2000 STOVER FORT COLLINS, CO 80525	84-0478852	CHURCH	5,000.	0.			SUPPORT GENERAL OPERATIONS
SUMMITVIEW COMMUNITY CHURCH 1601 W DRAKE RD. FORT COLLINS, CO 80526	84-0979601	501(C)(3)	24,000.	0.			SUPPORT GENERAL OPERATIONS AND SIGN IN FRONT OF CHURCH
TEACHING TREE EARLY CHILDHOOD LEARNING - 424 PINE ST., #100 - FORT COLLINS, CO 80524	84-0598116	501(C)(3)	15,000.	0.			PROVIDES TUITION ASSISTANCE
THOMPSON VALLEY SCHOOL DISTRICT R2-J - 2890 MONROE AVE. - LOVELAND, CO 80538	84-6013346	501(C)(3)	5,000.	0.			SUPPORT READING RECOVERY PROGRAM
TIMBERLINE CHURCH 2908 S. TIMBERLINE RD. FORT COLLINS, CO 80525	84-0470239	CHURCH	6,750.	0.			SUPPORT BOY SCOUT TROOP; SUPPORT OF REHABITAT CHAPTER
TREES, WATER & PEOPLE 633 REMINGTON FORT COLLINS, CO 80524	84-1462044	501(C)(3)	16,452.	0.			REQUESTED DISBURSEMENT

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Schedule I-1 (Form 990) 2009

Name of the organization **COMMUNITY FOUNDATION OF
NORTHERN COLORADO** Employer identification number
84-0699243

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF LARIMER COUNTY 424 PINE ST., #102 FORT COLLINS, CO 80524	84-6031503	501(C)(3)	67,028.	0.			VARIOUS PROJECTS COMMUNITY SUPPORT
UNIVERSAL EDUCATION FOUNDATION P.O. BOX 115 DIVIDE, CO 80814	74-2427145	501(C)(3)	5,000.	0.			GENERAL SUPPORT EDUCATION
UNIVERSITY OF COLORADO AT BOULDER REGENT ADMINISTRATION CTR, 77 UCB BOULDER, CO 80309	84-6000555	501(C)(3)	10,650.	0.			SUPPORT EDUCATION SCHOLARSHIPS
VOLUNTEERS OF AMERICA COLORADO BRANCH - 405 CANYON AVE. - FORT COLLINS, CO 80521	84-0420995	501(C)(3)	5,000.	0.			SUPPORT HANDYMAN PROGRAM
WOMEN'S RESOURCE CENTER 424 PINE ST., STE. 201 FORT COLLINS, CO 80524	69-0983456	501(C)(3)	16,206.	0.			GENERAL SUPPORT AND PROVIDE SENIOR DENTAL CARE
WORLD VENTURE 1501 W. MINERAL AVE. LITTLETON, CO 80120	36-2216163	501(C)(3)	20,260.	0.			SUPPORT OF DAVE & AMY TERPSTRA'S ONGOING MISSION PROJECTS
UNIVERSITY OF NORTHERN COLORADO CARTER HALL ROOM 1005 GREELEY, CO 80639	84-6000546	COLLEGE/UNIVERSI	13,250.	0.			SUPPORT EDUCATION SCHOLARSHIPS

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUBS OF LARIMER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT OF BRIGGS TEAM AND
TRANSITION FUND

GENERAL SUPPORT OF WORKED BY BRIGGS TEAM AND TRANSITION FUND

NAME OF ORGANIZATION OR GOVERNMENT: CENTRAL ASIA INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT OF CENTRAL ASIA;
ELIGIBLE FOR MATCH FROM PRIVATE FOUNDATION

GENERAL SUPPORT CENTRAL ASIA; ELIGIBLE FOR BOHEMIAN FOUNDATION



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	120,217.	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 Acknowledgment **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?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATION OF NORTHERN COLORADO	Employer identification number 84-0699243
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FORM 990, PART VI, SECTION A, LINE 2: TRUSTEE'S SON, IS EMPLOYED AS
PROGRAM DIRECTOR OF FOUNDATION INITIATIVE HOMEWARD 2020

TRUSTEE HAS TWO OTHER TRUSTEES AS CLIENTS OF HIS CPA FIRM.

TRUSTEE WAS THE CHAIRMAN OF THE FIRST NATIONAL BANK BOARD AND THE EXECUTIVE
VICE PRESIDENT OF FIRST NATIONAL NEBRASKA, A HOLDING COMPANY, UNTIL JUNE
30, 2010. FIRST NATIONAL BANK AND THE FOUNDATION MAINTAIN A BANKING
RELATIONSHIP AND ALSO AN INVESTMENT MANAGEMENT RELATIONSHIP. HE HAS AN
OWNERSHIP INTEREST OF LESS THAN 1% IN FIRST NATIONAL BANK N.A., VIA FIRST
NATIONAL BANK NEBRASKA. SEVEN TRUSTEES HAVE BANKING RELATIONSHIPS WITH
FIRST NATIONAL BANK, EITHER PERSONALLY OR THROUGH THEIR RESPECTIVE
EMPLOYERS AND BUSINESSES.

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.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION PRESENTS THE
POLICY TO ALL TRUSTEES ON AN ANNUAL BASIS AND MONITORS ANY CONFLICTS
THROUGHOUT THE YEAR. TRUSTEES EXCUSE THEMSELVES FROM MEETINGS IF THERE IS
A POTENTIAL CONFLICT AND THIS IS DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION IS RESEARCHED BY THE
EXECUTIVE COMMITTEE ANNUALLY WITH THE USE OF SALARY SURVEYS. THE BOARD

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

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Name of the organization COMMUNITY FOUNDATION OF NORTHERN COLORADO	Employer identification number 84-0699243
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THEN APPROVES PROPOSED COMPENSATION DURING APPROVAL OF THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN
REQUEST RECEIVED AT ORGANIZATION'S OFFICE VIA POSTAL MAIL OR E-MAIL.
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE OR
UPON WRITTEN REQUEST RECEIVED AT ORGANIZATION'S OFFICE VIA POSTAL MAIL OR
E-MAIL.

FORM 99N PART XI LINE 2C
AUDIT OVERSITE COMMITTEE
NO CHANGES IN PROCESS FROM THE PRIOR YEAR

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: BRYCE HACH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FATHER IS A TRUSTEE

(C) AMOUNT OF TRANSACTION \$ 75000.

(D) DESCRIPTION OF TRANSACTION: COMPENSATION PAID BY ORGANIZATION TO
BRYCE HACH WHO IS EMPLOYED AS PROGRAM DIRECTOR OF FOUNDATION INITIATIVE -
HOMEWARD 2020

(E) SHARING OF ORGANIZATION REVENUES? = NO

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.**

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" to 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" to 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
COMMUNITY FOUNDATION TRUST - 26-3421174 4745 WHEATON DRIVE STE 100 FORT COLLINS, CO 80525	TO SUPPORT COMMUNITY FOUNDATION OF NORTHERN COLORADO	COLORADO	501(C)(3)	509(A)(3)	COMMUNITY FOUNDATION OF NORTHERN COLORADO

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

