

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF NORTHERN COLORADO Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4745 WHEATON DRIVE SUITE 100 City or town, state or province, country, and ZIP or foreign postal code FORT COLLINS, CO 80525 F Name and address of principal officer: RAY CARAWAY SAME AS C ABOVE	D Employer identification number 84-0699243 E Telephone number 970-224-3462 G Gross receipts \$ 21,991,420. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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) <input type="checkbox"/> 501(c) () (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

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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	22
6	Total number of volunteers (estimate if necessary)	6	275
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	13,745,289.	10,026,229.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,530,094.	1,687,762.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-32,729.	102,574.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,242,654.	11,816,565.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,172,266.	5,559,242.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	956,051.	1,057,327.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 235,110.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	617,090.	731,968.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,745,407.	7,348,537.
19	Revenue less expenses. Subtract line 18 from line 12	9,497,247.	4,468,028.
20	Total assets (Part X, line 16)	90,174,924.	94,226,339.
21	Total liabilities (Part X, line 26)	16,423,603.	16,609,176.
22	Net assets or fund balances. Subtract line 21 from line 20	73,751,321.	77,617,163.

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 RAY CARAWAY, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name SUSAN R. JOHNSON, CPA	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01287360
	Firm's name ▶ BROCK AND COMPANY, CPAS, P.C. Firm's address ▶ 3711 JFK PARKWAY, #315 FORT COLLINS, CO 80525	Firm's EIN ▶ 84-0930288 Phone no. 970-223-7855

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
TO PROVIDE A TRUSTED, LOCAL PLATFORM THAT ENABLES PEOPLE TO GIVE MORE EFFECTIVELY AND TO THINK STRATEGICALLY AND CREATIVELY ABOUT THE FUTURE OF OUR COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 6,499,494. including grants of \$ 5,559,242.) (Revenue \$ 11,889,419.)
THE COMMUNITY FOUNDATION OF NORTHERN COLORADO WAS ESTABLISHED 40 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 **6,499,494.**

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

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 <i>Schedule B, Schedule of Contributors?</i>	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</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

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</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), 501(c)(4), and 501(c)(29) 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 9		
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	
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 22		
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 (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 14		
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **COMMUNITY FOUNDATION OF NO COLORADO - 970-224-3462**
4745 WHEATON DR. SUITE 100, FORT COLLINS, CO 80525

COMMUNITY FOUNDATION OF
NORTHERN COLORADO

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) POLLY JUNEAU TRUSTEE/BOARD MEMBER	1.00	X					0.	0.	0.	
(2) DOUG HUTCHINSON EXEC. COMMITTEE MEMBER	1.00	X					0.	0.	0.	
(3) JASON ELLS TRUSTEE/BOARD MEMBER	1.00	X					0.	0.	0.	
(4) RICHARD FAGERLIN TRUSTEE/BOARD MEMBER	1.00	X					0.	0.	0.	
(5) KATHAY RENNELS TRUSTEE/BOARD MEMBER	1.00	X					0.	0.	0.	
(6) RHYS CHRISTENSEN TRUSTEE/BOARD MEMBER	1.00	X					0.	0.	0.	
(7) LISA LARSEN EXEC. COMMITTEE MEMBER	1.00	X					0.	0.	0.	
(8) CATHY SCHOTT EXEC. COMMITTEE MEMBER	1.00	X					0.	0.	0.	
(9) CHRIS OTTO BOARD CHAIR/EXEC. COMMITTEE	2.00	X		X			0.	0.	0.	
(10) CHUCK LEVINE TRUSTEE/BOARD MEMBER	1.00	X					0.	0.	0.	
(11) GREG ANDERSON TRUSTEE/BOARD MEMBER	1.00	X					0.	0.	0.	
(12) SUZANNE PETERSON TRUSTEE/BOARD MEMBER	1.00	X					0.	0.	0.	
(13) EARL SETHRE EXEC. COMMITTEE MEMBER	1.00	X					0.	0.	0.	
(14) RAY CARAWAY PRES./EXEC. COMMITTEE DIRE	40.00	X		X			154,971.	0.	14,172.	
(15) ROBERT KEARNEY TRUSTEE/BOARD MEMBER	1.00	X					0.	0.	0.	
(16) ROXANNE FRY CHIEF OPERATING OFFICER	40.00			X			93,388.	0.	11,214.	
(17) STEPHANIE CASHMAN CHIEF FINANCIAL OFFICER	40.00			X			86,458.	0.	8,875.	

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) ANNETTE GEISELMAN CHIEF STEWARDSHIP OFFICER	40.00			X				60,483.	0.	9,344.
1b Sub-total								395,300.	0.	43,605.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								395,300.	0.	43,605.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

COMMUNITY FOUNDATION OF
NORTHERN COLORADO

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	46,175.				
	d Related organizations	1d	75,000.				
	e Government grants (contributions)	1e	818,679.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,086,375.				
	g Noncash contributions included in lines 1a-1f: \$		4,712,901.				
	h Total. Add lines 1a-1f		10,026,229.				
Program Service Revenue	2 a	Business Code					
	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)		2,112,830.			2,112,830.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	60,958.				
		(ii) Personal					
		b Less: rental expenses	7,973.				
	c Rental income or (loss)	52,985.					
	d Net rental income or (loss)		52,985.			52,985.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	9,668,958.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	10,094,026.				
		c Gain or (loss)	-425,068.				
	d Net gain or (loss)		-425,068.			-425,068.	
	8 a Gross income from fundraising events (not including \$ 46,175. of contributions reported on line 1c). See Part IV, line 18	a	47,370.				
		b Less: direct expenses	72,856.				
c Net income or (loss) from fundraising events			-25,486.			-25,486.	
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	541200	75,075.			75,075.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		75,075.					
12 Total revenue. See instructions.		11,816,565.	0.	0.	1,790,336.		

**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).

Check if Schedule O contains a response or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,559,242.	5,559,242.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	369,072.	141,827.	134,586.	92,659.
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	485,639.	343,153.	133,802.	8,684.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	47,351.	26,868.	14,869.	5,614.
9 Other employee benefits	92,107.	52,263.	28,923.	10,921.
10 Payroll taxes	63,158.	35,837.	19,832.	7,489.
11 Fees for services (non-employees):				
a Management				
b Legal	6,025.		6,025.	
c Accounting	18,350.		18,350.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,025.		6,025.	
12 Advertising and promotion	8,764.		4,014.	4,750.
13 Office expenses	25,369.		24,767.	602.
14 Information technology	28,382.	9,366.	12,741.	6,275.
15 Royalties				
16 Occupancy	47,620.	9,658.	35,950.	2,012.
17 Travel	16,500.	1,650.	1,650.	13,200.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,437.	3,109.	9,328.	
20 Interest	22,424.		22,424.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,055.	25,791.	15,198.	5,066.
23 Insurance	20,859.		20,859.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUND ACTIVITY EXPENSES	282,519.	282,519.		
b SPECIAL EVENTS	85,805.	8,211.		77,594.
c DONOR AND BOARD DEVELOP	73,099.			73,099.
d BLACKBAUD	34,436.		34,436.	
e All other expenses	-2,701.		70,154.	-72,855.
25 Total functional expenses. Add lines 1 through 24e	7,348,537.	6,499,494.	613,933.	235,110.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	512,128.	1	208,191.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	743,909.	3	676,820.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net	767,291.	7	573,025.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	14,405.	9	22,068.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,365,060.			
	b Less: accumulated depreciation	471,128.			
		876,687.	10c	893,932.	
	11 Investments - publicly traded securities	84,547,764.	11	88,586,814.	
	12 Investments - other securities. See Part IV, line 11	2,712,740.	12	3,265,489.	
	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)	90,174,924.	16	94,226,339.		
Liabilities	17 Accounts payable and accrued expenses	52,858.	17	66,984.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	16,370,745.	25	16,542,192.	
	26 Total liabilities. Add lines 17 through 25	16,423,603.	26	16,609,176.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	40,862,781.	27	43,338,930.	
	28 Temporarily restricted net assets	32,888,540.	28	34,278,233.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), 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	73,751,321.	33	77,617,163.		
34 Total liabilities and net assets/fund balances	90,174,924.	34	94,226,339.		

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	11,816,565.
2 Total expenses (must equal Part IX, column (A), line 25)	2	7,348,537.
3 Revenue less expenses. Subtract line 2 from line 1	3	4,468,028.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,751,321.
5 Net unrealized gains (losses) on investments	5	-336,073.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	-266,113.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	77,617,163.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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).
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).
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).
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).
8 [X] A community trust described in section 170(b)(1)(A)(vi).
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.
10 [] An organization organized and operated exclusively to test for public safety.
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).
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations []

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

COMMUNITY FOUNDATION OF

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13898124.	9538952.	9300935.	13763289.	10073606.	56574906.
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	13898124.	9538952.	9300935.	13763289.	10073606.	56574906.
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)						1666445.
6 Public support. Subtract line 5 from line 4.						54908461.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	13898124.	9538952.	9300935.	13763289.	10073606.	56574906.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1203546.	1455487.	1609841.	1912151.	2112830.	8293855.
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 VI.)		1,476.	775.	2,604.	75,075.	79,930.
11 Total support. Add lines 7 through 10						64948691.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	84.54 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	84.24 %
16a 33 1/3% support test - 2015. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

COMMUNITY FOUNDATION OF

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

COMMUNITY FOUNDATION OF

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization COMMUNITY FOUNDATION OF NORTHERN COLORADO	Employer identification number 84-0699243
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	PUBLICLY TRADED STOCKS <hr/> <hr/> <hr/>	\$ 941,637.	06/07/16
6	PUBLICLY TRADED STOCKS <hr/> <hr/> <hr/>	\$ 1,063,583.	12/11/15
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization COMMUNITY FOUNDATION OF NORTHERN COLORADO	Employer identification number 84-0699243
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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" on Form 990, Part IV, line 6.

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	31,594,663.	28,408,893.	24,681,255.	21,359,589.	22,714,665.
b Contributions	4,100,956.	4,667,306.	1,397,005.	2,268,828.	1,117,187.
c Net investment earnings, gains, and losses	795,291.	945,494.	3,699,292.	2,412,709.	16,606.
d Grants or scholarships	1,626,338.	2,588,124.	1,434,778.	1,243,400.	2,521,425.
e Other expenditures for facilities and programs	-51.	-161,094.	-66,119.	116,471.	-32,556.
f Administrative expenses					
g End of year balance	34,864,623.	31,594,663.	28,408,893.	24,681,255.	21,359,589.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment %
- c** Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		838,753.	228,508.	610,245.
c Leasehold improvements				
d Equipment		301,307.	242,620.	58,687.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				893,932.

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ASSETS HELD FOR OTHERS - AGENCY FUNDS	15,093,076.
(4) LIABILITY UNDER CHARITABLE REMAINDER TRUSTS	861,704.
(6) NOTE PAYABLE - BUILDING	587,412.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	16,542,192.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

COMMUNITY FOUNDATION OF
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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	12,333,099.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-336,080.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	226,297.	
e	Add lines 2a through 2d	2e		-109,783.
3	Subtract line 2e from line 1		3	12,442,882.
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 XIII.)	4b	-626,317.	
c	Add lines 4a and 4b	4c		-626,317.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	11,816,565.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	6,356,892.
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 XIII.)	2d	80,827.	
e	Add lines 2a through 2d	2e		80,827.
3	Subtract line 2e from line 1		3	6,276,065.
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 XIII.)	4b	1,072,472.	
c	Add lines 4a and 4b	4c		1,072,472.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,348,537.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, 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, LINE 2:

FOR UNCERTAIN TAX POSITIONS, THE FOUNDATION USES A MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA BEFORE AND SEPARATE FROM THE MEASUREMENT OF A TAX POSITION. THE FOUNDATION RECOGNIZES THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. WITH RESPECT TO THE FOUNDATION, THIS WOULD PRIMARILY RELATE TO THE DETERMINATION OF

Part XIII Supplemental Information (continued)

UNRELATED BUSINESS TAXABLE INCOME, AND TO THE MAINTENANCE OF ITS TAX
EXEMPT STATUS.

MANAGEMENT HAS EVALUATED THE POLICIES AND PROCEDURES THAT HAVE BEEN
IMPLEMENTED TO PROVIDE ASSURANCE THAT INCOME IS PROPERLY CHARACTERIZED AND
ACTIVITIES THAT JEOPARDIZE ITS TAX EXEMPT STATUS ARE WITHIN LIMITS
ESTABLISHED UNDER EXISTING TAX CODE AND REGULATIONS. MANAGEMENT HAS
DETERMINED THE EFFECTS OF UNCERTAIN TAX POSITIONS ARE NOT MATERIAL TO THE
FOUNDATION FOR RECOGNITION OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL
STATEMENTS AND, ACCORDINGLY, NO INCOME TAX LIABILITY HAS BEEN RECORDED FOR
UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

ALL INCOME TAX YEARS OPEN FOR EXAMINATION ARE SUBJECT TO TAXATION AT
CORPORATE TAX RATES. THE YEARS ENDED JUNE 30, 2015, 2014 AND 2013 ARE
AVAILABLE FOR EXAMINATION AT JUNE 30, 2016. 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 2D - OTHER ADJUSTMENTS:

ADMINISTRATIVE FEE FOR AGENCY FUNDS	145,470.
FUNDRAISING INCOME REPORTED NET OF EXPENSES	72,855.
LEASING ACTIVITY EXPENSES	7,972.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	226,297.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY CONTRIBUTIONS	675,848.
AGENCY INTEREST AND DIVIDENDS	376,871.

Part XIII Supplemental Information (continued)

AGENCY REALIZED LOSSES	-70,534.
CF TRUST TRANSACTION REMOVED FROM CONSOLIDATION	-1,645,751.
ACTUARIAL GAIN ON THE LIFE INSURANCE AGREEMENTS	37,249.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-626,317.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LEASING ACTIVITY EXPENSES	7,972.
FUNDRAISING EXPENSES REPORTED WITH INCOME	72,855.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	80,827.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY OPERATING EXPENSES	1,380,464.
CF TRUST TRANSACTIONS ADDED TO CONSOLIDATION	-307,992.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,072,472.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2 a Did the organization have a written or oral agreement with any individual... b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

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

COMMUNITY FOUNDATION OF

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	93,545.			93,545.
	2 Less: Contributions	46,175.			46,175.
	3 Gross income (line 1 minus line 2)	47,370.			47,370.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	48,428.			48,428.
	8 Entertainment				
	9 Other direct expenses	24,428.			24,428.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				72,856.
11 Net income summary. Subtract line 10 from line 3, column (d)				-25,486.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 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. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**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

2015

**Open to Public
Inspection**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
AFRICAN CHRISTIAN COLLEGE EDUCATIONAL AND BENEVOLENT ASSOCIA - PO BOX 70033 - ALBUQUERQUE, NM 87197	26-0412537	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ALLIANCE FOR SUICIDE PREVENTION 1100 Poudre RIVER DR., STE. B FORT COLLINS, CO 80524	84-1194619	501(C)(3)	10,041.	0.			PROGRAM SUPPORT
ALTERNATIVES TO VIOLENCE 313 E. 4TH ST. LOVELAND, CO 80537	84-0886127	501(C)(3)	15,800.	0.			PROGRAM SUPPORT
ALZHEIMER'S ASSOCIATION COLORADO CHAPTER - 455 SHERMAN STREET, SUITE 500 - DENVER, CO 80203	84-0908354	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
AMES EDUCATION FOUNDATION P.O. BOX 1125 AMES, IA 50014	42-1357966	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
ANIMAL HOUSE RESCUE AND GROOMING, INC. - 1104 W. VINE DRIVE - FORT COLLINS, CO 80521	20-5415891	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **116.**

3 Enter total number of other organizations listed in the line 1 table **28.**

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

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NORTHERN COLORADO

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(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
ARTSPACE PROJECTS 250 THIRD AVE. N., #500 MINNEAPOLIS, MN 55401	41-1350071	501(C)(3)	8,333.	0.			PROGRAM SUPPORT
ASCENT COMMUNITY CHURCH PO BOX 270173 LOUISVILLE, CO 80027	46-2909371	CHURCH	10,000.	0.			PROGRAM SUPPORT
AUGSBURG COLLEGE 2211 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454	41-0694721	COLLEGE/UNIVERSI	40,000.	0.			PROGRAM SUPPORT
BERTHOUD CARES 444 1ST ST. BERTHOUD, CO 80513	26-0151897	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
BERTHOUD HISTORICAL SOCIETY PO BOX 225 BERTHOUD, CO 80513	84-0727564	501(C)(3)	23,823.	0.			PROGRAM SUPPORT
BERTHOUD UNITED METHODIST CHURCH 820 9TH ST. BERTHOUD, CO 80513	84-0927955	CHURCH	45,250.	0.			PROGRAM SUPPORT
BLUFF LAKE NATURE CENTER 4755 PARIS ST., STE. 190 DENVER, CO 80239	84-0510785	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
BOOK TRUST 789 SHERMAN ST., SUITE 300A DENVER, CO 80203	20-4124164	501(C)(3)	56,000.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF LARIMER COUNTY - 103 SMOKEY ST. - FORT COLLINS, CO 80525	74-2425914	501(C)(3)	295,614.	0.			PROGRAM SUPPORT

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(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
BRITTANY'S HOPE 1160 NORTH MARKET ST. ELIZABETHTOWN, PA 17022	25-1879417	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
CHILDSAFE SEXUAL ABUSE TREATMENT CENTER - 1148 E. ELIZABETH ST., SUITE A - FORT COLLINS, CO 80524	31-1581377	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
CITY OF FORT COLLINS PO BOX 580 FORT COLLINS, CO 80522	84-6000587	GOVERNMENT	13,429.	0.			PROGRAM SUPPORT
CITY OF LOVELAND 105 W. FIFTH STREET, SUITE 201 LOVELAND, CO 80537	84-6000609	GOVERNMENT	42,000.	0.			PROGRAM SUPPORT
COLORADO SCHOOL OF MINES FOUNDATION, INC. - PO BOX 912031 - DENVER, CO 80291	84-0509064	501(C)(3)	35,000.	0.			SCHOLARSHIPS
COLORADO UPLIFT 3914 KING ST. DENVER, CO 80211	84-0889330	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
COLORADO YOUTH OUTDOORS CHARITABLE TRUST - 4927 E. COUNTY RD. 36 - FORT COLLINS, CO 80528	84-1608608	501(C)(3)	15,810.	0.			PROGRAM SUPPORT
COLORADO YOUTH TENNIS FOUNDATION 3300 E. BAYAUD AVE., STE. 201 DENVER, CO 80209	84-0877046	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
COMMUNITY FOUNDATION SERVING GREELEY/WELD - 2425 35TH AVE. STE. 201 - GREELEY, CO 80634	84-1315296	501(C)(3)	50,000.	0.			PROGRAM SUPPORT

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COMMUNITY FOUNDATION TRUST 4745 WHEATON DR. FORT COLLINS, CO 80525	26-3421174	501(C)(3)	16,653.	0.			PROGRAM SUPPORT
COUNCIL TREE COVENANT CHURCH 4825 S. LEMAY FORT COLLINS, CO 80525	84-0856416	CHURCH	19,800.	0.			PROGRAM SUPPORT
COURT APPOINTED SPECIAL ADVOCATES OF LARIMER COUNTY (CASA) - 201 LAPORTE AVE, STE. 100 - FORT COLLINS, CO 80521	84-1048149	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
COVENANT HEIGHTS 7400 HIGHWAY 7 ESTES PARK, CO 80517	36-3788952	CHURCH	61,000.	0.			PROGRAM SUPPORT
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA, RM 2040 OMAHA, NE 68178	47-0376583	COLLEGE/UNIVERSI	29,471.	0.			PROGRAM SUPPORT
CROSSROADS MINISTRY OF ESTES PARK, INC. - PO BOX 3616 - ESTES PARK, CO 80517	74-2465229	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
CROSSROADS SAFEHOUSE PO BOX 993 FORT COLLINS, CO 80522	84-0786145	501(C)(3)	17,827.	0.			PROGRAM SUPPORT
CSU FINANCIAL AID OFFICE 1065 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	COLLEGE/UNIVERSI	96,305.	0.			SCHOLARSHIPS
CSU FOUNDATION PO BOX 1870 FORT COLLINS, CO 80522	84-6221782	501(C)(3)	401,097.	0.			PROGRAM SUPPORT

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DARE 2 SHARE MINISTRIES PO BOX 745323 ARVADA, CO 80006	840504202	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
DEFENDERS OF WILDLIFE 1130 17TH ST., NW WASHINGTON, DC 20036	53-0183181	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
DRAKE UNIVERSITY 2507 UNIVERSITY AVE. DES MOINES, IA 50311-4505	42-0680460	COLLEGE/UNIVERSI	5,000.	0.			SCHOLARSHIPS
EARLY CHILDHOOD COUNCIL OF LARIMER COUNTY - 2507 UNIVERSITY AVE. - DES MOINES, IA 50311-4505	42-0680460	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
EATON MIDDLE SCHOOL 225 JUNIPER AVE. EATON, CO 80615	84-0519375	GOVERNMENT	10,600.	0.			PROGRAM SUPPORT
ELDER PET CARE P.O. BOX 48 FORT COLLINS, CO 80522	84-1273943	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
ELDERHAUS ADULT DAY PROGRAMS 605 S. SHIELDS FORT COLLINS, CO 80521	84-0833808	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
EMPTY TOMB MINISTRIES PO BOX 271114 FORT COLLINS, CO 80527	20-3642611	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
ENERGY OUTREACH COLORADO 225 E. 16TH AVE., STE. 200 DENVER, CO 80203	74-2543881	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

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ENID ARTS & SCIENCES FOUNDATION 200 E. MAPLE ENID, OK 73702	73-1413931	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ESTES PARK MEDICAL CENTER FOUNDATION - PO BOX 3650 - ESTES PARK, CO 80517	74-2411016	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ESTES PARK NONPROFIT RESOURCE CENTER, INC. - PO BOX 4221 - ESTES PARK, CO 80517	85-0486591	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
ESTES VALLEY LIBRARY FRIENDS & FOUNDATION - P.O. BOX 1687 - ESTES PARK, CO 80517	74-2385213	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
ESTES VALLEY PUBLIC LIBRARY 335 E. ELKHORN AVE. ESTES PARK, CO 80517	74-2385213	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ESTES VALLEY VICTIM ADVOCATES, INC P.O. BOX 1287 ESTES PARK, CO 80517	16-1658245	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
FAMILY CENTER/LA FAMILIA 309 HICKORY STREET, SUITE 5 FORT COLLINS, CO 80524	84-1318219	501(C)(3)	66,950.	0.			PROGRAM SUPPORT
FINALLY HOME FOUNDATION PO BOX 272812 FORT COLLINS, CO 80527	26-2687095	501(C)(3)	10,750.	0.			PROGRAM SUPPORT
FIRST BAPTIST CHURCH OF HUDSON PO BOX 410 HUDSON, CO 80642	98-1492000	CHURCH	7,000.	0.			PROGRAM SUPPORT

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(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
FIRST UNITED METHODIST CHURCH 533 N. GRANT AVE. LOVELAND, CO 80537	84-0456559	CHURCH	21,217.	0.			PROGRAM SUPPORT
FOOD BANK FOR LARIMER COUNTY 1301 BLUE SPRUCE FORT COLLINS, CO 80524	74-2336171	501(C)(3)	27,255.	0.			PROGRAM SUPPORT
FORT COLLINS BREAKFAST ROTARY CHARITABLE FOUNDATION - PO BOX 438 - FORT COLLINS, CO 80522	84-1290694	501(C)(3)	53,626.	0.			PROGRAM SUPPORT
FORT COLLINS CHILDREN'S THEATER, INC. - PO BOX 442 - FORT COLLINS, CO 80522	84-0792965	501(C)(3)	6,546.	0.			PROGRAM SUPPORT
FORT COLLINS MUSEUM OF ART 201 S. COLLEGE AVE. FORT COLLINS, CO 80524	84-1007370	501(C)(3)	6,221.	0.			PROGRAM SUPPORT
FORT COLLINS MUSEUM OF DISCOVERY 408 MASON CT. FORT COLLINS, CO 80524	74-2541265	501(C)(3)	26,247.	0.			PROGRAM SUPPORT
FORT COLLINS SYMPHONY ASSOCIATION 223 LINDEN ST., SUITE 202 FORT COLLINS, CO 80524	84-6038716	501(C)(3)	56,646.	0.			PROGRAM SUPPORT
FORT COLLINS SYMPHONY GUILD 223 LINDEN ST., SUITE 202 FORT COLLINS, CO 80524	84-6038716	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FOUNDATIONS CHURCH, INC. 1905 W. 8TH ST., SUITE 101 LOVELAND, CO 80537	45-3595436	CHURCH	35,000.	0.			PROGRAM SUPPORT

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(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 ESTES VALLEY LIBRARY, INC. - 236 WELCH AVENUE - BERTHOUD, CO 80513	56-2628708	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
FRONT RANGE CHAMBER PLAYERS P.O. BOX 725 FORT COLLINS, CO 80522	74-2378861	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
FRONT RANGE COMMUNITY COLLEGE-LARIMER COUNTY CAMPUS - FINANCIAL AID, 4616 S. SHIELDS - FORT COLLINS, CO 80526	52-1560779	COLLEGE/UNIVERSI	11,504.	0.			PROGRAM SUPPORT
GRACE CHRISTIAN CHURCH PO BOX 1008 FORT COLLINS, CO 80522	84-1575149	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY, FORT COLLINS 4001 S. TAFT HILL RD. FORT COLLINS, CO 80526	84-1217901	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
HARRINGTON ARTS ALLIANCE 575 N. DENVER AVE. LOVELAND, CO 80537	47-4978384	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
HAVEN PLACE 58575 MAIN ST. NEW HAVEN, MI 48048	46-2060860	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
HEARTS & HORSES THERAPEUTIC RIDING CENTER - 163 N CO RD 29 - LOVELAND, CO 80537	84-1387873	501(C)(3)	105,236.	0.			PROGRAM SUPPORT
HICKORY GROVE BAPTIST CHURCH 7200 E W.T. HARRIS BLVD CHARLOTTE, NC 28215	56-0657300	CHURCH	6,150.	0.			PROGRAM SUPPORT

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HIGH PLAINS FOUNDATION 1854 PINEY RIVER DR LOVELAND, CO 80538	84-1581860	501(C)(3)	200,000.	0.			PROGRAM SUPPORT
HOMELESS GEAR 242 CONIFER STREET FORT COLLINS, CO 80524	27-4641606	501(C)(3)	6,800.	0.			PROGRAM SUPPORT
HOUSE OF NEIGHBORLY SERVICE 1511 E. 11TH ST. LOVELAND, CO 80537	84-0568546	501(C)(3)	39,700.	0.			PROGRAM SUPPORT
I HAVE A DREAM FOUNDATION - COLORADO - 1836 GRANT ST. - DENVER, CO 80203	74-2497109	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
INTERIOR DESIGN EDUCATORS COUNCIL FOUNDATION, INC. - ONE PARKVIEW PLAZA, STE. 800 - OAKBROOK TERRACE, IL 60181	35-2160193	501(C)(3)	31,000.	0.			PROGRAM SUPPORT
LARIMER CHORAL SOCIETY PO BOX 884 FORT COLLINS, CO 80522	74-2243276	501(C)(3)	6,925.	0.			PROGRAM SUPPORT
LARIMER COUNTY CHILD ADVOCACY CENTER - PO BOX 884 - FORT COLLINS, CO 80522	74-2243276	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
LARIMER COUNTY SEARCH AND RESCUE 1303 N. SHIELDS ST. FORT COLLINS, CO 80524	74-2236513	501(C)(3)	10,250.	0.			PROGRAM SUPPORT
LARIMER HUMANE SOCIETY 5137 S. COLLEGE AVE. FORT COLLINS, CO 80525	84-0611804	501(C)(3)	10,250.	0.			PROGRAM SUPPORT

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Part II 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
LIFE FELLOWSHIP OF FREDERICK, INC. 4842 EAGLE BLVD. FREDERICK, CO 80504	45-4801459	501(C)(3)	16,000.	0.			PROGRAM SUPPORT
LIVE THE VICTORY INC. (DBA THE MATTHEWS HOUSE) - 415 MASON CT., #1 - FORT COLLINS, CO 80524	20-2894339	501(C)(3)	19,980.	0.			PROGRAM SUPPORT
LOVELAND CHORAL SOCIETY PO BOX 1981 LOVELAND, CO 80539	74-2225538	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
LOVELAND OPERA THEATRE P.O. BOX 7293 LOVELAND, CO 80537	26-0348842	501(C)(3)	11,400.	0.			PROGRAM SUPPORT
MAINE AUDUBON 20 GILSLAND FARM RD. FALMOUTH, ME 04105	01-0248780	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
MEALS ON WHEELS FOR FORT COLLINS PO BOX 424 FORT COLLINS, CO 80522	23-7116630	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
NATIONAL AUDUBON SOCIETY INC. PO BOX 97194 WASHINGTON, DC 20090	13-1624102	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
OCCIDENTAL COLLEGE 1600 CAMPUS RD. LOS ANGELES, CA 90041	95-1667177	COLLEGE/UNIVERSI	5,000.	0.			PROGRAM SUPPORT
OPERA FORT COLLINS PO BOX 503 FORT COLLINS, CO 80522	84-1183179	501(C)(3)	6,750.	0.			PROGRAM SUPPORT

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PARTNERS MENTORING YOUTH 530 S. COLLEGE AVE., STE. 1 FORT COLLINS, CO 80524	74-2486211	501(C)(3)	6,545.	0.			PROGRAM SUPPORT
PATHWAYS HOSPICE 305 CARPENTER RD. FORT COLLINS, CO 80525	84-0782874	501(C)(3)	45,635.	0.			PROGRAM SUPPORT
POUDRE SCHOOL DISTRICT 2407 LAPORTE AVE. FORT COLLINS, CO 80521	84-6013733	GOVERNMENT	79,900.	0.			PROGRAM SUPPORT
POUDRE SCHOOL DISTRICT FOUNDATION 1630 S. STOVER ST. FORT COLLINS, CO 80525	84-1555092	501(C)(3)	16,000.	0.			PROGRAM SUPPORT
POUDRE VALLEY HEALTH SYSTEMS (PVH & MCR) FOUNDATION - 1630 S. STOVER ST. - FORT COLLINS, CO 80525	84-1555092	501(C)(3)	87,008.	0.			PROGRAM SUPPORT
PROJECT SELF-SUFFICIENCY 375 W. 37TH ST., #150 LOVELAND, CO 80538	84-1206341	501(C)(3)	74,108.	0.			PROGRAM SUPPORT
PROJECT SMILE CORPORATION PO BOX 272122 FORT COLLINS, CO 80527	30-0442718	501(C)(3)	13,500.	0.			PROGRAM SUPPORT
RESPITE CARE, INC. 6203 S. LEMAY AVE. FORT COLLINS, CO 80525	84-0840653	501(C)(3)	20,249.	0.			PROGRAM SUPPORT
RESURRECTION CHRISTIAN SCHOOL 6508 E CROSSROADS BLVD LOVELAND, CO 80538	84-1466285	501(C)(3)	14,500.	0.			PROGRAM SUPPORT

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(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
RESURRECTION FELLOWSHIP CHURCH 6502 E. CROSSROADS BLVD. LOVELAND, CO 80538	84-0790413	CHURCH	7,000.	0.			PROGRAM SUPPORT
RISE PO BOX 336976 GREELEY, CO 80633	20-2933936	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
ROCKY MOUNTAIN CONSERVANCY PO BOX 3100 ESTES PARK, CO 80517	84-0472090	501(C)(3)	30,500.	0.			PROGRAM SUPPORT
ROCKY MOUNTAIN FARMERS UNION EDUCATIONAL & CHARITABLE FOUND. - 7900 E UNION AVE. - DENVER, CO 80237	74-2636848	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ROCKY MOUNTAIN HYPERBARIC ASSOCIATION FOR BRAIN INJURIES, INC - 225 W. S. BOULDER RD., STE. 101 - LOUISVILLE, CO 80027	26-3751555	501(C)(3)	5,280.	0.			PROGRAM SUPPORT
ROCKY MOUNTAIN SUSTAINABLE LIVING ASSOCIATION - PO BOX 1095 - FORT COLLINS, CO 80522	48-1302998	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
ROTARY CLUB OF FORT COLLINS CHARITIES, INC. - PO BOX 1206 - FORT COLLINS, CO 80522	84-1027489	501(C)(3)	17,500.	0.			PROGRAM SUPPORT
SAINT JOHN THE EVANGELIST CATHOLIC CHURCH - 1730 W. 12TH ST. - LOVELAND, CO 80537	84-0409866	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SAINT, INC. (SENIOR ALTERNATIVES IN TRANSPORTATION) - 333 W. DRAKE RD., #42 - FORT COLLINS, CO 80526	84-0626086	501(C)(3)	7,750.	0.			PROGRAM SUPPORT

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(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
SALVATION ARMY PO BOX 270772 FORT COLLINS, CO 80527	94-1156347	501(C)(3)	5,085.	0.			PROGRAM SUPPORT
SAN DIEGO UNIFIED SCHOOL DISTRICT 4100 NORMAL ST. SAN DIEGO, CA 92103	95-6002781	GOVERNMENT	15,000.	0.			PROGRAM SUPPORT
SANTA BARBARA CITY COLLEGE 721 CLIFF DR. SANTA BARBARA, CA 93109	77-0070782	COLLEGE/UNIVERSI	10,708.	0.			PROGRAM SUPPORT
SERIMUS OPERATING FOUNDATION 148 REMINGTON ST. FORT COLLINS, CO 80524	84-1603231	501(C)(3)	63,135.	0.			PROGRAM SUPPORT
SEXUAL ASSAULT VICTIM ADVOCATE CENTER - 4812 S. COLLEGE AVE. - FORT COLLINS, CO 80524	38-3675536	501(C)(3)	18,375.	0.			PROGRAM SUPPORT
SOUTH DAKOTA STATE UNIVERSITY FOUNDATION - 815 MEDARY AVE., BOX 525 - BROOKINGS, SD 57007	46-0273801	501(C)(3)	9,750.	0.			PROGRAM SUPPORT
SPELLBINDERS 520 S. THIRD ST. CARBONDALE, CO 81623	84-1157832	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
ST. LUKE'S EPISCOPAL CHURCH 2000 STOVER FORT COLLINS, CO 80525	84-0478852	CHURCH	6,250.	0.			PROGRAM SUPPORT
STRIVE PREPARATORY SCHOOLS 3845 TENNYSON ST., #154 DENVER, CO 80212	20-2562193	501(C)(3)	55,000.	0.			PROGRAM SUPPORT

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(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
SUMMITSTONE HEALTH PARTNERS 125 W. CRESTRIDGE ST. FORT COLLINS, CO 80525	84-1512383	501(C)(3)	22,700.	0.			PROGRAM SUPPORT
TEMPLE OR HADASH PO BOX 272953 FORT COLLINS, CO 80527-2916	20-0839302	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
THE COMMUNITY KITCHEN PO BOX 297012 FORT WORTH, TX 76129	84-1539998	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
THE FATTED CALF 1730 S. COLLEGE AVE., STE. 200 FORT COLLINS, CO 80525	27-1415903	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
THOMPSON R2-J EDUCATION FOUNDATION 800 S. TAFT AVE. LOVELAND, CO 80537	84-1158256	501(C)(3)	230,295.	0.			SCHOLARSHIPS
THOMPSON SCHOOL DISTRICT R2-J 2890 MONROE AVE. LOVELAND, CO 80538	84-6013346	GOVERNMENT	28,364.	0.			PROGRAM SUPPORT
TREES, WATER & PEOPLE 633 REMINGTON FORT COLLINS, CO 80524	84-1462044	501(C)(3)	203,600.	0.			PROGRAM SUPPORT
UNITED DAY CARE CENTER (DBA TEACHING TREE EARLY CHILDHOOD) - 2109 MAPLE DR. - LOVELAND, CO 80538	84-0598116	501(C)(3)	14,750.	0.			PROGRAM SUPPORT
UNITED METHODIST CHURCH OF ESTES PARK - 1509 FISH HATCHERY RD. - ESTES PARK, CO 80517	84-0915905	CHURCH	10,000.	0.			PROGRAM SUPPORT

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(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)	107,443.	0.			PROGRAM SUPPORT
UNIVERSITY OF COLORADO AT BOULDER SCHOLARSHIP SERVICES - REGENT ADMINISTRATION CTR, RM 105 - BOULDER, CO 80309-0077	84-6000555	COLLEGE/UNIVERSI	27,144.	0.			SCHOLARSHIPS
UNIVERSITY OF COLORADO BOULDER OFFICE OF FINANCIAL AID 556 UC BOULDER, CO 80309	84-6000555	COLLEGE/UNIVERSI	6,960.	0.			SCHOLARSHIPS
UNIVERSITY OF NORTHERN COLORADO FINANCIAL AID - CARTER HALL ROOM 1005 - GREELEY, CO 80639	84-6000546	COLLEGE/UNIVERSI	24,643.	0.			SCHOLARSHIPS
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVE. MADISON, WI 53726	39-0806297	501(C)(3)	5,450.	0.			SCHOLARSHIPS
URBAN YOUTH MINISTRIES PO BOX 460429 AURORA, CO 80046	84-1289488	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
WASHBURN UNIVERSITY FOUNDATION 1729 SW MACVICAR AVE. TOPEKA, KS 66604	48-6105561	501(C)(3)	11,161.	0.			PROGRAM SUPPORT
WATER MISSIONS INTERNATIONAL PO BOX 71489 CHARLESTON, SC 29415	57-1116978	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
WE HEART THIS CITY 3045 WESTCOTT DR. PORT HURON, MI 48060	27-3841568	501(C)(3)	17,000.	0.			PROGRAM SUPPORT

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(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
WELD COUNTY SCHOOL DISTRICT 6 1025 NINTH AVE. GREELEY, CO 80631	84-6002058	GOVERNMENT	12,500.	0.			SCHOLARSHIPS
WELD RE4 SCHOOL DISTRICT 1020 MAIN ST. WINDSOR, CO 80550	84-6013749	GOVERNMENT	7,214.	0.			PROGRAM SUPPORT
WHEELS ACROSS THE PRAIRIE MUSEUM PO BOX 1091 TRACY, MN 56175	41-1325053	501(C)(3)	84,202.	0.			PROGRAM SUPPORT
WILDFIRE COMMUNITY ARTS CENTER 425 MASSACHUSETTS AVENUE BERTHOUD, CO 80513	41-2044202	501(C)(3)	5,700.	0.			PROGRAM SUPPORT
WILLIAMS COLLEGE 75 PARK ST. WILLIAMSTOWN, MA 01267	04-2104847	501(C)(3)	5,000.	0.			PROGRAM SUPPORT
WOLF PO BOX 3410 ESTES PARK, CO 80517	75-2737796	501(C)(3)	85,000.	0.			PROGRAM SUPPORT
WOLF PO BOX 3410 ESTES PARK, CO 80517	75-2737796	501(C)(3)	89,000.	0.			PROGRAM SUPPORT
YOUNG LIFE P.O. BOX 2396 FORT COLLINS, CO 80521	84-0385934	501(C)(3)	31,000.	0.			PROGRAM SUPPORT
YOUTH FOR CHRIST USA PO BOX 4478 ENGLEWOOD, CO 80155	36-2193619	501(C)(3)	13,000.	0.			PROGRAM SUPPORT

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(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
ZION LUTHERAN CHURCH 815 E. 16TH ST. LOVELAND, CO 80538	84-0635090	CHURCH	8,800.	0.			PROGRAM SUPPORT
FILLMORE CENTRAL HIGH SCHOOL P.O. BOX 599 HARMONY, MN 55939	84-6013733	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
NEIGHBOR TO NEIGHBOR 1550 BLUD SPRUCE DRIVE FORT COLLINS, CO 80524	84-0630214	501(C)(3)	39,000.	0.			PROGRAM SUPPORT

COMMUNITY FOUNDATION OF
NORTHERN COLORADO

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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.

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

COMMUNITY FOUNDATION OF
NORTHERN COLORADO

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RAY CARAWAY PRES./EXEC. COMMITTEE DIRE	(i)	154,971.	0.	0.	4,778.	9,394.	169,143.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	55	4,712,901.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF
NORTHERN COLORADO

Employer identification number
84-0699243

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 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 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACTUARIAL GAIN ON LIFE INCOME AGREEMENT	-37,249.
AGENCY REALIZED GAINS	70,534.

Name of the organization COMMUNITY FOUNDATION OF NORTHERN COLORADO	Employer identification number 84-0699243
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AGENCY INTEREST/DIVIDENDS	-376,871.
AGENCY FUNDS CONTRIBUTED	-675,848.
AGENCY GRANTS	1,380,464.
REMOVAL OF TRUST FUNDS	-772,613.
AGENCY FEES	145,470.
TOTAL TO FORM 990, PART XI, LINE 9	-266,113.

990-PART XII - 2C

THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OR SELECTION PROCESS FROM
PAST YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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		X

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**COMMUNITY FOUNDATION OF
NORTHERN COLORADO**

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, 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 related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

