

# **Public Disclosure Copy**

## **Form 990**

***\*\*PLEASE SIGN THIS COPY AND RETAIN FOR YOUR RECORDS\*\****

### **Public Inspection Requirement**

An exempt organization must make available for public inspection, upon request and without charge, a copy of its original and amended annual information returns. Each information return must be made available from the date it is required to be filed (determined without regard to any extensions), or is actually filed, whichever is later. An original return does not have to be made available if more than 3 years have passed from the date the return was required to be filed (including any extensions) or was filed, whichever is later. An amended return does not have to be made available if more than 3 years have passed from the date it was filed.

An annual information return includes an exact copy of the return (Form 990 or 990-EZ and amended return, if any) and all schedules, attachments, and supporting documents filed with the IRS. In the case of a tax-exempt organization other than a private foundation, the names and addresses of contributors to the organization need not be disclosed, and Schedule B has been redacted accordingly.

For returns filed by Section 501(c)(3) organizations after August 17, 2006, Form 990-T must also be made available for public inspection. However, only those schedules, statements, and attachments to Form 990-T that relate to the imposition of the unrelated business income tax must be made available for public inspection.

This copy of the return is provided only for Public Disclosure purposes. Any confidential information regarding donors, and schedules or attachments to Form 990-T that do not relate to the calculation of unrelated business income tax, have been removed.

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2021**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</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	<b>C</b> Name of organization <b>COMMUNITY FOUNDATION OF NORTHERN COLORADO</b> Doing business as		<b>D</b> Employer identification number <b>84-0699243</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>4745 WHEATON DRIVE #100</b>	<b>E</b> Telephone number <b>(970) 224-3462</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>FORT COLLINS, CO 80525</b>		<b>G</b> Gross receipts \$ <b>94,469,417.</b>
	<b>F</b> Name and address of principal officer: <b>KRISTIN TODD</b> <b>4745 WHEATON DR SUITE 100, FORT COLLINS, CO</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
	<b>I</b> 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		<b>J</b> Website: ▶ <b>WWW.NOCOFUNDATION.ORG</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1975</b>	<b>M</b> State of legal domicile: <b>CO</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>CREATE TRANSFORMATIONAL COMMUNITY IMPACT BY INSPIRING PHILANTHROPY AND ENGAGING THE REGION.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>25</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>150</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 30,051,138.	<b>Current Year</b> 17,646,722.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,279,338.	4,906,856.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,244.	-41,373.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>37,336,720.</b>	<b>22,512,205.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,878,986.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,411,677.	1,580,474.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>607,744.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,034,868.	1,830,509.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>11,325,531.</b>	<b>11,122,142.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>26,011,189.</b>	<b>11,390,063.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 185,330,639.	<b>End of Year</b> 171,075,878.
	<b>21</b> Total liabilities (Part X, line 26)	52,073,706.	47,747,222.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>133,256,933.</b>	<b>123,328,656.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>KRISTIN TODD, CHIEF EXECUTIVE OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>DORI J. EGGETT</b> Firm's name ▶ <b>PLANTE &amp; MORAN, PLLC</b> Firm's address ▶ <b>8181 E TUFTS AVE, SUITE 600 DENVER, CO 80237</b>	<b>DORI J. EGGETT</b>	<b>05/12/23</b>	<input type="checkbox"/>	<b>P00645252</b>
			Firm's EIN ▶ <b>34-1357951</b>		Phone no. <b>303-740-9400</b>

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: THE COMMUNITY FOUNDATION OF NORTHERN COLORADO SERVES OUR COMMUNITY AS A CATALYST FOR COMMUNITY PROJECTS, A SERVICE PROVIDER TO PHILANTHROPISTS AND NONPROFIT ORGANIZATIONS, AND A TRUSTED STEWARD OF LONG-TERM AND OFTEN COMPLEX GIFT ARRANGEMENTS.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 9,151,598. including grants of \$ 7,711,159. ) (Revenue \$ ) THE COMMUNITY FOUNDATION OF NORTHERN COLORADO WAS ESTABLISHED IN 1975 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 on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 9,151,598.

COMMUNITY FOUNDATION OF NORTHERN  
COLORADO

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b> X	
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b>	X
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> 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> .....	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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> See instructions .....	<b>17</b>	X
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b> X	

COMMUNITY FOUNDATION OF NORTHERN  
COLORADO

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</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> .....	X	
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations on 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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		25
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**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 on 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
<b>1a</b>	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 on Schedule O.		
	1a		14
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		14
<b>2</b>	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
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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>b</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?		

**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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 NORTHERN COLORADO - 970-224-3462**  
**4745 WHEATON DR SUITE 100, FORT COLLINS, CO 80525**

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) KRISTIN TODD CHIEF EXECUTIVE OFFICER	40.00			X			189,078.	0.	12,139.	
(2) ELLA FAHRLANDER CHIEF ENGAGEMENT OFFICER	36.00			X			146,045.	0.	18,217.	
(3) WENDY BANKS CHIEF FINANCIAL OFFICER	36.00			X			140,845.	0.	18,090.	
(4) TOM BEHR TRUSTEE	1.00	X					0.	0.	0.	
(5) CHARLES BOUCHARD TRUSTEE	1.00	X					0.	0.	0.	
(6) MARK DRISCOLL TRUSTEE	1.00	X					0.	0.	0.	
(7) PAULA EDWARDS TRUSTEE	1.00	X					0.	0.	0.	
(8) CRAIG GREENSLIT TRUSTEE	1.00	X					0.	0.	0.	
(9) CECIL GUTIERREZ TRUSTEE	1.00	X					0.	0.	0.	
(10) JIM HENDRIX TRUSTEE	1.00	X					0.	0.	0.	
(11) DENISE JULIANA TRUSTEE	1.00	X					0.	0.	0.	
(12) DOREEN MACDONALD TRUSTEE	1.00	X					0.	0.	0.	
(13) MARK NEWENDORP TRUSTEE	1.00	X					0.	0.	0.	
(14) SUZANNE PETERSON TRUSTEE	1.00	X					0.	0.	0.	
(15) MARLA TRUMPER TRUSTEE	1.00	X					0.	0.	0.	



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**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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
<b>1b Subtotal</b>							475,968.	0.	48,446.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							475,968.	0.	48,446.	

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 **3**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, 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**

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**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	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	311,961.				
	<b>d</b> Related organizations	<b>1d</b>	3,040,000.				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,294,761.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,661,592.				
	<b>h Total.</b> Add lines 1a-1f			17,646,722.			
	Program Service Revenue	<b>2 a</b>	<b>Business Code</b>				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
Other Revenue		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,093,312.			3093312.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real	77,280.			
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>	72,616.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	4,664.				
	<b>d</b> Net rental income or (loss)			4,664.		4,664.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	73,610,763.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	71,797,219.				
	<b>c</b> Gain or (loss)	<b>7c</b>	1,813,544.				
	<b>d</b> Net gain or (loss)			1,813,544.		1813544.	
<b>8 a</b> Gross income from fundraising events (not including \$ 311,961. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		32,814.				
<b>b</b> Less: direct expenses	<b>8b</b>	87,377.					
<b>c</b> Net income or (loss) from fundraising events			-54,563.		-54,563.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> ADMINISTRATIVE FEES	<b>Business Code</b>	561000	6,961.	6,961.		
	<b>b</b> OTHER REVENUE		541200	1,565.	1,565.		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			8,526.			
	<b>12 Total revenue.</b> See instructions			22,512,205.	8,526.	0.	4856957.

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**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,711,159.	7,711,159.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	557,368.	224,942.	129,364.	203,062.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	689,487.	251,928.	258,278.	179,281.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,714.	18,631.	15,145.	14,938.
<b>9</b> Other employee benefits .....	192,309.	73,550.	59,788.	58,971.
<b>10</b> Payroll taxes .....	92,596.	35,414.	28,788.	28,394.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	10,328.		10,328.	
<b>c</b> Accounting .....	29,643.		29,643.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	448,206.		448,206.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	182,236.	17,518.	72,074.	92,644.
<b>12</b> Advertising and promotion .....	18,267.		18,267.	
<b>13</b> Office expenses .....	63,794.	6,462.	52,151.	5,181.
<b>14</b> Information technology .....	130,560.	27,325.	78,213.	25,022.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	21,367.		21,367.	
<b>17</b> Travel .....	9,027.		9,027.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	13,160.		1,826.	11,334.
<b>20</b> Interest .....	17,545.		17,545.	
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	39,490.		39,490.	
<b>23</b> Insurance .....	33,615.		33,615.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FUND ACTIVITY EXPENSES</b>	803,330.	781,192.		22,138.
<b>b</b> <b>FUNDRAISING EXPENSE</b>	47,459.			47,459.
<b>c</b> <b>SEMINARS AND TRAINING</b>	18,209.	3,477.	11,944.	2,788.
<b>d</b> <b>SPECIAL EVENT RECLASS</b>	-87,377.			-87,377.
<b>e</b> All other expenses .....	31,650.		27,741.	3,909.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	11,122,142.	9,151,598.	1,362,800.	607,744.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,146,014.	<b>1</b>	747,067.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	184,435.	<b>3</b>	170,000.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	214,363.	<b>7</b>	184,681.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	20,607.	<b>9</b>	45,377.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,242,355.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 406,660.	770,175.	<b>10c</b> 835,695.
	<b>11</b> Investments - publicly traded securities .....	179,023,405.	<b>11</b>	165,591,684.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,492,736.	<b>12</b>	3,061,399.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	478,904.	<b>15</b>	439,975.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	185,330,639.	<b>16</b>	171,075,878.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	99,743.	<b>17</b>	103,495.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	51,973,963.	<b>25</b>	47,643,727.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	52,073,706.	<b>26</b>	47,747,222.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	68,844,883.	<b>27</b>	66,704,231.
	<b>28</b> Net assets with donor restrictions .....	64,412,050.	<b>28</b>	56,624,425.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	133,256,933.	<b>32</b>	123,328,656.
	<b>33</b> Total liabilities and net assets/fund balances .....	185,330,639.	<b>33</b>	171,075,878.

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**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	22,512,205.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	11,122,142.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	11,390,063.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....	<b>4</b>	133,256,933.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-23,930,088.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain on Schedule O) .....	<b>9</b>	2,611,748.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) .....	<b>10</b>	123,328,656.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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 on Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		<b>X</b>
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>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
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			
<b>c</b> 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? .....	<b>2c</b>	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	<b>3a</b>		<b>X</b>
<b>b</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 on Schedule O and describe any steps taken to undergo such audits .....	<b>3b</b>		

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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. **You must complete Part IV, Sections A and B.**
  - 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). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - 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 .....

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

COMMUNITY FOUNDATION OF NORTHERN  
COLORADO

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10191865.	13786183.	14933424.	30051138.	17646722.	86609332.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10191865.	13786183.	14933424.	30051138.	17646722.	86609332.
<b>5</b> 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) .....						4901141.
<b>6 Public support.</b> Subtract line 5 from line 4.						81708191.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	10191865.	13786183.	14933424.	30051138.	17646722.	86609332.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2299892.	2860093.	2758873.	2592854.	3170592.	13682304.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	11,994.	33,720.				45,714.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	48,738.	3,161.	4,792.	8,013.	8,526.	73,230.
<b>11 Total support.</b> Add lines 7 through 10						100410580
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	32,814.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	81.37 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	80.47 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 10 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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? <i>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.</i>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

COMMUNITY FOUNDATION OF NORTHERN  
COLORADO

Schedule A (Form 990) 2021

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**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 ( *explain in Part VI*). 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990) 2021

COMMUNITY FOUNDATION OF NORTHERN  
COLORADO

Schedule A (Form 990) 2021

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

COMMUNITY FOUNDATION OF NORTHERN  
COLORADO

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2017 AMOUNT: \$ 48,738.

2018 AMOUNT: \$ 3,161.

2019 AMOUNT: \$ 4,792.

2020 AMOUNT: \$ 8,013.

2021 AMOUNT: \$ 8,526.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (COMMUNITY FOUNDATION OF NORTHERN COLORADO) and Employer identification number (84-0699243)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 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

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>COMMUNITY FOUNDATION OF NORTHERN COLORADO</b>	Employer identification number <b>84-0699243</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,040,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,674,593.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>550,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>585,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>COMMUNITY FOUNDATION OF NORTHERN COLORADO</b>	Employer identification number <b>84-0699243</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>355,917.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>COMMUNITY FOUNDATION OF NORTHERN COLORADO</b>	Employer identification number <b>84-0699243</b>
--	---

**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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>COMMUNITY FOUNDATION OF NORTHERN COLORADO</b>	Employer identification number <b>84-0699243</b>
--	---

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	239	372
2 Aggregate value of contributions to (during year) .....	8,957,309.	5,694,186.
3 Aggregate value of grants from (during year) .....	4,957,949.	2,753,209.
4 Aggregate value at end of year .....	76,275,506.	86,263,400.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**COMMUNITY FOUNDATION OF NORTHERN  
COLORADO**

Schedule D (Form 990) 2021

84-0699243 Page 2

**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 make significant use of its collection items (check all that apply):
- |  |   |
|--|---|
| a <input type="checkbox"/> Public exhibition                   | d <input type="checkbox"/> Loan or exchange program |
| 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 .....             | <b>1c</b> |
| d Additions during the year .....     | <b>1d</b> |
| e Distributions during the year ..... | <b>1e</b> |
| f Ending balance .....                | <b>1f</b> |
- 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 .....	56,669,015.	45,471,850.	42,786,649.	39,882,407.	37,033,294.
b Contributions .....	2,838,065.	2,748,711.	3,336,925.	2,944,771.	2,078,882.
c Net investment earnings, gains, and losses .....	-5,521,238.	11,266,135.	1,998,880.	2,196,693.	2,898,341.
d Grants or scholarships .....	3,383,897.	2,817,681.	2,650,604.	2,237,222.	2,128,092.
e Other expenditures for facilities and programs .....					18.
f Administrative expenses .....					
g End of year balance .....	50,601,945.	56,669,015.	45,471,850.	42,786,649.	39,882,407.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  $\blacktriangleright$  90.7430 %
- b Permanent endowment  $\blacktriangleright$  \_\_\_\_\_ %
- c Term endowment  $\blacktriangleright$  9.2570 %
- 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 .....  |           | <b>X</b> |
| (ii) Related organizations .....   |           | <b>X</b> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b> |          |

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 .....		836,508.	346,933.	489,575.
c Leasehold improvements .....		83,490.	1,044.	82,446.
d Equipment .....		97,357.	58,683.	38,674.
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>835,695.</b>

Schedule D (Form 990) 2021

**COMMUNITY FOUNDATION OF NORTHERN  
COLORADO**

Schedule D (Form 990) 2021

84-0699243 Page **3**

**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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>ASSETS HELD FOR OTHERS - AGENCY</b>	
(3) <b>FUNDS</b>	39,211,814.
(4) <b>LIABILITY UNDER CHARITABLE</b>	
(5) <b>REMAINDER TRUSTS</b>	7,807,257.
(6) <b>NOTE PAYABLE</b>	624,656.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	47,643,727.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2021

COMMUNITY FOUNDATION OF NORTHERN  
COLORADO

Schedule D (Form 990) 2021

84-0699243 Page 4

**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	-3,811,014.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-23,930,088.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	1,300,696.	
e	Add lines 2a through 2d	2e		-22,629,392.
3	Subtract line 2e from line 1	3		18,818,378.
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	448,206.	
b	Other (Describe in Part XIII.)	4b	3,245,621.	
c	Add lines 4a and 4b	4c		3,693,827.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		22,512,205.

**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	9,369,142.
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	120,492.	
e	Add lines 2a through 2d	2e		120,492.
3	Subtract line 2e from line 1	3		9,248,650.
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	448,206.	
b	Other (Describe in Part XIII.)	4b	1,425,286.	
c	Add lines 4a and 4b	4c		1,873,492.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		11,122,142.

**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 XI, LINE 2D - OTHER ADJUSTMENTS:**

AGENCY FUND CONTRIBUTIONS	770,199.
CHANGE IN VALUE OF SPLIT INTEREST TRUSTS	422,678.
INTERCOMPANY GIFTS	20,442.
SPECIAL EVENT EXPENSE	87,377.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,300,696.

COMMUNITY FOUNDATION OF NORTHERN  
COLORADO

Schedule D (Form 990) 2021

84-0699243 Page 5

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COMMUNITY FOUNDATION TRUST REVENUE	3,218,764.
INTERCOMPANY INTEREST EXPENSE	17,545.
RENTAL ACTIVITY	4,664.
RECLASSIFIED EXPENSES	4,648.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	3,245,621.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTERCOMPANY EXPENSES	33,115.
SPECIAL EVENT EXPENSE	87,377.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	120,492.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND GRANTS	1,398,429.
RECLASSIFIED EXPENSES	4,648.
INTERCOMPANY INTEREST EXPENSE	17,545.
RENTAL ACTIVITY	4,664.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,425,286.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public  
Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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
		Yes	No			
<b>Total</b> .....				▶		

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 NORTHERN  
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**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))
		STERLING COMMUNITY FU (event type)	CELEBRATION OF PHILANTR (event type)	NONE (total number)	
Revenue	1	Gross receipts	246,775.	98,000.	344,775.
	2	Less: Contributions	213,961.	98,000.	311,961.
	3	Gross income (line 1 minus line 2)	32,814.		32,814.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	4,659.		4,659.
	7	Food and beverages	6,074.	39,523.	45,597.
	8	Entertainment		8,109.	8,109.
	9	Other direct expenses	13,934.	15,078.	29,012.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			87,377.
11	Net income summary. Subtract line 10 from line 3, column (d)			-54,563.	

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

COMMUNITY FOUNDATION OF NORTHERN COLORADO

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 16 Gaming manager information:
- Name ▶ \_\_\_\_\_
- Gaming manager compensation ▶ \$ \_\_\_\_\_
- Description of services provided ▶ \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Employer identification number  
84-0699243**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
3000 MILES TO A CURE 186 HIGH RD. NEWBURY, MA 01951	46-3149307	501(C)(3)	9,000.	0.			PROGRAM SUPPORT
3HOPEFUL HEARTS 712 WHALERS WAY, A201 FORT COLLINS, CO 80525	80-0788928	501(C)(3)	10,829.	0.			PROGRAM SUPPORT
A LITTLE HELP 2755 S LOCUST ST. STE. 220 DENVER, CO 80222	83-0494129	501(C)(3)	36,106.	0.			PROGRAM SUPPORT
ABUNDANCE INTERNATIONAL INC. 7495 W. AZURE DR. LAS VEGAS, NV 89130	20-3354801	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ALLIANCE FOR SUICIDE PREVENTION OF LARIMER COUNTY - 315 E. 7TH STREET, SUITE 201 - LOVELAND, CO 80537	84-1194619	501(C)(3)	24,631.	0.			PROGRAM SUPPORT
ALPHA CENTER 1212 S. COLLEGE AVE. FORT COLLINS, CO 80524-3716	74-2481573	501(C)(3)	8,000.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **241.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶

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

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNATIVES TO VIOLENCE 541 E 8TH ST LOVELAND, CO 80537-4909	84-0886127	501(C)(3)	10,250.	0.			PROGRAM SUPPORT
ALZHEIMER'S ASSOCIATION COLORADO CHAPTER - 455 SHERMAN STREET, SUITE 500 - DENVER, CO 80203-4405	13-3039601	501(C)(3)	26,000.	0.			PROGRAM SUPPORT
AMERICAN HIPPO THERAPY ASSOCIATION, INC. - 2537 RESEARCH BLVD., #203 - FORT COLLINS, CO 80526-8103	06-1703055	501(C)(3)	10,359.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS 431 18TH ST., NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
AMERICAN RED CROSS, NORTHERN COLORADO CHAPTER - 1808 N. BOISE AVE., STE. 110 - LOVELAND, CO 80538-5020	53-0196605	501(C)(3)	10,107.	0.			PROGRAM SUPPORT
ANIMAL FRIENDS ALLIANCE 2321 E MULBERRY ST., STE. 1 FORT COLLINS, CO 80524-3691	20-4969731	501(C)(3)	13,500.	0.			PROGRAM SUPPORT
ANIMAL RESCUE OF THE ROCKIES PO BOX 5531 BRECKENRIDGE, CO 80424-5531	20-1055815	501(C)(3)	8,317.	0.			PROGRAM SUPPORT
ARTSPACE PROJECTS 250 THIRD AVENUE NORTH, STE. #400 MINNEAPOLIS, MN 55401-2863	41-1350071	501(C)(3)	33,333.	0.			PROGRAM SUPPORT
BACKSTAGE RIALTO 228 E. 4TH ST., C/O RIALTO THEATER LOVELAND, CO 80537	46-5405366	501(C)(3)	21,000.	0.			PROGRAM SUPPORT

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BALLET RENAISSANCE PO BOX 3768 ESTES PARK, CO 80517-3768	03-0390058	501(C)(3)	6,266.	0.			PROGRAM SUPPORT
BAS BLEU THEATRE COMPANY 401 PINE ST. FORT COLLINS, CO 80524-2433	84-1195491	501(C)(3)	12,900.	0.			PROGRAM SUPPORT
BE THE GIFT, INC. PO BOX 1285 LOVELAND, CO 80539-1285	84-6122703	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
BERTHOUD HISTORICAL SOCIETY PO BOX 225 BERTHOUD, CO 80513-0225	84-0727564	501(C)(3)	15,413.	0.			PROGRAM SUPPORT
BETH ISRAEL DEACONESS HOSPITAL-MILTON INC. - 199 REEDSDALE RD. - MILTON, MA 02186	04-2103604	501(C)(3)	60,931.	0.			PROGRAM SUPPORT
BIRTHLINE OF LOVELAND 1511 E. 11TH ST., STE 160 LOVELAND, CO 80537-5006	84-0893338	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
BOOK TRUST 789 SHERMAN ST SUITE 300A DENVER, CO 80203-3531	20-4124164	501(C)(3)	41,000.	0.			PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF LARIMER COUNTY - 103 SMOKEY ST. - FORT COLLINS, CO 80525	74-2425914	501(C)(3)	226,488.	0.			PROGRAM SUPPORT
BUCKS COUNTY COMMUNITY COLLEGE FOUNDATION - 275 SWAMP RD. - NEWTOWN, PA 18940-9677	22-2456105	501(C)(3)	40,000.	0.			PROGRAM SUPPORT

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BUILDING NEW HOPE 6401 PENN AVE 3RD FL STE. 300 PITTSBURGH, PA 15206-4051	25-1698704	501(C)(3)	44,514.	0.			PROGRAM SUPPORT
CACHE LA POUDE FIRE & EMERGENCY GROUP - PO BOX 952 - LAPORTE, CO 80535-0952	83-0427649	501(C)(3)	35,000.	0.			PROGRAM SUPPORT
CANYON CONCERT BALLET 1031 CONIFER ST., STE. 3 FORT COLLINS, CO 80524-5313	84-0776736	501(C)(3)	11,400.	0.			PROGRAM SUPPORT
CAPE COD ACADEMY, INC. 50 OSTERVILLE W. BARNSTABLE RD. OSTERVILLE, MA 02655-1595	04-2592472	501(C)(3)	54,814.	0.			PROGRAM SUPPORT
CARE HOUSING, INC. 1303 W. SWALLOW RD. BLDG. 11 FORT COLLINS, CO 80526-6028	84-1200958	501(C)(3)	10,800.	0.			PROGRAM SUPPORT
CENTER FOR FAMILY OUTREACH PO BOX 475 FORT COLLINS, CO 80522-0475	84-1515937	501(C)(3)	5,550.	0.			PROGRAM SUPPORT
CENTER FOR HEALTH AND HOPE 7185 S. NIAGARA CIRCLE CENTENNIAL, CO 80112	20-4199173	501(C)(3)	7,600.	0.			PROGRAM SUPPORT
CHILDREN'S SPEECH AND READING CENTER - 1302 S SHIELDS ST UNIT A1-3 - FORT COLLINS, CO 80521-4801	84-1227883	501(C)(3)	20,171.	0.			PROGRAM SUPPORT
CHILDSAFE SEXUAL ABUSE TREATMENT CENTER - 2001 S. SHIELDS ST., BLDG. K - FORT COLLINS, CO 80526-1838	31-1581377	501(C)(3)	17,914.	0.			PROGRAM SUPPORT

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CITY GIVE FORT COLLINS 215 N. MASON ST., 2ND FLOOR FORT COLLINS, CO 80524			19,369.	0.			PROGRAM SUPPORT
CITY OF FORT COLLINS CITY CLERK'S OFFICE 300 LAPORTE AVENUE PO BOX 580 - FORT COLLINS, CO	84-6000587	501(C)(3)	6,692.	0.			PROGRAM SUPPORT
COALITION FOR THE POUDE RIVER WATERSHED - 320 E VINE DR STE 317 - FORT COLLINS, CO 80524-2332	46-2850042	501(C)(3)	126,512.	0.			PROGRAM SUPPORT
COLORADO ACADEMY 3800 SOUTH PIERCE ST. DENVER, CO 80235	84-0421874	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
COLORADO FOUNDATION FOR AGRICULTURE - 10343 FEDERAL BLVD., UNIT J - WESTMINSTER, CO 80260-7469	84-1177351	501(C)(3)	10,500.	0.			PROGRAM SUPPORT
COLORADO OPEN LANDS 1546 COLE BOULEVARD #210 LAKEWOOD, CO 80401-3406	84-0866211	501(C)(3)	40,727.	0.			PROGRAM SUPPORT
COLORADO SCHOOL OF MINES FOUNDATION, INC. - PO BOX 912031 - DENVER, CO 80291	84-0509064	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
COMMUNITY FOUNDATION SERVING BOULDER COUNTY - 1123 SPRUCE ST. - BOULDER, CO 80302-4001	84-1171836	501(C)(3)	173,033.	0.			PROGRAM SUPPORT
COMMUNITY RADIO FOR NORTHERN COLORADO (KUNC-FM) - 1901 56TH AVE., STE. 200 - GREELEY, CO 80634-2950	84-1577682	501(C)(3)	8,000.	0.			PROGRAM SUPPORT

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COMPASS COMMUNITY COLLABORATIVE SCHOOL - 2105 S. COLLEGE AVE. - FORT COLLINS, CO 80525		501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CONGREGATION HAR SHALOM 725 W. DRAKE RD. FORT COLLINS, CO 80526	84-0754231	501(C)(3)	5,050.	0.			PROGRAM SUPPORT
CONVOY OF HOPE PO BOX 1125 SPRINGFIELD, MO 65801	68-0051386	501(C)(3)	22,500.	0.			PROGRAM SUPPORT
COUNCIL TREE COVENANT CHURCH 4825 S. LEMAY FORT COLLINS, CO 80525	84-0856416	501(C)(3)	24,100.	0.			PROGRAM SUPPORT
COURT APPOINTED SPECIAL ADVOCATES OF LARIMER COUNT - 3105 E. HARMONY RD. - FORT COLLINS, CO 80528-9545	84-1048149	501(C)(3)	11,798.	0.			PROGRAM SUPPORT
CROSSROADS MINISTRY OF ESTES PARK ENDOWMENT FOUNDATION INC - PO BOX 3616 - ESTES PARK, CO 80517	26-3123855	501(C)(3)	198,599.	0.			PROGRAM SUPPORT
CROSSROADS MINISTRY OF ESTES PARK, INC. - PO BOX 3616 - ESTES PARK, CO 80517-3616	74-2465229	501(C)(3)	14,000.	0.			PROGRAM SUPPORT
CROSSROADS SAFEHOUSE PO BOX 993 FORT COLLINS, CO 80522-0993	84-0786145	501(C)(3)	41,179.	0.			PROGRAM SUPPORT
CRU / CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 32862-8222	95-6006173	501(C)(3)	19,350.	0.			PROGRAM SUPPORT

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CSU FINANCIAL AID OFFICE 1065 CAMPUS DELIVERY FORT COLLINS, CO 80523	84-6000545	501(C)(3)	55,071.	0.			PROGRAM SUPPORT
CSU FOUNDATION PO BOX 1870 FORT COLLINS, CO 80522-1870	23-7098397	501(C)(3)	39,227.	0.			PROGRAM SUPPORT
CSU LIBRARIES 1019 CAMPUS DELIVERY FORT COLLINS, CO 80521	84-6000545	501(C)(3)	17,573.	0.			PROGRAM SUPPORT
DARE 2 SHARE MINISTRIES PO BOX 745323 ARVADA, CO 80006-5323	84-0504202	501(C)(3)	62,000.	0.			PROGRAM SUPPORT
DEFENDERS OF WILDLIFE 1130 17TH ST., NW WASHINGTON, DC 20036-4607	53-0183181	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
DENVER RESCUE MISSION PO BOX 5206 DENVER, CO 80217-5206	84-6038762	501(C)(3)	6,177.	0.			PROGRAM SUPPORT
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	28,485.	0.			PROGRAM SUPPORT
DR. J. M. CHADHA ORTHODONTIC EDUCATIONAL FOUNDATION - 260 DALWILL DR. - MANDEVILLE, LA 70471	20-4301379	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ENERGY OUTREACH COLORADO 225 E. 16TH AVE., STE. 200 DENVER, CO 80203-1612	74-2543881	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

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ESTES PARK LEARNING PLACE, INC. 600 S. ST. VRAIN AVE., UNIT 2 ESTES PARK, CO 80517-7488	33-1003417	501(C)(3)	66,400.	0.			PROGRAM SUPPORT
ESTES PARK MEDICAL CENTER FOUNDATION - 6211 S BLACKHAWK CT - CENTENNIAL, CO 80111-6072	74-2411016	501(C)(3)	17,500.	0.			PROGRAM SUPPORT
ESTES PARK NONPROFIT RESOURCE CENTER, INC. - PO BOX 4221 - ESTES PARK, CO 80517-4221	85-0486591	501(C)(3)	15,500.	0.			PROGRAM SUPPORT
ESTES PARK POST 119 CHARITABLE FOUNDATION - PO BOX 127 - ESTES PARK, CO 80517	83-4214349	501(C)(3)	65,000.	0.			PROGRAM SUPPORT
ESTES VALLEY CRISIS ADVOCATES PO BOX 3822 ESTES PARK, CO 80517-3822	84-1445811	501(C)(3)	7,000.	0.			PROGRAM SUPPORT
ESTES VALLEY LIBRARY FRIENDS & FOUNDATION - PO BOX 1687 - ESTES PARK, CO 80517-1687	74-2385213	501(C)(3)	5,200.	0.			PROGRAM SUPPORT
FAMILY CENTER/LA FAMILIA 309 HICKORY STREET, SUITE 5 FORT COLLINS, CO 80524-1106	84-1318219	501(C)(3)	14,050.	0.			PROGRAM SUPPORT
FAMILY HOUSING NETWORK PO BOX 1765 FORT COLLINS, CO 80522	46-3225758	501(C)(3)	19,930.	0.			PROGRAM SUPPORT
FARMER JOHN INC. 1541 LOWER STATE RD. DOYLESTOWN, PA 18901	81-3022471	501(C)(3)	10,000.	0.			PROGRAM SUPPORT

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FARMHOUSE FOUNDATION 7306 NW TIFFANY SPRINGS PKWY., STE. KANSAS CITY, MO 64153	36-6111880	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS RD. KANSAS CITY, MO 64129-1680	44-0610626	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
FILLMORE CENTRAL HIGH SCHOOL PO BOX 599 HARMONY, MN 55939-0599		501(C)(3)	9,000.	0.			PROGRAM SUPPORT
FINALLY HOME FOUNDATION 2550 STOVER ST., BLDG. B201 FORT COLLINS, CO 80525-4658	26-2687095	501(C)(3)	19,927.	0.			PROGRAM SUPPORT
FIRST UNITED METHODIST CHURCH 1005 STOVER ST. FORT COLLINS, CO 80524	74-2422509	501(C)(3)	190,123.	0.			PROGRAM SUPPORT
FOOD BANK FOR LARIMER COUNTY 5706 WRIGHT DR. LOVELAND, CO 80538	74-2336171	501(C)(3)	72,132.	0.			PROGRAM SUPPORT
FOOTHILLS GATEWAY, INC. 301 W. SKYWAY DR. FORT COLLINS, CO 80525-3911	23-7019672	501(C)(3)	40,000.	0.			PROGRAM SUPPORT
FOOTHILLS UNITARIAN CHURCH 1815 YORKTOWN AVE. FORT COLLINS, CO 80526	84-0453854	501(C)(3)	10,054.	0.			PROGRAM SUPPORT
FORT COLLINS MUSEUM OF ART 201 S. COLLEGE AVE. FORT COLLINS, CO 80524-3182	84-1007370	501(C)(3)	9,284.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORT COLLINS MUSEUM OF DISCOVERY 408 MASON ST. FORT COLLINS, CO 80524-4421	74-2541265	501(C)(3)	55,247.	0.			PROGRAM SUPPORT
FORT COLLINS RESCUE MISSION PO BOX 5023 DENVER, CO 80217	84-6038762	501(C)(3)	49,500.	0.			PROGRAM SUPPORT
FORT COLLINS SENIOR CENTER 1200 RAINTREE DR. FORT COLLINS, CO 80526-1831	84-6000587	501(C)(3)	50,672.	0.			PROGRAM SUPPORT
FORT COLLINS SYMPHONY ASSOCIATION PO BOX 1963 FORT COLLINS, CO 80522-1963	84-6038716	501(C)(3)	60,498.	0.			PROGRAM SUPPORT
FORT COLLINS SYMPHONY ENDOWMENT FUND, INC - 155 EAST BOARDWALK DR., SUITE 487 - FORT COLLINS, CO 80525-3040	84-1594171	501(C)(3)	13,690.	0.			PROGRAM SUPPORT
FORWARD STEPS PO BOX 3484 BOULDER, CO 80307	20-5092412	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
FOUNDATIONS CHURCH, INC. 1380 DENVER AVE LOVELAND, CO 80537	45-3595436	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
FOUNTAIN VALLEY SCHOOL OF COLORADO 6155 FOUNTAIN VALLEY SCHOOL RD. COLORADO SPRINGS, CO 80911-2299	84-0423922	501(C)(3)	150,000.	0.			PROGRAM SUPPORT
FRIENDS OF THE GARDENS ON SPRING CREEK - 2145 CENTRE AVE. - FORT COLLINS, CO 80526-2087	84-1081365	501(C)(3)	6,250.	0.			PROGRAM SUPPORT

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FRIENDS OF THE SYMPHONY PO BOX 1515 FORT COLLINS, CO 80522-1515	84-0711905	501(C)(3)	21,601.	0.			PROGRAM SUPPORT
FRONT RANGE CHAMBER PLAYERS PO BOX 725 FORT COLLINS, CO 80522-0725	74-2378861	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
FRONT RANGE COMMUNITY COLLEGE-LARIMER COUNTY CAMPUS - FINANCIAL AID, 4616 S. SHIELDS ST. - FORT COLLINS, CO 80526	52-1560779	501(C)(3)	8,500.	0.			PROGRAM SUPPORT
GIDEONS INTERNATIONAL PO BOX 140800 NASHVILLE, TN 37214-0800	36-2270051	501(C)(3)	12,713.	0.			PROGRAM SUPPORT
GLOBAL LEADERS, INC. 405 E. PROSPECT RD., STE. 4 FORT COLLINS, CO 80525-1058	45-4279561	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
GLOBAL VILLAGE MUSEUM 200 W. MOUNTAIN AVE., STE. C FORT COLLINS, CO 80521	20-5623503	501(C)(3)	27,318.	0.			PROGRAM SUPPORT
GRACE PLACE 375 MEADOWLARK DR. BERTHOUD, CO 80513-8424	84-1349338	501(C)(3)	36,177.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY - PO BOX 333 - LONGMONT, CO 80502	84-1092616	501(C)(3)	11,000.	0.			PROGRAM SUPPORT
HABITAT FOR HUMANITY, FORT COLLINS 4001 S. TAFT HILL RD. FORT COLLINS, CO 80526	84-1217901	501(C)(3)	29,778.	0.			PROGRAM SUPPORT

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HABITAT FOR HUMANITY, LOVELAND PO BOX 56 LOVELAND, CO 80539-0056	84-1066816	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
HARRINGTON ARTS ALLIANCE 575 N. DENVER AVE. LOVELAND, CO 80537-5127	47-4978384	501(C)(3)	5,342.	0.			PROGRAM SUPPORT
HAXTUN HOSPITAL DISTRICT FOUNDATION - PO BOX 38 - HAXTUN, CO 80731-0038	84-1272623	501(C)(3)	15,469.	0.			PROGRAM SUPPORT
HEALING WARRIORS PROGRAM 1044 W. DRAKE RD., #202 FORT COLLINS, CO 80526-3080	45-5093751	501(C)(3)	6,550.	0.			PROGRAM SUPPORT
HEARTS & HORSES THERAPEUTIC RIDING CENTER - 163 N. COUNTY RD 29 - LOVELAND, CO 80537-8375	84-1387873	501(C)(3)	12,142.	0.			PROGRAM SUPPORT
HOMESTEAD BIBLE CAMP 43741 HIGHWAY 52 ROGGEN, CO 80652	47-5366410	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
HOMeward ALLIANCE PO BOX 873 FORT COLLINS, CO 80522	27-4641606	501(C)(3)	95,309.	0.			PROGRAM SUPPORT
HOUSE OF NEIGHBORLY SERVICE -- BERTHOUD - PO BOX 203 - BERTHOUD, CO 80513	84-0568546	501(C)(3)	307,665.	0.			PROGRAM SUPPORT
HOUSE OF NEIGHBORLY SERVICE 1511 E 11TH ST., STE. 100 LOVELAND, CO 80537-5006	84-0568546	501(C)(3)	42,959.	0.			PROGRAM SUPPORT

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IMMANUEL COMMUNITY CHURCH 1725 W. MULBERRY ST. FORT COLLINS, CO 80521	84-1324009	501(C)(3)	60,000.	0.			PROGRAM SUPPORT
INSPIRE CHILDREN'S MUSEUM OF NORTHERN COLORADO INC - PO BOX 239 - LOVELAND, CO 80539-0239	82-1578667	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
INTERFAITH SOLIDARITY AND ACCOMPANIMENT COALITION - PO BOX 94 - FORT COLLINS, CO 80522	83-2470471	501(C)(3)	16,050.	0.			PROGRAM SUPPORT
INTERNATIONAL JUSTICE MISSION PO BOX 96961 WASHINGTON, DC 20090	54-1722887	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
INTERNATIONAL STUDENTS, INC. PO BOX C COLORADO SPRINGS, CO 80901	53-0214853	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
JOHNSTOWN VETERANS MEMORIAL INC. 467 EXPEDITION LN. JOHNSTOWN, CO 80534	87-4240478	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
KIDSPAK PO BOX 2078 LOVELAND, CO 80539-2078	86-1897223	501(C)(3)	96,000.	0.			PROGRAM SUPPORT
KRFC 88.9FM 619 S COLLEGE, STE. 2 FORT COLLINS, CO 80524-3068	84-1307999	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
LAKE OF THE OZARKS IDIOTS CLUB 72 PARK POOL DR., #44 KAISER, MO 65047	46-5681850	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

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LARIMER COUNTY 200 W. OAK ST. FORT COLLINS, CO 80521		501(C)(3)	258,327.	0.			PROGRAM SUPPORT
LARIMER HUMANE SOCIETY 3501 E. 71ST ST. LOVELAND, CO 80538-1119	84-0611804	501(C)(3)	13,371.	0.			PROGRAM SUPPORT
LIFE FELLOWSHIP OF FREDERICK, INC. 4842 EAGLE BLVD. FREDERICK, CO 80504-5488	45-4801459	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
LIGONIER MINISTRIES, INC. PO BOX 864736 ORLANDO, FL 32886	25-1298611	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
LITTLE SPROUTS LEARNING CENTER PO BOX 154 HAXTUN, CO 80751	47-3390039	501(C)(3)	14,003.	0.			PROGRAM SUPPORT
LIVE THE VICTORY (DBA THE MATTHEWS HOUSE) - 415 MASON CT., #1 - FORT COLLINS, CO 80524-4422	20-2894339	501(C)(3)	7,397.	0.			PROGRAM SUPPORT
LOVELAND ROTARY FOUNDATION PO BOX 304 LOVELAND, CO 80539-0304	84-6058583	501(C)(3)	348,406.	0.			PROGRAM SUPPORT
LOVELAND YOUTH GARDENERS PO BOX 1004 LOVELAND, CO 80539-1004	84-1516672	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
LUBICK FOUNDATION - RAMSTRENGTH 2221 BALDWIN ST. FORT COLLINS, CO 80528-7104	27-1444241	501(C)(3)	5,500.	0.			PROGRAM SUPPORT

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LUTHERAN CAMPUS MINISTRY AT COLORADO STATE UNIVERSITY - 805 S. SHIELDS - FORT COLLINS, CO 80521	84-0610657	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET, STE. 540 BOSTON, MA 02114-1106	04-1564655	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
MEALS ON WHEELS FOR FORT COLLINS 1217 E. ELIZABETH ST. #11 FORT COLLINS, CO 80524-4040	23-7116630	501(C)(3)	19,579.	0.			PROGRAM SUPPORT
MEALS ON WHEELS OF LOVELAND AND BERTHOUD, INC. - 437 N. GARFIELD AVE. - LOVELAND, CO 80537-5535	84-0583386	501(C)(3)	7,750.	0.			PROGRAM SUPPORT
MELISSA MEMORIAL HOSPITAL FOUNDATION - 1001 E. JOHNSON ST. - HOLYOKE, CO 80734-1854	74-3173873	501(C)(3)	27,000.	0.			PROGRAM SUPPORT
METROPOLITAN STATE UNIVERSITY OF DENVER FOUNDATION - CAMPUS BOX 14, PO BOX 173362 - DENVER, CO 80217-3362	84-0576459	501(C)(3)	50,000.	0.			PROGRAM SUPPORT
MORNING STAR COMMUNITY CHURCH PO BOX 530 RED FEATHER LAKES, CO 80545	84-1042013	501(C)(3)	30,729.	0.			PROGRAM SUPPORT
NATIONAL JEWISH HEALTH PO BOX 17169 DENVER, CO 80217-0169	74-2044647	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD., #1200 JENKINTOWN, PA 19046-3549	23-7825575	501(C)(3)	57,119.	0.			PROGRAM SUPPORT

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NATIONAL TUBEROUS SCLEROSIS ASSOCIATION - 8737 COLESVILLE RD., STE. 400 - SILVER SPRING, MD 20910	95-3018799	501(C)(3)	100,000.	0.			PROGRAM SUPPORT
NATURAL RESOURCES DEFENSE COUNCIL 40 W. 20TH ST. NEW YORK, NY 10011-4217	13-2654926	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
NEIGHBOR TO NEIGHBOR 1550 BLUE SPRUCE DR FORT COLLINS, CO 80524-2015	84-0630214	501(C)(3)	12,600.	0.			PROGRAM SUPPORT
NORTHEASTERN JUNIOR COLLEGE FOUNDATION - 100 COLLEGE AVE. - STERLING, CO 80751-2399	84-0804957	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NORTHEASTERN JUNIOR COLLEGE STUDENT ACCOUNTS/CASHI - 100 COLLEGE AVE. - STERLING, CO 80751-2345	84-0804957	501(C)(3)	8,752.	0.			PROGRAM SUPPORT
NORTHERN COLORADO WILDLIFE CENTER 3012 RUSTIC CT. FORT COLLINS, CO 80526-2652	81-2267415	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NORTHERN COLORADO YOUTH FOR CHRIST PO BOX 909 GREELEY, CO 80632	23-7332916	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
OCCIDENTAL COLLEGE 1600 CAMPUS RD. LOS ANGELES, CA 90041	95-1667177	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
OUR LADY OF THE VALLEY CATHOLIC CHURCH - 1250 7TH STREET - WINDSOR, CO 80550-6217	84-6116885	501(C)(3)	8,750.	0.			PROGRAM SUPPORT

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PARTNERS MENTORING YOUTH 530 S. COLLEGE AVE., UNIT 1 FORT COLLINS, CO 80524-3235	74-2486211	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
PATHWAYS HOSPICE 305 CARPENTER RD. FORT COLLINS, CO 80525-4248	84-0782874	501(C)(3)	38,750.	0.			PROGRAM SUPPORT
PEACE WITH CHRIST LUTHERAN CHURCH 1412 W. SWALLOW RD. FORT COLLINS, CO 80526	23-7198718	501(C)(3)	12,713.	0.			PROGRAM SUPPORT
PEAKS TO PEOPLE WATER FUND 1001-A E. HARMONY RD. # 171 FORT COLLINS, CO 80525-3354	82-3779406	501(C)(3)	97,000.	0.			PROGRAM SUPPORT
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS - 7155 E. 38TH AVE. - DENVER, CO 80207	84-0404253	501(C)(3)	12,000.	0.			PROGRAM SUPPORT
PLATTE VALLEY HEALTHCARE PROJECT PO BOX 549 SARATOGA, WY 82331	84-2280561	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
POUDRE RIVER FRIENDS OF THE LIBRARY - 301 E. OLIVE ST. - FORT COLLINS, CO 80524	23-7433938	501(C)(3)	85,564.	0.			PROGRAM SUPPORT
POUDRE SCHOOL DISTRICT 2407 LAPORTE AVE. FORT COLLINS, CO 80521	84-6013733	501(C)(3)	52,582.	0.			PROGRAM SUPPORT
PROJECT SELF-SUFFICIENCY 375 W 37TH ST., #150 LOVELAND, CO 80538-8435	84-1206341	501(C)(3)	122,466.	0.			PROGRAM SUPPORT

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PULLIAM COMMUNITY BUILDING FOUNDATION - 1127 GARFIELD AVE. - LOVELAND, CO 80537	27-1681065	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
REALITIES FOR CHILDREN CHARITIES, INC. - 308 E COUNTY ROAD 30 - FORT COLLINS, CO 80525-9303	26-4219652	501(C)(3)	11,922.	0.			PROGRAM SUPPORT
REDEMPTION CHURCH 565 CLEVELAND AVE. LOVELAND, CO 80537-5580	47-4129134	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
RESPITE CARE, INC. 6203 S. LEMAY AVE. FORT COLLINS, CO 80525-9436	84-0840653	501(C)(3)	17,264.	0.			PROGRAM SUPPORT
RESURRECTION CHRISTIAN SCHOOL FOUNDATION - 6508 E. CROSSROADS BLVD. - LOVELAND, CO 80538-8985	20-7083543	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
RESURRECTION CHRISTIAN SCHOOL 6508 E. CROSSROADS BLVD LOVELAND, CO 80538-8985	84-1466285	501(C)(3)	132,000.	0.			PROGRAM SUPPORT
RISNERUP FOUNDATION 1300 W. 78TH ST., STE. 305 CLEVELAND, OH 44102	83-3626504	501(C)(3)	8,543.	0.			PROGRAM SUPPORT
ROCKY MOUNTAIN CONSERVANCY PO BOX 3100 ESTES PARK, CO 80517-3100	84-0472090	501(C)(3)	8,250.	0.			PROGRAM SUPPORT
ROTARY CLUB OF FORT COLLINS CHARITIES, INC. - PO BOX 1206 - FORT COLLINS, CO 80522-1206	84-1027489	501(C)(3)	36,353.	0.			PROGRAM SUPPORT

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ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DR. - CHICAGO, IL 60693	36-3245072	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
RURAL COMMUNITIES RESOURCE CENTER 252 W. 1ST ST., WASHINGTON COUNTY C AKRON, CO 80720	84-0959903	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	25,963.	0.			PROGRAM SUPPORT
SERIMUS OPERATING FOUNDATION 148 REMINGTON ST., STE. #100 FORT COLLINS, CO 80524-3444	84-1603231	501(C)(3)	61,958.	0.			PROGRAM SUPPORT
SEXUAL ASSAULT VICTIM ADVOCATE CENTER - 4812 S. COLLEGE AVE. - FORT COLLINS, CO 80525-3723	38-3675536	501(C)(3)	5,998.	0.			PROGRAM SUPPORT
SHRINERS HOSPITALS FOR CHILDREN 2900 N. ROCKY POINT DR. TAMPA, FL 33607	36-2193608	501(C)(3)	18,000.	0.			PROGRAM SUPPORT
SKY CORRAL PO BOX 2169 LOVELAND, CO 80539	26-3899466	501(C)(3)	135,405.	0.			PROGRAM SUPPORT
SMILE TRAIN PO BOX 96231 WASHINGTON, DC 20090	13-3661416	501(C)(3)	11,100.	0.			PROGRAM SUPPORT
SOUTH DAKOTA STATE UNIVERSITY FOUNDATION - 815 MEDARY AVE., BOX 525 - BROOKINGS, SD 57006-1303	46-0273801	501(C)(3)	18,250.	0.			PROGRAM SUPPORT

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PL. - MEMPHIS, TN 38105-3678	62-0646012	501(C)(3)	20,250.	0.			PROGRAM SUPPORT
ST. LUKE'S EPISCOPAL CHURCH 2000 STOVER ST. FORT COLLINS, CO 80525	84-0478852	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
STEAMBOAT SYMPHONY ORCHESTRA PO BOX 771376 STEAMBOAT SPRINGS, CO 80477	81-3913615	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
STERLING FAMILY RESOURCE CENTER 120 MAIN ST. STERLING, CO 80751-4342	20-5089275	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
SUMMITSTONE HEALTH PARTNERS 4856 INNOVATION DR., STE. B FORT COLLINS, CO 80525-5540	84-1512383	501(C)(3)	6,500.	0.			PROGRAM SUPPORT
TEACHING TREE EARLY CHILDHOOD LEARNING CENTER - 424 PINE ST. - FORT COLLINS, CO 80524-2421	84-0598116	501(C)(3)	7,100.	0.			PROGRAM SUPPORT
THE NATURE CONSERVANCY IN COLORADO 2424 SPRUCE ST. BOULDER, CO 80302-4617	53-0242652	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
THE NAVIGATORS PO BOX 6079 ALBERTA LEA, MN 56007	84-6007896	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
THOMPSON R2-J EDUCATION FOUNDATION 800 S. TAFT AVE. LOVELAND, CO 80537-6347	84-1158256	501(C)(3)	126,998.	0.			PROGRAM SUPPORT

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TIMBERLINE CHURCH 2908 S. TIMBERLINE RD. FORT COLLINS, CO 80525-2402	84-0470239	501(C)(3)	49,677.	0.			PROGRAM SUPPORT
TIMNATH PRESBYTERIAN CHURCH PO BOX 99 TIMNATH, CO 80547-0099		501(C)(3)	12,713.	0.			PROGRAM SUPPORT
TIYOSPAYE WINYAN MAK 1245 E. LINCOLN AVE., #722 FORT COLLINS, CO 80524	74-2226202	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
TOWN CHURCH PO BOX 2064 FORT COLLINS, CO 80522-2064	26-4757487	501(C)(3)	17,900.	0.			PROGRAM SUPPORT
TOWN OF ESTES PARK PO BOX 1287 ESTES PARK, CO 80517	84-6000661	501(C)(3)	34,300.	0.			PROGRAM SUPPORT
TOWN OF HAXTUN PO BOX 205/145 S. COLORADO AVE. HAXTUN, CO 80731	84-6000674	501(C)(3)	8,750.	0.			PROGRAM SUPPORT
TREES, WATER & PEOPLE 633 REMINGTON ST. FORT COLLINS, CO 80524-3024	84-1462044	501(C)(3)	32,290.	0.			PROGRAM SUPPORT
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD. STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	12,400.	0.			PROGRAM SUPPORT
UCHEALTH NORTHERN COLORADO FOUNDATION - 2315 E. HARMONY RD, STE 200 - FORT COLLINS, CO 80528-8620	74-1894581	501(C)(3)	141,222.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



COMMUNITY FOUNDATION OF NORTHERN  
COLORADO

Schedule I (Form 990)

84-0699243

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UKRAINE ORPHAN OUTREACH 18519 CO RD. 5 BERTHOUD, CO 80513-8008	26-0734037	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
UNITED CHURCH OF CHRIST IN CORNWALL - PO BOX 35 - CORNWALL, CT 06753		501(C)(3)	25,000.	0.			PROGRAM SUPPORT
UNITED METHODIST COMMITTEE ON RELIEF - PO BOX 9068 - NEW YORK, NY 10087	30-0989628	501(C)(3)	7,600.	0.			PROGRAM SUPPORT
UNITED METHODIST WOMEN 475 RIVERSIDE DR., 15TH FLR. NEW YORK, NY 10115	13-5565087	501(C)(3)	7,600.	0.			PROGRAM SUPPORT
UNITED WAY OF LARIMER COUNTY 525 W. OAK ST., STE. 101 FORT COLLINS, CO 80521-2722	84-6031503	501(C)(3)	196,992.	0.			PROGRAM SUPPORT
UNITED WAY OF WELD COUNTY INC. PO BOX 1944 GREELEY, CO 80632	84-6011918	501(C)(3)	15,250.	0.			PROGRAM SUPPORT
UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO (UCSF) FOUNDATION - PO BOX 45339 - SAN FRANCISCO, CA 94145	47-3599471	501(C)(3)	5,500.	0.			PROGRAM SUPPORT
UNIVERSITY OF COLORADO FOUNDATION PO BOX 17126 DENVER, CO 80217-0126	84-6049811	501(C)(3)	22,250.	0.			PROGRAM SUPPORT
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL, STE. 300 LINCOLN, NE 68508-2882	47-0379839	501(C)(3)	20,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF NORTHERN  
COLORADO**

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84-0699243

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTHERN COLORADO FINANCIAL AID - CARTER HALL ROOM 1005 - GREELEY, CO 80639	84-6000546	501(C)(3)	35,537.	0.			PROGRAM SUPPORT
UNIVERSITY OF NORTHERN COLORADO FOUNDATION - 1620 RESERVOIR RD. - GREELEY, CO 80631-5372	84-6044833	501(C)(3)	6,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF SOUTHERN CALIFORNIA 620 W. MCCARTHY WAY, SUITE 21 LOS ANGELES, CA 90089	95-1642394	501(C)(3)	54,686.	0.			PROGRAM SUPPORT
UNIVERSITY OF WISCONSIN FOUNDATION 1848 UNIVERSITY AVE. MADISON, WI 53726	39-0806297	501(C)(3)	27,000.	0.			PROGRAM SUPPORT
URBAN YOUTH MINISTRIES PO BOX 460429 AURORA, CO 80046	84-1289488	501(C)(3)	29,000.	0.			PROGRAM SUPPORT
VINDEKET FOODS 1317 WEBSTER AVE. FORT COLLINS, CO 80524-2756	84-4870952	501(C)(3)	11,900.	0.			PROGRAM SUPPORT
VOICE OF CHINA AND ASIA PO BOX 702015 TULSA, OK 74170	95-6116632	501(C)(3)	36,000.	0.			PROGRAM SUPPORT
VOICES CARRY CHILD ADVOCACY CENTER 5529 S. TIMBERLINE RD. FORT COLLINS, CO 80528	84-1324009	501(C)(3)	29,662.	0.			PROGRAM SUPPORT
WAREHOUSE BUSINESS ACCELERATOR, INC. - 1215 S. GRANT AVE. - LOVELAND, CO 80537-6399	46-4102790	501(C)(3)	14,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF NORTHERN  
COLORADO

Schedule I (Form 990)

84-0699243

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE HEART THIS CITY 3045 WESTCOTT DR. PORT HURON, MI 48060-1744	27-3841568	501(C)(3)	33,500.	0.			PROGRAM SUPPORT
WHEELS ACROSS THE PRAIRIE MUSEUM PO BOX 1091 TRACY, MN 56175	41-1325053	501(C)(3)	55,910.	0.			PROGRAM SUPPORT
WHITMAN COLLEGE 345 BOYER AVE. WALLA WALLA, WA 99362-2083	91-0567740	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WOMEN'S FOUNDATION OF COLORADO 1901 E. ASBURY AVE. DENVER, CO 80210-3302	84-1039305	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE. NW, 7TH FLOOR WASHINGTON, DC 20001	27-3521132	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
YMCA OF THE ROCKIES 2515 TUNNEL RD. ESTES PARK, CO 80511	84-0404913	501(C)(3)	6,200.	0.			PROGRAM SUPPORT
YOUNG LIFE PO BOX 520 COLORADO SPRINGS, CO 80901	84-0385934	501(C)(3)	101,000.	0.			PROGRAM SUPPORT
ZION LUTHERAN CHURCH 815 E. 16TH ST. LOVELAND, CO 80538	84-0635090	501(C)(3)	7,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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 noncash 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. THE 501(C)(3) STATUS IS CONFIRMED BEFORE A GRANT IS ISSUED.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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 (such as 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 on line 1a? .....

**3** Indicate which, if any, of the following the 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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2021

COMMUNITY FOUNDATION OF NORTHERN  
COLORADO

84-0699243

Schedule J (Form 990) 2021

**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 aren't 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 and/or 1099-NEC 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) KRISTIN TODD CHIEF EXECUTIVE OFFICER	(i)	189,078.	0.	0.	3,062.	9,077.	201,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELLA FAHRLANDER CHIEF ENGAGEMENT OFFICER	(i)	145,445.	0.	600.	7,229.	10,988.	164,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WENDY BANKS CHIEF FINANCIAL OFFICER	(i)	140,245.	0.	600.	7,050.	11,040.	158,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUS PAYMENTS FOR THE CEO ARE DETERMINED BY THE EXECUTIVE COMMITTEE AND  
FOR OTHER EMPLOYEES ARE DETERMINED INTERNALLY BY MANAGEMENT. THEY ARE BASED  
ON THE FINANCIAL PERFORMANCE OF THE FOUNDATION AND A PERFORMANCE EVALUATION  
OF THE EMPLOYEE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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	59	1,661,592.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

- 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 isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021





**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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 11B:

A DRAFT OF THE FORM 990 IS APPROVED BY THE FINANCE COMMITTEE AND THEN SENT TO THE BOARD OF TRUSTEES VIA EMAIL. ANY ISSUES OR QUESTIONS FROM THE BOARD ARE RESOLVED BEFORE THE 990 IS FINALIZED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION PRESENTS THE POLICY TO ALL TRUSTEES AND COMMITTEE MEMBERS ON AN ANNUAL BASIS AND MONITORS ANY CONFLICTS THOUGHOUT THE YEAR. TRUSTEES EXCUSE THEMSELVES FROM ANY MEETING WHERE THERE IS A POTENTIAL CONFLICT, AND MEETING MINUTES WILL REFLECT THIS.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE PRESIDENT/CEO IS REVIEWED ANNUALLY USING CURRENT INDUSTRY SPECIFIC SALARY SURVEYS BY THE EXECUTIVE COMMITTEE. THE COMMITTEE PUTS A RECOMMENDATION FORWARD TO THE BOARD OF TRUSTEES, WHO APPROVE COMPENSATION ADJUSTMENTS IN ALIGNMENT WITH THE ANNUAL BUDGET. THE PRESIDENT/CEO USES THE SAME COMPENSATION SURVEYS FOR REVIEW OF STAFF SURVEYS ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTERST POLICY ARE AVAILABLE UPON REQUESTS RECEIVED VIA MAIL OR EMAIL. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE VIA THE FOUNDATION'S WEBSITE, AND COPIES ARE ALSO PROVDDED UPON WRITTEN REQUEST.

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

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

Schedule O (Form 990) 2021



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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)	LINE 12B, II	COMMUNITY FOUNDATION OF NORTHERN COLORADO	X	

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

Schedule R (Form 990) 2021

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**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) COMMUNITY FOUNDATION TRUST	C	3,040,000.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

COMMUNITY FOUNDATION OF NORTHERN  
 COLORADO

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.