

Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

C Name of organization UNIVERSITY OF NORTHERN COLORADO FOUNDATION INC.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 JUDY FARR CENTER, 1620 RESERVOIR ROAD
 City or town, state or country, and ZIP + 4
 GREELEY, CO 80631

D Employer identification number 84-6044833

E Telephone number (970) 351-2034

F Name and address of principal officer: CYNTHIA EVANS
 1620 RESERVOIR ROAD GREELEY, CO 80631

G Gross receipts \$ 125,315,129.

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: WWW.UNCFOUNDATION.ORG **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1966 **M** State of legal domicile: CO

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO SUPPORT THE UNIVERSITY OF NORTHERN COLORADO.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9.
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	29.
	6	Total number of volunteers (estimate if necessary)	6	11.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	12,464.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-21,492.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,194,533.	4,943,677.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,114,477.	2,156,130.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,523,187.	7,295,039.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,492,073.	622,806.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,324,270.	15,017,652.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	6,893,407.	6,932,545.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,693,825.	482,452.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,570,923.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,332,632.	4,769,332.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,919,864.	12,184,329.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	404,406.	2,833,323.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	108,815,190.	120,706,625.
	22	Net assets or fund balances. Subtract line 21 from line 20	26,608,840.	26,160,567.
		82,206,350.	94,546,058.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ *Cynthia A. Evans* Signature of officer Date 2/9/2012
 ▶ CYNTHIA EVANS interim EXECUTIVE DIRECTOR
 ▶ Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name CRAIG R. CHOUN Preparer's signature *Craig Choun* Date 2/8/2012 Check if self-employed PTIN P00173718
 Firm's name ▶ EHRHARDT KEEFE STEINER & HOTTMAN PC Firm's EIN ▶ 84-0869721
 Firm's address ▶ 7979 E. TUFTS AVENUE, SUITE 400 DENVER, CO 80237-2843 Phone no. 303-740-9400

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE UNIVERSITY OF NORTHERN COLORADO FOUNDATION IS A PRIVATE
NON-PROFIT 501(C)(3) DEDICATED TO STEWARDING DONORS, DATA, AND
DOLLARS IN SUPPORT OF THE UNIVERSITY OF NORTHERN COLORADO.

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

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

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

4a (Code:) (Expenses \$ 6,932,545. including grants of \$ 6,932,545.) (Revenue \$)
SUPPORT FOR FUNDRAISING AND PROGRAMS FOR THE UNIVERSITY OF
NORTHERN COLORADO THROUGH INVESTMENT AND MANAGEMENT OF ASSETS AND
THE FURNISHING OF FUNDS, FACILITIES, EQUIPMENT AND SERVICES TO THE
STUDENTS AND FACULTY OF THE INSTITUTION.

4b (Code:) (Expenses \$ 2,586,027. including grants of \$) (Revenue \$ 2,156,130.)
STUDENT HOUSING FOR THE BENEFIT OF UNIVERSITY OF NORTHERN COLORADO
STUDENTS.

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

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

4e Total program service expenses ▶ 9,518,572.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 20 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, bond issues, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-part, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and 501(c)(7), (12), (19) organizations.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GENEVE MONNES 1620 RESERVOIR ROAD GREELEY, CO 80631 970-351-2034

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEN COOK DIRECTOR	1.00	X					0.	0	0.	
(2) TERRI RUNYAN CHAIR	1.00	X		X			0.	0	0.	
(3) CHERYL WENZINGER SECRETARY/TREASURER	1.00	X		X			0.	0	0.	
(4) DALE BUTCHER DIRECTOR	1.00	X					0.	0	0.	
(5) STEPHEN SHAPIRO DIRECTOR	1.00	X					0.	0	0.	
(6) CURT WYENO DIRECTOR	1.00	X					0.	0	0.	
(7) STEVE BAKER DIRECTOR	1.00	X					0.	0	0.	
(8) JOHN SCHMIDT DIRECTOR	1.00	X					0.	0	0.	
(9) CYNTHIA EVANS DIRECTOR	1.00	X					0.	0	0.	
(10) POLLY KURTZ EXECUTIVE DIRECTOR	40.00			X			100,083.	0	8,757.	
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							100,083.	0.	8,757.	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							100,083.	0.	8,757.	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such person		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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,943,677.				
	g	Noncash contributions included in lines 1a-1f: \$	146,861.				
	h	Total. Add lines 1a-1f	4,943,677.				
Program Service Revenue			Business Code				
	2a	STUDENT HOUSING RENT	611710	2,156,130.	2,156,130.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		2,156,130.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 2		2,917,843.		2,917,843.	
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		133,700.		133,700.	
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	114,674,673.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses		110,297,477.			
c	Gain or (loss)		4,377,196.				
d	Net gain or (loss)		4,377,196.		4,377,196.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
b	Less: direct expenses b						
c	Net income or (loss) from fundraising events		0.				
9a	Gross income from gaming activities. See Part IV, line 19 a						
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	OTHER INCOME	611710	476,642.	476,642.			
b	UBI FROM PARTNERSHIPS	611710	12,464.		12,464.		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		489,106.				
12	Total revenue. See instructions		15,017,652.	2,632,772.	12,464.	7,428,739.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	6,932,545.	6,932,545.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	100,083.		100,083.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	271,939.		251,640.	20,299.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	31,999.		30,385.	1,614.
9 Other employee benefits	45,726.		43,493.	2,233.
10 Payroll taxes	32,705.		31,155.	1,550.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	19,777.		19,777.	
c Accounting	50,764.		50,764.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	335,820.		335,820.	
g Other	5,691.		5,691.	
12 Advertising and promotion	0.			
13 Office expenses	60,068.		60,068.	
14 Information technology	69,237.		24,010.	45,227.
15 Royalties	0.			
16 Occupancy	34,195.		34,195.	
17 Travel	2,536.		2,536.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	7,589.		7,589.	
20 Interest	1,157,782.	1,151,963.	5,819.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	48,280.		48,280.	
23 Insurance	9,103.		9,103.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>STUDENT HOUSING EXPENSE</u> -----	1,434,064.	1,434,064.		
b <u>FUNDRAISING REIMBURSEMENT</u> -----	1,500,000.			1,500,000.
c <u>FILING FEES</u> -----	716.		716.	
d <u>BAD DEBT</u> -----	25,000.		25,000.	
e <u>MISCELLANEOUS OTHER</u> -----	8,710.		8,710.	
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	12,184,329.	9,518,572.	1,094,834.	1,570,923.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	55,955.	1	98,716.
	2	Savings and temporary cash investments	2,492,224.	2	3,282,037.
	3	Pledges and grants receivable, net	1,541,739.	3	1,105,360.
	4	Accounts receivable, net	365,274.	4	292,248.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	3,106.	7	38,871.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	40,148.	9	29,243.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,230,949.		
	b	Less: accumulated depreciation	10b 5,100,508.	14,615,697.	10c 14,130,441.
	11	Investments - publicly traded securities	21,503,954.	11	74,567,389.
	12	Investments - other securities. See Part IV, line 11	62,096,257.	12	21,314,356.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	1,118,850.	14	1,077,416.
	15	Other assets. See Part IV, line 11	4,981,986.	15	4,770,548.
16	Total assets. Add lines 1 through 15 (must equal line 34)	108,815,190.	16	120,706,625.	
Liabilities	17	Accounts payable and accrued expenses	2,055,667.	17	1,919,210.
	18	Grants payable		18	
	19	Deferred revenue	113,837.	19	138,952.
	20	Tax-exempt bond liabilities	23,070,326.	20	22,749,016.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	696,076.	21	685,955.
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	672,934.	25	667,434.
	26	Total liabilities. Add lines 17 through 25	26,608,840.	26	26,160,567.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	11,208,545.	27	14,656,187.
	28	Temporarily restricted net assets	14,799,039.	28	14,716,144.
	29	Permanently restricted net assets	56,198,766.	29	65,173,727.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	82,206,350.	33	94,546,058.	
34	Total liabilities and net assets/fund balances	108,815,190.	34	120,706,625.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,017,652.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,184,329.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,833,323.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	82,206,350.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	9,506,385.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	94,546,058.

Part XII Financial Statements and Reporting

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

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

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **UNIVERSITY OF NORTHERN COLORADO FOUNDATION**
INC.

Employer identification number
84-6044833

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

11g(ii)		
---------	--	--
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii)		
----------	--	--
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,592,313.	4,567,732.	4,550,243.	4,194,533.	4,943,677.	24,848,498.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,592,313.	4,567,732.	4,550,243.	4,194,533.	4,943,677.	24,848,498.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,229,676.
6 Public support. Subtract line 5 from line 4.						23,618,822.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,592,313.	4,567,732.	4,550,243.	4,194,533.	4,943,677.	24,848,498.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,286,841.	3,534,856.	2,580,117.	2,777,683.	3,051,543.	15,231,040.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) - ATCH. 1	784,697.	1,059,552.	1,077,062.	1,302,628.	489,106.	4,713,045.
11 Total support. Add lines 7 through 10						44,792,583.
12 Gross receipts from related activities, etc. (see instructions)				12		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	52.73 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	49.66 %
16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

- 19a **33 1/3 % support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b **33 1/3 % support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER INCOME	784,697.	1,059,552.	1,077,062.	1,302,628.	489,106.	4,713,045.
TOTALS	<u>784,697.</u>	<u>1,059,552.</u>	<u>1,077,062.</u>	<u>1,302,628.</u>	<u>489,106.</u>	<u>4,713,045.</u>

Schedule of Contributors

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

2010

Name of the organization
UNIVERSITY OF NORTHERN COLORADO FOUNDATION
INC.
Employer identification number
84-6044833

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNIVERSITY OF NORTHERN COLORADO FOUNDATION
INC.

Employer identification number
84-6044833

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	----- ----- -----	\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 345,668.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 157,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 127,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 629,617.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNIVERSITY OF NORTHERN COLORADO FOUNDATION
INC.

Employer identification number
84-6044833

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	----- ----- -----	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 180,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 112,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2010

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization UNIVERSITY OF NORTHERN COLORADO FOUNDATION INC.

Employer identification number 84-6044833

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure, and various monitoring and enforcement questions.

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

Table with 2 columns: \$ amount. Rows include questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research.

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

Schedule D (Form 990) 2010

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XI V and complete the following table:

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

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

b If "Yes," explain the arrangement in Part XI V.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	66,142,891.	61,689,746.	80,591,505.		
b Contributions	2,382,883.	886,076.	1,335,026.		
c Net investment earnings, gains, and losses	11,890,480.	6,135,528.	-17,084,081.		
d Grants or scholarships			3,152,039.		
e Other expenditures for facilities and programs	3,922,819.	2,568,459.	665.		
f Administrative expenses		0.	0.		
g End of year balance	76,493,435.	66,142,891.	61,689,746.		

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

- a Board designated or quasi-endowment ▶ 4.3356 %
- b Permanent endowment ▶ 84.6415 %
- c Term endowment ▶ 11.0229 %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		17,996,110.	4,062,356.	13,933,754.
c Leasehold improvements				
d Equipment		1,234,839.	1,038,152.	196,687.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,130,441.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	8,324,959.	FMV
(B) PRIVATE EQUITY	3,336,891.	FMV
(C) REAL ESTATE	2,205,113.	FMV
(D) TRUSTS	4,071,723.	FMV
(E) OTHER INVESTMENTS	2,375,670.	FMV
(F) LIMITED PARTNERSHIP	1,000,000.	FMV
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	21,314,356.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) OBLIGATIONS UNDER GIFT ANNUITY	186,201.
(3) NOTES PAYABLE - UNC	481,233.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	667,434.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,017,652.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,184,329.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,833,323.
4	Net unrealized gains (losses) on investments	4	9,508,777.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	336,805.
9	Total adjustments (net). Add lines 4 through 8	9	9,845,582.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	12,678,905.

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

1	Total revenue, gains, and other support per audited financial statements	1	22,020,199.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	9,508,777.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	10,071.
e	Add lines 2a through 2d	2e	9,518,848.
3	Subtract line 2e from line 1	3	12,501,351.
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	257,008.
b	Other (Describe in Part XIV.)	4b	2,259,293.
c	Add lines 4a and 4b	4c	2,516,301.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	15,017,652.

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

1	Total expenses and losses per audited financial statements	1	9,341,294.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,341,294.
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	257,008.
b	Other (Describe in Part XIV.)	4b	2,586,027.
c	Add lines 4a and 4b	4c	2,843,035.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,184,329.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

ENDOWMENTS ARE INTENDED TO PROVIDE FUNDING FOR SCHOLARSHIPS AND PROGRAM SUPPORT INCLUDING, BUT NOT LIMITED TO, SUPPLEMENTAL SALARY SUPPORT FOR FACULTY, RESEARCH, LIBRARIES, AND ACADEMIC AFFAIRS.

FIN 48 DISCLOSURE

SCHEDULE D, PART X, LINE 2

THE FOUNDATION IS A NOT-FOR-PROFIT ENTITY EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND A PUBLIC CHARITY UNDER SECTION 509(A)(1). ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THESE FINANCIAL STATEMENTS. INCOME FROM ACTIVITIES NOT DIRECTLY RELATED TO THE ENTITY'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS TAXABLE INCOME. DURING FISCAL YEARS 2011 AND 2010, THE UNRELATED BUSINESS INCOME TAX LIABILITY WAS IMMATERIAL.

THE FOUNDATION APPLIES A MORE-LIKELY-THAN-NOT MEASUREMENT METHODOLOGY TO REFLECT THE FINANCIAL STATEMENT IMPACT OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AFTER EVALUATING THE TAX POSITIONS TAKEN, NONE ARE CONSIDERED TO BE UNCERTAIN; THEREFORE, NO AMOUNTS HAVE BEEN RECOGNIZED AS OF JUNE 30, 2011.

IF INCURRED, INTEREST AND PENALTIES ASSOCIATED WITH TAX POSITIONS ARE RECORDED IN THE PERIOD ASSESSED IN MANAGEMENT AND GENERAL EXPENSES. NO INTEREST OR PENALTIES HAVE BEEN ASSESSED AS OF JUNE 30, 2011.

Part XIV Supplemental Information (continued)

TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION INCLUDE 2008 THROUGH 2011
FOR THE FEDERAL RETURN AND 2007 THROUGH 2011 FOR THE COLORADO RETURN.

OTHER RECONCILING REVENUE ITEMS

SCHEDULE D, PART XII

LINE 2D:

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES	\$10,071
--	----------

LINE 4B:

STUDENT HOUSING LLC REVENUES	\$2,246,829
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UBTI INCOME	\$12,464
-------------	----------

TOTAL LINE 4B:	\$2,259,293
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OTHER RECONCILING EXPENSE ITEMS

SCHEDULE D, PART XIII

LINE 4B:

STUDENT HOUSING LLC EXPENSES	\$2,586,027
------------------------------	-------------

Part XIV Supplemental Information (continued)

OTHER CHANGE IN NET ASSETS FROM FORM 990 TO AUDITED FINANCIAL STATEMENTS

SCHEDULE D, PART XI, LINE 8

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES	\$10,071
STUDENT HOUSING LLC NET LOSS	\$339,198
UBTI INCOME	(\$12,464)
TOTAL LINE 8:	\$336,805

ASSETS HELD FOR OTHERS

PART IV, LINE 2B

THE FOUNDATION MANAGES FUNDS HELD ON BEHALF OF THE UNIVERSITY OF NORTHERN
COLORADO.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization UNIVERSITY OF NORTHERN COLORADO FOUNDATION
INC.

Employer identification number

84-6044833

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. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF NORTHERN COLORADO 501 20TH STREET GREELEY, CO 80631	84-6000546	115	6,883,844	48,701	FMV	MISC.	TO PROMOTE THE GENERAL WELFARE
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							
(9) -----							
(10) -----							
(11) -----							
(12) -----							

2 Enter total number of section 501(c)(3) and government organizations 1

3 Enter total number of other organizations 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2010)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

PROCESS FOR MONITORING USE OF GRANT FUNDS
 SCHEDULE I, PART I, LINE 2
 THE FOUNDATION REVIEWS ALL UNIVERSITY BILLINGS AND DRAWDOWNS TO DETERMINE
 AND MONITOR THE USE OF FUNDS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization **UNIVERSITY OF NORTHERN COLORADO FOUNDATION
INC.**

Employer identification number
84-6044833

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	X	1.	100.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		137.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4.	98,151.	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 ▶ (<u>ATCH 1</u>)		135.	48,473.	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) (2010)

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MUSICAL INSTRUMENTS	X	1.	3,325.	FMV
FUNDRAISING ITEMS	X	128.	40,562.	FMV
SUPPLIES FOR SPORTS TEAMS	X	4.	2,928.	FMV
MISC SUPPLIES & COMPUTER	X	2.	1,658.	FMV
TOTALS		<u>135.</u>	<u>48,473.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
INC.

UNIVERSITY OF NORTHERN COLORADO FOUNDATION

Employer identification number

84-6044833

990 PROVIDED TO BOARD

PART VI, SECTION B, LINE 11B

THE FOUNDATION OUTSOURCES THE PREPARATION OF THE 990 AND 990T TO A CPA FIRM. THE COMPLETED FORMS ARE REVIEWED BY MANAGEMENT AND THE AUDIT AND FINANCE COMMITTEE WITH THE CPA FIRM PRIOR TO FILING. THE FORM 990 WAS MADE AVAILABLE TO THE FULL BOARD PRIOR TO FILING.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

THE FOUNDATION REQUIRES ALL INTERESTED PERSONS SUCH AS DIRECTORS, OFFICERS OR MEMBERS OF A COMMITTEE WITH BOARD-DELEGATED POWERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY EACH YEAR. MEMBERS ARE REQUIRED TO DISCLOSE ANY DIRECT OR INDIRECT FINANCIAL INTEREST WITH ANY OTHER INTERESTED PERSONS, VENDORS, OR ASSOCIATED ORGANIZATIONS.

PROCESS FOR DETERMINING COMPENSATION

PART VI, SECTION B, LINE 15A & 15B

THE BOARD OF DIRECTORS DID A COMPENSATION REVIEW FOR THE EXECUTIVE DIRECTOR POSITION IN SPRING 2011 (MARCH) COMPARING TO OTHER LIKE-SIZED INSTITUTIONALLY RELATED FOUNDATIONS AND THE COLORADO NON-PROFIT SALARY SURVEY. OTHER KEY EMPLOYEE SALARIES AND BENEFITS ARE BENCHMARKED WITH OTHER LIKE-SIZED FOUNDATIONS AND COLORADO SCHOOL FOUNDATIONS AND THE COLORADO NON-PROFIT SALARY SURVEY. DELIBERATION AND DECISION FOR DETERMINING COMPENSATION IS DOCUMENTED IN THE BOOKS AND RECORDS OF THE

Name of the organization INC.	UNIVERSITY OF NORTHERN COLORADO FOUNDATION	Employer identification number 84-6044833
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ORGANIZATION.

DOCUMENTS AVAILABLE TO PUBLIC

PART VI, SECTION C, LINE 19

THE FOUNDATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS OWN WEBSITE AND UPON REQUEST. THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART XI, LINE 5

NET UNREALIZED GAINS ON INVESTMENTS	\$9,508,777
CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES	\$10,071
UBI FROM PARTNERSHIPS	(\$12,464)
ROUNDING DIFFERENCE	\$1

TOTAL OTHER CHANGES IN NET ASSETS OR FUND BALANCES: \$9,506,385

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

PART VI, LINE 4

THE MISSION NOW READS, "THE UNIVERSITY OF NORTHERN COLORADO FOUNDATION IS A PRIVATE NON-PROFIT 501(C)(3) DEDICATED TO STEWARDING DONORS, DATA, AND DOLLARS IN SUPPORT OF THE UNIVERSITY OF NORTHERN COLORADO". THE "SECRETARY/TREASURER" POSITION WAS SPLIT INTO TWO SEPARATE POSITIONS. THE NUMBER OF CURRENT DIRECTORS WAS CHANGED TO BETWEEN 7 AND 12, PERIODICALLY FIXED BY A BOARD RESOLUTION. THE CONFLICT OF INTEREST SECTION WAS

Name of the organization INC.	UNIVERSITY OF NORTHERN COLORADO FOUNDATION	Employer identification number 84-6044833
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REPLACED BY A CONFLICTING INTEREST TRANSACTION SECTION IN THE BYLAWS; IT CONTAINS THE SAME PROVISIONS. THE NON-DISCRIMINATION POLICY WAS REMOVED FROM THE BYLAWS AS IT WAS NOT RELEVANT TO THE BYLAWS; IT WILL BECOME A POLICY STATEMENT OUTSIDE THE BYLAWS. AMENDING THE BYLAWS NO LONGER REQUIRES THAT A PROPOSED AMENDMENT BE PRESENTED AT A MEETING PRIOR TO THE VOTING MEETING OR A MINIMUM OF 15 DAYS PRIOR TO THE VOTING MEETING. THE AUDIT AND FINANCE COMMITTEE CHARTER WAS CHANGED TO REQUIRE THE COMMITTEE TO RECOMMEND APPROVALS TO THE BOARD, RATHER THAN GIVING FINAL APPROVAL ITSELF. THIS CHARTER ALSO WAS CHANGED TO REQUIRE THE COMMITTEE TO CONSIST OF 2 VOTING DIRECTORS FROM THE BOARD AND UP TO 5 ADDITIONAL MEMBERS.

SIGNIFICANT CHANGES TO CONDUCTING PROGRAM SERVICES

PART III, LINE 3

FUNDRAISING AND ALUMNI SERVICES RETURNED TO THE MANAGEMENT OF THE UNIVERSITY EFFECTIVE JULY 1ST, 2010.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DENVER INVESTMENT ADVISORS, LLC 1225 17TH STREET, 26TH FLOOR DENVER, CO 80202	INVESTMENT ADVISORY	110,934.
TOTAL COMPENSATION		<u>110,934.</u>

Name of the organization INC.	UNIVERSITY OF NORTHERN COLORADO FOUNDATION	Employer identification number 84-6044833
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ATTACHMENT 2FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND DIVIDENDS	2,917,843.			2,917,843.
TOTALS	<u>2,917,843.</u>			<u>2,917,843.</u>

ATTACHMENT 3FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
UNCF PREPAIDS	16,709.
STUDENT HOUSING PREPAIDS	12,534.
TOTALS	<u>29,243.</u>

ATTACHMENT 4FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
EQUITIES	38,563,820.	FMV
FIXED INCOME	31,387,429.	FMV
COMMODITIES	4,616,140.	FMV
TOTALS	<u>74,567,389.</u>	

ATTACHMENT 5

Name of the organization UNIVERSITY OF NORTHERN COLORADO FOUNDATION
INC.

Employer identification number
84-6044833

ATTACHMENT 5 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
UNCF DEFERRED REVENUE	16,667.
STUDENT HOUSING DEFERRED REV	122,285.
TOTALS	<u>138,952.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
UNIVERSITY OF NORTHERN COLORADO FOUNDATION
INC.

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number
84-6044833

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UNC FOUNDATION STUDENT HOUSING, LLC 1620 RESERVOIR ROAD GREELEY, CO 80631 84-6044833	STDNT HOUSING CO	CO	2,246,829.	19,976,939.	N/A
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

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) Preeminent 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	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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 or entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

		Yes	No
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?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	
b	Gift, grant, or capital contribution to other organization(s)	1b	
c	Gift, grant, or capital contribution from other organization(s)	1c	
d	Loans or loan guarantees to or for other organization(s)	1d	
e	Loans or loan guarantees by other organization(s)	1e	
f	Sale of assets to other organization(s)	1f	
g	Purchase of assets from other organization(s)	1g	
h	Exchange of assets	1h	
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	
n	Sharing of paid employees	1n	
o	Reimbursement paid to other organization for expenses	1o	
p	Reimbursement paid by other organization for expenses	1p	
q	Other transfer of cash or property to other organization(s)	1q	
r	Other transfer of cash or property from other organization(s)	1r	

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.

(1)	(a) Name of other organization	(b) Transaction type (a-f)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
				Yes	No		Yes	No		Yes	No
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											

Part VII **Supplemental Information**

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