

COLORADO NONPROFIT ASSOCIATION  
FORM 990  
TAX YEAR 2015

111 S. Tejon Street, Suite 800 // Colorado Springs, CO 80903-2286 // 719.471.4290

Colorado Nonprofit Association  
789 Sherman Street, Suite 240  
Denver, CO 80203-4494

Dear Renny:

Enclosed are the original and one copy of your income tax returns for the period ended December 31, 2015 for:

COLORADO NONPROFIT ASSOCIATION as follows...

- 2015 990 - Return of Organization Exempt from Income Tax
- 2015 Schedule A - Public Charity Status and Public Support
- 2015 Schedule B - Schedule of Contributors
- 2015 Schedule C - Political Campaign and Lobbying Activities
- 2015 Schedule D - Supplemental Financial Statements
- 2015 Schedule O - Supplemental Information to Form 990 or 990EZ
- 2015 Schedule R - Related Organizations and Unrelated Partnerships
- 2015 990-T - Exempt Organization Business Income Tax Return
- 2015 8879-EO - IRS e-file Signature Authorization

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

An additional copy of the Form 990 has been included, to be made available for public inspection upon request. Please note that all statements of donors' contributions are not subject to public inspection and have been removed, as appropriate.

These returns were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the returns before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the returns, please contact us before filing them.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any disclosures should be modified.

Before preparing your tax return, we provided you with access to a summary of transactions identified by the U. S. Treasury as reportable transactions. The law provides for a penalty as high as \$200,000 per transaction for failure to adequately disclose any of them on your tax return if applicable. Unless you notified us otherwise, your tax return was prepared with the assumption you have not engaged in any reportable transaction. Otherwise, we have prepared your tax return in accordance with the information you provided to us and have attached the appropriate disclosure statement to your tax return. We are not liable for any penalties resulting from your failure to provide us with accurate and timely information about such

Colorado Nonprofit Association

transactions or to timely file the required disclosure statements. If you have any questions about reportable transactions, please contact us before filing your return.

We sincerely appreciate this opportunity to serve you. Please contact us if you have questions concerning the returns or if we may be of further assistance.

Sincerely,

Rita F. Worster, CPA  
Senior Manager

Enclosure(s)



111 S. Tejon Street, Suite 800 // Colorado Springs, CO 80903-2286 // 719.471.4290

Instructions for filing  
COLORADO NONPROFIT ASSOCIATION  
Form 8879-EO - IRS E-file Signature Authorization  
for the period ended December 31, 2015

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Signature...

The original IRS e-file Signature Authorization form should be signed (use full name) and dated by the taxpayer.

Filing...

Return your signed Form 8879-EO to:

BKD, LLP  
111 South Tejon, Suite 800  
Colorado Springs CO 80903-9848

Payment of tax...

No payment of tax is required.

Under current IRS regulations, your return is subject to public inspection. Before filing, you should review all information in this return to determine that the disclosures are appropriate, accurate and complete. Please contact us if you believe any of the disclosures should be modified.

Form 8879-EO serves as a replacement for your signature that would be affixed to form 990 if you paper filed your return. Please DO NOT separately file form 990 with the Internal Revenue Service. Doing so will delay the processing of your return.

We must receive your signed form before we can electronically transmit your return which is due on August 15, 2016. We would appreciate your returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

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# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning 01/01, 2015, and ending 12/31, 20 15

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

# 2015

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

COLORADO NONPROFIT ASSOCIATION

Name and title of officer

TERENCE (RENNY) FAGAN, PRESIDENT & CEO

Employer identification number

84-0942908

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

- 1a Form 990 check here ▶  **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . **1b** 2,239,231.
- 2a Form 990-EZ check here ▶  **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . **2b** \_\_\_\_\_
- 3a Form 1120-POL check here ▶  **b Total tax** (Form 1120-POL, line 22) . . . . . **3b** \_\_\_\_\_
- 4a Form 990-PF check here ▶  **b Tax based on investment income** (Form 990-PF, Part VI, line 5). **4b** \_\_\_\_\_
- 5a Form 8868 check here ▶  **b Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c) . . . . . **5b** \_\_\_\_\_

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

I authorize BKD, LLP to enter my PIN 78298 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_

Date ▶ 05/15/2016

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84022744016  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2015)



111 S. Tejon Street, Suite 800 // Colorado Springs, CO 80903-2286 // 719.471.4290

Instructions for filing  
COLORADO NONPROFIT ASSOCIATION  
Form 990T - Exempt Organization Business Return  
for the period ended December 31, 2015

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Signature...

The original return should be signed (using full name and title) and dated on page 2 by an authorized officer of the organization.

Filing...

The signed return should be filed on or before November 15, 2016 with...

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

Overpayment of tax...

The return shows an overpayment of \$ 400. of which \$ 400. should be refunded to you and \$NONE has been applied to your 2016 Estimated Tax.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

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111 S. Tejon Street, Suite 800 // Colorado Springs, CO 80903-2286 // 719.471.4290

**Colorado Nonprofit Association**  
Instructions for Filing  
Form DR 8453C  
Colorado Corporate Income Tax Declaration for Electronic Filing  
for the year ended December 31, 2015

The original form should be signed (using full name and title) and dated by an authorized officer of the corporation.

The signed form should be returned as soon as possible by mail, fax or email.

BKD, LLP  
111 South Tejon, Suite 800  
Colorado Springs, CO 80903-9848

Fax 719-632-8087 Attn: Gloria Layton

[glayton@bkd.com](mailto:glayton@bkd.com)

We must receive your signed Form DR 8453C before we can electronically transmit your return, which is due on October 17, 2016 . We would appreciate your returning this form as soon as possible as this will expedite the processing of your return.

The return shows a \$120 overpayment. We have applied it as follows:

Amount to be refunded	\$120
Total Overpayment	<b>\$120</b>

DO NOT separately file Form 112 with the state of Colorado. Doing so will delay the processing of your return.

The state of Colorado will notify us when your return has been accepted. Your return is not considered filed until the state confirms its acceptance.



158453C 11062

DR 8453C (08/12/15)  
COLORADO DEPARTMENT OF REVENUE  
Denver, CO 80261-0006  
www.TaxColorado.com



### State of Colorado Corporate Income Tax Declaration for Electronic Filing

When feasible attach in PDF  
format to your e-filed return  
**Do not mail** this form to the IRS  
or the Colorado Department of Revenue  
**Retain with your records**

Tax Year Beginning (MM/DD/YY)	Tax Year End (MM/DD/YY)
01/01/15	12/31/15

Business Name COLORADO NONPROFIT ASSOCIATION		Colorado Account Number	
Address 789 SHERMAN ST SUITE 240		FEIN 84-0942908	
City DENVER	State CO	ZIP 80203-4494	Phone Number

#### Part I - Tax Return Information

1. Total Income, from federal Form 1120	1	\$	
2. Federal Taxable Income from federal Form 1120	2	\$	-5,980
3. Colorado Tax, line 18 on Colorado Form 112	3	\$	NONE
4. Colorado Payments, line 24 on Colorado Form 112	4	\$	120
5. Amount You Owe, line 35 on Colorado Form 112	5	\$	
6. Refund, line 38 Colorado Form 112	6	\$	120

#### Part II - Declaration of Tax Payer

Under penalties of perjury, I declare that I am an officer of the company listed above and the information provided for electronic filing and the amounts shown in Part I above agree with the amounts shown on the company's 2015 Federal/Colorado income tax returns, and that said tax returns, statements, schedules and attachments are true, correct, and complete to the best of my knowledge and belief. I understand that I (or my Electronic Return Originator (ERO) if applicable) may be required to provide paper copies of this declaration, my returns, withholding statements, schedules and attachments upon request by the Colorado Department of Revenue at any time during the period covered by the Colorado statute of limitations.

Signature	Date (MM/DD/YY)	Title
	05/15/16	CFO

#### Part III - Declaration of ERO/Preparer/Transmitter

If the transmitter did not prepare the tax return, check here

If I am not the preparer, I declare only that the amounts shown in Part I above agree with the amounts shown on the taxpayer's 2015 Federal/ Colorado income tax returns. If I am the preparer, under penalties of perjury I declare that I have reviewed the above taxpayer's 2015 Federal/Colorado income tax returns and that the information provided to me by the taxpayer and the amounts shown in Part I above agree with the amounts shown on said tax returns, and that said tax returns, statements, schedules, and attachments are true, correct, and complete to the best of my knowledge and belief. As preparer, I further declare that I have obtained the taxpayer's signature on this form at the time of filing and have provided the taxpayer with copies of all forms and information filed. I also agree to maintain this signed Form (DR 8453C) for the period covered by the Colorado statute of limitations, and to provide paper copies of this declaration, said returns, withholding statements, schedules, and attachments upon request by the Colorado Department of Revenue at any time during this period.

ERO's Signature	Preparer Identification Number or Your SSN
Check if also preparer <input type="checkbox"/>	Date (MM/DD/YY)
	P00290681





# Return of Organization Exempt From Income Tax

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**A For the 2015 calendar year, or tax year beginning** , 2015, and ending , 20

<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 Name of organization</b> COLORADO NONPROFIT ASSOCIATION				<b>D Employer identification number</b> 84-0942908	
	Doing business as				<b>E Telephone number</b> (303) 832-5710	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80203-4494				<b>G Gross receipts \$</b> 2,649,573.	
<b>F Name and address of principal officer:</b> TERENCE (RENNY) FAGAN 789 SHERMAN STREET, SUITE 240 DENVER, CO 80203-4494				<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <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 Website:</b> ▶ WWW.COLORADONONPROFITS.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L Year of formation:</b> 1985 <b>M State of legal domicile:</b> CO		

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: COLORADO NONPROFIT ASSOCIATION LEADS, SERVES, AND STRENGTHENS COLORADO'S NONPROFIT COMMUNITY TO IMPROVE THE QUALITY OF LIFE THROUGHOUT OUR STATE.		
	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	23.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	12.
	6	Total number of volunteers (estimate if necessary)	6	15.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	33,949.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-5,980.	
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	693,144.	343,562.
	9	Program service revenue (Part VIII, line 2g)	782,904.	786,937.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,428.	931,102.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	212,952.	177,630.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,692,428.	2,239,231.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,000.	15,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	836,940.	825,398.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 73,787.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	698,952.	730,794.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,550,892.	1,571,192.	
19	Revenue less expenses. Subtract line 18 from line 12	141,536.	668,039.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	1,960,055.	2,665,663.
	21	Total liabilities (Part X, line 26)	464,853.	514,657.
22	Net assets or fund balances. Subtract line 21 from line 20	1,495,202.	2,151,006.	

**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 TERENCE (RENNY) FAGAN Type or print name and title	Date 05/15/2016 Date	
	Print/Type preparer's name RITA F WORSTER, CPA		Preparer's signature Date
<b>Paid Preparer Use Only</b>	Firm's name ▶ BKD, LLP	Firm's EIN ▶ 44-0160260	Check <input type="checkbox"/> if self-employed PTIN P00290681
	Firm's address ▶ 111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848	Phone no. 719 471-4290	

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

**For Paperwork Reduction Act Notice, see the separate instructions.**

**Cumulative E-File History 2015**

**FED**

Locator: 4242CC  
Taxpayer Name: COLORADO NONPROFIT ASSOCIATION  
Return Type: 990, 990

**Submitted Date** 4/26/2016 2:47:23 PM  
**Acknowledgement Date** 4/26/2016 2:58:10 PM  
**Status** Accepted  
**Submission ID** 84022720161175000000

[Print](#)

[Close](#)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

COLORADO NONPROFIT ASSOCIATION LEADS, SERVES, AND STRENGTHENS  
COLORADO'S NONPROFIT COMMUNITY TO IMPROVE THE QUALITY OF LIFE  
THROUGHOUT OUR STATE.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 292,216. including grants of \$ ) (Revenue \$ 10,630. )

ATTACHMENT 1

**4b** (Code: ) (Expenses \$ 277,090. including grants of \$ ) (Revenue \$ 537,313. )

MEMBERSHIP: ALL PROGRAMS BENEFITING NONPROFIT MEMBERS, INCLUDING  
INFORMATION ABOUT GROUP PURCHASE PROGRAMS, BUSINESS MEMBERS,  
SPECIAL OPPORTUNITIES, THE ANNUAL MEETING, AND MEMBER RENEWAL.

**4c** (Code: ) (Expenses \$ 284,895. including grants of \$ ) (Revenue \$ 161,702. )

ATTACHMENT 2

**4d** Other program services (Describe in Schedule O.) ATTACHMENT 3  
(Expenses \$ 297,631. including grants of \$ 15,000. ) (Revenue \$ 110,522. )

**4e** Total program service expenses 1,151,832.

**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> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	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> . . . . .		X
<b>4</b> <b>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> . . . . .	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		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> . . . . .		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> . . . . .		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> . . . . .		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> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<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> . . . . .	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> . . . . .	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> . . . . .		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> . . . . .		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> . . . . .	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> . . . . .		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> . . . . .		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> . . . . .	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		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> . . . . .		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> . . . . .		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> . . . . .		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). . . . .		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> . . . . .		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> . . . . .		X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<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> . . . . .		X
<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</b> <b>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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<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</b> <b>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> . . . . .		
<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 in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		X

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) 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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

JEANNIE NIMS 789 SHERMAN STREET SUITE 240 DENVER, CO 80203-4494

303-813-4213

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN ARIGONI DIRECTOR	2.00 0.	X					0.	0.	0.	
(2) REBECCA ARNO PAST BOARD CHAIR	2.00 0.	X		X			0.	0.	0.	
(3) ANDREA ARAGON DIRECTOR	2.00 0.	X					0.	0.	0.	
(4) MARK BOLTON DIRECTOR	2.00 0.	X					0.	0.	0.	
(5) MARY CARRAHER DIRECTOR	2.00 0.	X					0.	0.	0.	
(6) SONYA GARCIA ULIBARRI DIRECTOR	2.00 0.	X					0.	0.	0.	
(7) MONIQUE LOVATO DIRECTOR	2.00 0.	X					0.	0.	0.	
(8) CAROLYN LOVE DIRECTOR	2.00 0.	X					0.	0.	0.	
(9) ART HOGLING DIRECTOR	2.00 0.	X					0.	0.	0.	
(10) KRISTEN KARABENSH DIRECTOR	2.00 0.	X					0.	0.	0.	
(11) LYDIA MCCOY VICE BOARD CHAIR	2.00 0.	X					0.	0.	0.	
(12) CHRISTINE MARQUEZ-HUDSON DIRECTOR	2.00 0.	X					0.	0.	0.	
(13) MAUREEN MCDONALD DIRECTOR	2.00 0.	X					0.	0.	0.	
(14) M.D. KINOTI DIRECTOR	2.00 0.	X					0.	0.	0.	



**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) KEVIN SEGDELKE BOARD CHAIR	2.00 0.	X		X				0.	0.	0.
16) MICHAELLE SMITH SECRETARY	2.00 0.	X		X				0.	0.	0.
17) DAVID LIVINGSTON DIRECTOR	2.00 0.	X						0.	0.	0.
18) TOM MASSEY DIRECTOR	2.00 0.	X						0.	0.	0.
19) KRISTEN SUNDIN TREASURER	2.00 0.	X		X				0.	0.	0.
20) JEANNINE TRUSWELL DIRECTOR	2.00 0.	X						0.	0.	0.
21) EILEEN WASSERBACH DIRECTOR	2.00 0.	X						0.	0.	0.
22) HEATHER LAFFERTY DIRECTOR	2.00 0.	X						0.	0.	0.
23) DORI EGGETT DIRECTOR	2.00 0.	X						0.	0.	0.
24) JEANNIE NIMS CHIEF FINANCIAL OFFICER	40.00 0.			X				87,020.	0.	13,403.
25) TERENCE (RENNY) FAGAN PRESIDENT & CEO	40.00 0.			X				119,846.	0.	26,974.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								206,866.	0.	40,377.
<b>d Total (add lines 1b and 1c)</b>								206,866.	0.	40,377.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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
<b>5</b> 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

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<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>	343,562.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			343,562.			
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2a</b> MEMBERSHIP DUES		900099	537,313.	537,313.		
	<b>b</b> CONFERENCES		900099	161,702.	161,702.		
	<b>c</b> SEMINARS & WORKSHOPS		900099	59,267.	59,267.		
	<b>d</b> COLORADO NONPROFIT WEEK		900099	28,655.	28,655.		
	<b>e</b>						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total.</b> Add lines 2a-2f . . . . . ▶			786,937.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			4,715.			4,715.
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.			
	<b>5</b> Royalties . . . . . ▶			123,313.		18,667.	104,646.
		(i) Real	(ii) Personal				
	<b>6a</b> Gross rents . . . . .	193,388.					
	<b>b</b> Less: rental expenses . . . . .	188,834.					
	<b>c</b> Rental income or (loss) . . . . .	4,554.					
	<b>d</b> Net rental income or (loss) . . . . . ▶			4,554.		4,554.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		835.	1,140,232.				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		214,680.				
	<b>c</b> Gain or (loss) . . . . .	835.	925,552.				
<b>d</b> Net gain or (loss) . . . . . ▶			926,387.			926,387.	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>							
<b>b</b> Less: direct expenses . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶			0.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>							
<b>b</b> Less: direct expenses . . . . . <b>b</b>							
<b>c</b> Net income or (loss) from gaming activities. . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		17,458.					
<b>b</b> Less: cost of goods sold . . . . . <b>b</b>		6,828.					
<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			10,630.	10,630.			
Miscellaneous Revenue			<b>Business Code</b>				
<b>11a</b> ADVERTISING & MAILING		541800	11,733.		10,728.	1,005.	
<b>b</b> MISCELLANEOUS INCOME		900099	20,366.	20,366.			
<b>c</b> PARKING INCOME		900099	4,800.			4,800.	
<b>d</b> All other revenue . . . . .		900099	2,234.	2,234.			
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			39,133.				
<b>12 Total revenue.</b> See instructions. . . . . ▶			2,239,231.	820,167.	33,949.	1,041,553.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	15,000.	15,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 . . . . .	249,233.	116,098.	128,726.	4,409.
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 . . . . .	452,880.	364,036.	44,497.	44,347.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,364.	8,451.	2,318.	595.
9 Other employee benefits . . . . .	62,198.	49,094.	7,105.	5,999.
10 Payroll taxes . . . . .	49,723.	34,467.	11,708.	3,548.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	20,480.		20,480.	
d Lobbying . . . . .	41,632.	41,632.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	138.		138.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	57,542.	44,902.	10,094.	2,546.
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	127,322.	91,155.	34,624.	1,543.
14 Information technology . . . . .	39,411.	26,055.	10,958.	2,398.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	97,612.	60,463.	31,008.	6,141.
17 Travel . . . . .	14,479.	11,364.	2,855.	260.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	11,247.	2,849.	8,398.	
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	30,247.	19,601.	9,430.	1,216.
23 Insurance . . . . .	9,502.	6,090.	2,957.	455.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EVENT EXPENSES -----	260,637.	258,325.	1,982.	330.
b DUES & SUBSCRIPTIONS -----	13,450.	2,000.	11,450.	
c MISCELLANEOUS -----	6,445.	250.	6,195.	
d BAD DEBT -----	650.		650.	
e All other expenses -----				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	1,571,192.	1,151,832.	345,573.	73,787.
<b>26 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) . . . . .	0.			

**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 . . . . .	594,353.	<b>1</b>	758,590.
	<b>2</b> Savings and temporary cash investments . . . . .	570,603.	<b>2</b>	571,881.
	<b>3</b> Pledges and grants receivable, net . . . . .	351,024.	<b>3</b>	189,048.
	<b>4</b> Accounts receivable, net . . . . .	88,241.	<b>4</b>	96,658.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	11,652.	<b>8</b>	2,037.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	74,744.	<b>9</b>	99,251.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 236,627.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 204,856.		
		54,804.	<b>10c</b>	31,771.
	<b>11</b> Investments - publicly traded securities . . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	214,634.	<b>12</b>	916,427.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	0.	<b>15</b>	0.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,960,055.	<b>16</b>	2,665,663.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	72,043.	<b>17</b>	85,912.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	247,598.	<b>19</b>	254,125.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<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 . . . . .	145,212.	<b>25</b>	174,620.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	464,853.	<b>26</b>	514,657.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	942,132.	<b>27</b>	1,803,616.
	<b>28</b> Temporarily restricted net assets . . . . .	553,070.	<b>28</b>	334,890.
	<b>29</b> Permanently restricted net assets . . . . .	0.	<b>29</b>	12,500.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	1,495,202.	<b>33</b>	2,151,006.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,960,055.	<b>34</b>	2,665,663.

**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>	2,239,231.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,571,192.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	668,039.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,495,202.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-12,235.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,151,006.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Name of the organization COLORADO NONPROFIT ASSOCIATION	Employer identification number 84-0942908
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**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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	832,591.	710,464.	460,986.	693,144.	343,562.	3,040,747.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	832,591.	710,464.	460,986.	693,144.	343,562.	3,040,747.
<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). . . . .						285,356.
<b>6 Public support.</b> Subtract line 5 from line 4.						2,755,391.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 . . . . .	832,591.	710,464.	460,986.	693,144.	343,562.	3,040,747.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	105,100.	142,951.	284,977.	281,422.	294,152.	1,108,602.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	1,832.	0.	0.	0.	0.	1,832.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						4,151,181.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	3,926,798.
<b>13 First five 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 2015 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	66.38%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 . . . . .	<b>15</b>	70.78%
<b>16a 33 1/3% support test - 2015.</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 - 2014.</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 - 2015.</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 - 2014.</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 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 in 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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

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

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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 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 in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b>	A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<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>1</b>	
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<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 <b>line 2</b> below.			
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b>	Activities Test. Answer (a) and (b) below.		Yes	No
<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? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2a</b>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<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).			

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

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

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

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

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**Schedule of Contributors**

**2015**

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

<b>Name of the organization</b> COLORADO NONPROFIT ASSOCIATION	<b>Employer identification number</b> 84-0942908
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

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

<b>Name of organization</b> COLORADO NONPROFIT ASSOCIATION	<b>Employer identification number</b> 84-0942908
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**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	ANSCHUTZ FAMILY FOUNDATION  555 17TH ST STE 2400  DENVER, CO 80202	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BOETTCHER FOUNDATION  600 17TH ST STE 22105  DENVER, CO 80202	\$ 20,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BONFILS-STANTON FOUNDATION  1601 ARAPAHOE ST STE 500  DENVER, CO 80202	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BUELL (TEMPLE-HOYNE) FOUNDATION  1666 S, UNIVERSITY BLVD. STE B  DENVER, CO 80210	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE COLORADO TRUST  1600 SHERMAN ST.  DENVER, CO 80203	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ROSE COMMUNITY FOUNDATION  600 S. CHERRY ST STE 1200  DENVER, CO 80246	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COLORADO NONPROFIT ASSOCIATION

Employer identification number  
84-0942908**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	THE DENVER FOUNDATION 55 MADISON ST FL 8 DENVER, CO 80206	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	U.S. BANK 950 17TH ST DENVER, CO 80203	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JAY AND ROSE PHILLIPS FAMILY FOUNDATION 16 POLO CLUB DRIVE DENVER, CO 80209	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	REGIS UNIVERSITY 3333 REGIS BLVD, P-28 DENVER, CO 80221	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BANK OF THE WEST 600 17TH STREET STE 1500 DENVER, CO 80202	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE DAVID & LUCILLE PACKARD FOUNDATION 121 WEST FIRST STREET, SUITE 240 PUEBLO, CO 81003	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization COLORADO NONPROFIT ASSOCIATION

Employer identification number

84-0942908

**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 COLORADO NONPROFIT ASSOCIATION

Employer identification number  
84-0942908

**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 information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization COLORADO NONPROFIT ASSOCIATION	Employer identification number 84-0942908
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2015

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	52,874.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .	52,874.													
<b>d</b> Other exempt purpose expenditures . . . . .	1,517,520.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	1,570,394.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	228,520.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	57,130.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0.	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0.	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	229,723.	225,906.	227,545.	228,520.	911,694.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,367,541.
<b>c</b> Total lobbying expenditures	51,581.	67,024.	49,917.	52,874.	221,396.
<b>d</b> Grassroots nontaxable amount	57,431.	56,477.	56,886.	57,130.	227,924.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					341,886.
<b>f</b> Grassroots lobbying expenditures	183.				183.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 2a Current year; 2b Carryover from last year; 2c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by Part IV.

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

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

COLORADO NONPROFIT ASSOCIATION

84-0942908

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 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?, 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?

Part II Conservation Easements.

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

Schedule D (Form 990) 2015

**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 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> 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
<b>1a</b> Beginning of year balance	568,146.	384,227.	401,806.	361,749.	321,646.
<b>b</b> Contributions	910,000.	607,974.	365,355.	541,047.	599,660.
<b>c</b> Net investment earnings, gains, and losses	-8,246.	550.	2,368.	1,535.	-30.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	553,070.	424,405.	385,102.	502,325.	559,412.
<b>f</b> Administrative expenses	403.	200.	200.	200.	115.
<b>g</b> End of year balance	916,427.	568,146.	384,227.	401,806.	361,749.

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

- a** Board designated or quasi-endowment  98.6500 %
- b** Permanent endowment  1.3500 %
- c** Temporarily restricted endowment  \_\_\_\_\_ %

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

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

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

	Yes	No
<b>3a(i)</b>	X	
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		99,514.	90,165.	9,349.
<b>e</b> Other		137,113.	114,691.	22,422.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				31,771.



**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) COMMUNITY FOUNDATIONS	916,427.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	916,427.	

**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> (Column (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) RENT DEPOSITS	30,990.
(3) DEFERRED RENT PAYABLE	143,630.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	174,620.

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	2,452,758.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-12,235.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	30,100.
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	195,662.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	213,527.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	2,239,231.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 12.)</i> . . . . .	<b>5</b>	2,239,231.

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,796,954.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	30,100.
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	195,662.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	225,762.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,571,192.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 18.)</i> . . . . .	<b>5</b>	1,571,192.

**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.

SEE PAGE 5

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**Part XIII** Supplemental Information (continued)

## SCHEDULE D, PART V, LINE 4

THE PRIMARY REASON THE COLORADO NONPROFIT ASSOCIATION DECIDED TO CREATE A BOARD DESIGNATED ENDOWMENT WITH THE COMMUNITY FIRST FOUNDATION, THE DENVER FOUNDATION, AND THE ROSE COMMUNITY FOUNDATION WAS TO MODEL BEST PRACTICES REGARDING LONG-RANGE FISCAL PLANNING AND THE ESTABLISHMENT OF PLANNED GIVING AND ENDOWMENT PROGRAMS TO ENSURE THAT PURPOSE. THE TERM ENDOWMENTS REPRESENT TEMPORARY DONOR RESTRICTIONS TO PROVIDE A SOURCE OF INCOME FOR EITHER A SPECIFIED PERIOD OF TIME OR UNTIL A SPECIFIC EVENT OCCURS.

## PART X, LINE 2

## UNCERTAIN TAX POSITIONS

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

## PART XI, LINE 2D

## REVENUE ON BOOKS, NOT ON RETURN

RENTAL EXPENSES RECLASSED FROM EXPENSE TO REVENUE	188,834
COST OF GOODS SOLD RECLASSED FROM EXPENSE TO REVENUE	6,828
TOTAL	195,662

## PART XII, LINE 2D

## EXPENSE ON BOOKS, NOT ON RETURN

RENTAL EXPENSES RECLASSED FROM EXPENSE TO REVENUE	188,834
COST OF GOODS SOLD RECLASSED FROM EXPENSE TO REVENUE	6,828

**Part XIII** Supplemental Information *(continued)*

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TOTAL

195,662

**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

**2015**

**Open to Public  
Inspection**

Name of the organization

COLORADO NONPROFIT ASSOCIATION

Employer identification number

84-0942908

FORM 990, PART VI, SECTION A, LINE 6

CLASSES OF MEMBERS OR STOCKHOLDERS

THE COLORADO NONPROFIT ASSOCIATION HAS TWO CATEGORIES OF MEMBERSHIPS.

NONPROFIT MEMBERS INCLUDE NONPROFIT AGENCIES OR ORGANIZATIONS IF IT HAS

RECOGNITION OF, OR HAS AN APPLICATION PENDING FOR RECOGNITION OF,

TAX-EXEMPT STATUS UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE. GENERAL MEMBERS INCLUDE

INDIVIDUALS AND ALL OTHER ORGANIZATIONS WHICH SEEK TO AFFILIATE WITH THE

COLORADO NONPROFIT ASSOCIATION AS APPROVED BY THE BOARD OF DIRECTORS

FORM 990, PART VI, SECTION A, LINE 7A

MEMBERS OR STOCKHOLDERS WHO CAN ELECT MEMBERS OF THE GOVERNING BODY

EACH NONPROFIT MEMBER SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER SUBMI

TTED TO A VOTE OF THE MEMBERS. GENERAL MEMBERS SHALL NOT BE ENTITLED TO

VOTE. AT EACH ANNUAL MEETING, THE VOTING MEMBERS MAY APPOINT A DELEGATE

TO VOTE ON THE ELECTION OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW THE FORM 990

COLORADO NONPROFIT ASSOCIATION'S FINANCE COMMITTEE REVIEWED THE 2015 FORM

990 AND THEN THE BOARD TREASURER PRESENTED THE 990 TO THE BOARD MEMBERS

AT THE BOARD MEETING PRIOR TO SUBMITTING THE 990 TO THE IRS.

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

PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY

Name of the organization COLORADO NONPROFIT ASSOCIATION	Employer identification number 84-0942908
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COLORADO NONPROFIT ASSOCIATION MAINTAINED AN UPDATED CONFLICT OF INTEREST POLICY THAT ALL BOARD MEMBERS REVIEW AND SIGN INDICATING THEIR UNDERS TANDING OF THE POLICY. THE NOMINATING/GOVERNANCE COMMITTEE IS TASKED WITH ENSURING COMPLIANCE. IN ADDITION, AT EACH BOARD MEETING THE CHAIR ASKS IF ANY BOARD MEMBER WISHES TO DISCLOSE ANY CONFLICTS RELATED TO ANY MATTER ON THE MEETING AGENDA.

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

REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION

STAFF COMPLETED RESEARCH TO DETERMINE APPROPRIATE RANGES OF SALARIES FOR EACH FUNCTIONAL ARE A WITHIN THE ORGANIZATION USING DATA FROM THE COLORADO NONPROFIT ASSOCIATION'S BI-ANNUAL SALARY AND BENEFITS SURVEY OF COLORADO NONPROFIT ORGANIZATIONS AND FROM THE NATIONAL COUNCIL OF NONPROFITS MEMBER SURVEY. SOME OF THE ASSOCIATION'S JOB DESCRIPTIONS DO NOT FIT NEATLY INTO THE SALARY SURVEY JOB CATEGORIES, AND THEREFORE, STAFF PROVIDES JUSTIFICATION TO INCREASE OR DECREASE THE SALARY RANGE, DEPENDING ON VARIOUS FACTORS AND DUTIES FOR THE POSITION.

THE EXECUTIVE COMMITTEE APPROVES THE CEO'S SALARY AFTER REVIEWING COMPARABLE DATA FROM THE ABOVE SOURCES, AND AFTER COMPLETING A PERFORMANCE EVALUATION OF THE CEO. ALL COMPENSATION ARRANGEMENTS, AS WELL AS CHANGES TO COMPENSATION ARE DOCUMENTED ACCORDINGLY IN THE PERSONNEL'S FILE.

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

REVIEW OF OTHER OFFICER OR KEY EMPLOYEES COMPENSATION

Name of the organization COLORADO NONPROFIT ASSOCIATION	Employer identification number 84-0942908
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THE SALARY RANGES FOR THESE CATEGORIES ARE DETERMINED IN THE SAME MANNER AS SET FORTH IN THE ANSWER TO QUESTION 15A ABOVE. THE CEO DETERMINES THE SALARIES FOR INDIVIDUAL STAFF MEMBERS, BASED ON PERFORMANCE, AND FALLING WITHIN APPROPRIATE SALARY RANGE.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

THE PUBLIC MAY REQUEST REVIEW OF THESE DOCUMENTS AT OUR OFFICE. THEY ARE ALSO MADE AVAILABLE TO PEOPLE CALLING OUR HELP DESK. WE POST THE APPROVED 990S AND KEY POLICIES ON OUR WEB SITE.

FORM 990, PART III - PROGRAM SERVICE, LINE 4D

EDUCATION: THIS INCLUDES ALL WORKSHOPS, WEBINARS, PRINCIPLES AND PRACTICES TRAINING SESSIONS, AND THE LEADERSHIP DEVELOPMENT SERIES. IN 2007, THE ASSOCIATION PUBLISHED THE FIRST EDITION OF PRINCIPLES AND PRACTICES FOR NONPROFIT EXCELLENCE IN COLORADO (P&P) WITH A TOTAL DISTRIBUTION OF MORE THAN 30,000 COPIES. THE SECOND EDITION, AGAIN SUPPORTED BY COLORADO'S SECRETARY OF STATE AND ATTORNEY GENERAL, WAS PUBLISHED IN JANUARY 2011 WITH OVER 5,000 COPIES DISTRIBUTED BY YEAR-END.

THE THIRD EDITION, AGAIN SUPPORTED BY COLORADO'S SECRETARY OF STATE AND ATTORNEY GENERAL, WAS PUBLISHED IN APRIL, 2015 WITH 4,650 COPIES DISTRIBUTED BY YEAR-END. THE ASSOCIATION HAS DISTRIBUTED MORE THAN 16,600 HARD COPIES AND USERS HAVE DOWNLOADED ABOUT 3,000 THROUGH OUR WEBSITE.

THE ASSOCIATION'S LEADERSHIP GATHERING BRINGS TOGETHER NONPROFIT LEADERS TO FACILITATE LEARNING AND MEANINGFUL DIALOGUE AROUND TOPICAL AND

Name of the organization COLORADO NONPROFIT ASSOCIATION	Employer identification number 84-0942908
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PERTINENT MANAGEMENT TOPICS. OUR MAY 2015 LUNCHEON WAS A ONE-HALF DAY EVENT, AND FOCUSED ON THE TOPIC RELATED TO GUIDING NONPROFIT PROFESSIONALS IN TELLING COMPELLING STORIES THAT MOVE AUDIENCES TO ACTION. THIS WAS A SOLD OUT EVENT WITH 270 NONPROFIT PROFESSIONALS FROM 195 ORGANIZATIONS PARTICIPATING IN THIS EVENT FROM ALL CORNERS OF THE STATE.

THE COLORADO COLLABORATION AWARD ACKNOWLEDGES AND ENCOURAGES SUCCESSFUL COLLABORATION. CREATED IN 2011 BY A DIVERSE GROUP OF COLORADO FUNDERS, IT PROVIDES A \$50,000 PRIZE EACH YEAR TO AN OUTSTANDING COLLABORATION. THE 2015 AWARD WITH A TEAM OF NONPROFIT, FOUNDATION, BUSINESS, AND GOVERNMENT REPRESENTATIVES SELECTED COLORADO RESPITE CARE PROGRAM AS THE WINNER.

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ATTACHMENT 1

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FORM 990, PART III - PROGRAM SERVICE, LINE 4A

NONPROFIT ADVOCACY: THIS INCLUDES COMMUNICATIONS, INFORMATION DISSEMINATION ABOUT ALL MATTERS OF TOPICS RELATED TO NONPROFITS, RESEARCH, COLORADO GENEROSITY PROJECT AND THE C3 FORUM. THE COLORADO GENEROSITY PROJECT (CGP) SEEKS TO INCREASE CHARITABLE GIVING IN COLORADO. BASED ON OUR CURRENT STRATEGIC PLAN, THE ASSOCIATION'S GOALS FOR CGP INCLUDE:

CONDUCT AND DISSEMINATE RESEARCH ABOUT GIVING TRENDS IN COLORADO, INCREASE ORGANIZATIONAL AND FUNDRAISING EXPERTISE IN COLORADO NONPROFITS THROUGH TECHNICAL ASSISTANCE AND TRAINING, ENCOURAGE NONPROFITS TO OPERATE WITH TRANSPARENCY AND ACCOUNTABILITY, INCREASE PUBLIC AWARENESS ABOUT THE VALUE OF GIVING TO CHARITABLE ORGANIZATIONS, ASSIST BUSINESSES TO DEVELOP COMPREHENSIVE



Name of the organization COLORADO NONPROFIT ASSOCIATION	Employer identification number 84-0942908
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ATTACHMENT 1 (CONT'D)

PHILANTHROPIC PLANS THAT SUPPORT NONPROFITS THROUGH FINANCIAL SUPPORT, EMPLOYEE VOLUNTEER ENGAGEMENT AND MUTUALLY BENEFICIAL PARTNERSHIPS, CONNECT GRANT MAKERS WITH GRANT SEEKERS TO PROMOTE EFFECTIVE AND INNOVATIVE USE OF PHILANTHROPIC FUNDS. HOSTED BY COLORADO NONPROFIT ASSOCIATION, COMMUNITY RESOURCE CENTER AND COLORADO ASSOCIATION OF FUNDERS, THE C (3) FORUM IS A DAYLONG EVENT DESIGNED TO STRENGTHEN RELATIONSHIPS AMONG FRONT RANGE NONPROFITS AND FUNDERS, ENCOURAGE DIALOGUE, AND INCREASE NONPROFITS' UNDERSTANDING OF THE GRANT MAKING PROCESS. THE 2015 EVENT HELD AT THE RANCH EVENT COMPLEX, IN LOVELAND, AND WAS FILLED TO CAPACITY WITH 270 ATTENDEES FROM 165 ORGANIZATIONS. BREAKOUT SESSIONS FOCUSED ON SPECIFIC FUNDING TOPICS AND PROVIDED OPPORTUNITIES FOR DIALOGUE BETWEEN NONPROFITS AND FUNDERS REGARDING DIFFERENT AREAS OF SERVICE. IN 2015, THE ASSOCIATION DECIDED TO SELL ITS WHOLLY OWNED SUBSIDIARY, THE COLORADO NONPROFIT INSURANCE AGENCY (CNIA) FOR STRATEGIC REASONS TO PROVIDE BROADER ACCESS TO INSURANCE SERVICES FOR NONPROFITS ACROSS THE STATE AND TO FURTHER STRENGTHEN THE ASSOCIATIONS LONG-TERM FINANCIAL SUSTAINABILITY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

CONFERENCES: EACH FALL, COLORADO NONPROFIT ASSOCIATION HOSTS COLORADO'S LARGEST NONPROFIT CONFERENCE, A COMPREHENSIVE EDUCATIONAL AND NETWORKING EVENT FOR NONPROFIT STAFF, BOARDS, AND

Name of the organization COLORADO NONPROFIT ASSOCIATION	Employer identification number 84-0942908
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ATTACHMENT 2 (CONT'D)

VOLUNTEERS. THE 2015 EVENT ENGAGED 946 PARTICIPANTS, 38 SPONSORS, 48 EXHIBITOR BOOTHS, AND 104 EDUCATIONAL SESSIONS - THE MOST EDUCATIONS SESSIONS YET. THE COLORADO NONPROFIT WEEK AWARDS LUNCHEON IS AN ANNUAL CELEBRATION OF THE EXCEPTIONAL CONTRIBUTIONS OF THE NONPROFIT SECTOR, HIGHLIGHTING WINNERS OF AWARDS FOR LEGISLATORS THAT HAVE HELPED THE NONPROFIT SECTOR AND OUTSTANDING INDIVIDUALS THAT HAVE MADE CONTRIBUTIONS TO THE SECTOR BY VOLUNTEERING OR WORKING IN THE FIELD. FOR THREE AWARD CATEGORIES, WE CONTRIBUTE \$5,000 TO A NONPROFIT OF THE WINNER'S CHOICE. (THE CASH AWARDS ARE PAID FOR BY THE BOETTCHER FOUNDATION IN THE FORM OF A GRANT TO THE COLORADO NONPROFIT ASSOCIATION). THE ONLY RESTRICTION ON THE CASH AWARD IS THAT THE NONPROFIT OF CHOICE MUST BE A MEMBER OF THE COLORADO NONPROFIT ASSOCIATION (WHICH INCLUDES 1,330 MEMBER ORGANIZATIONS).

THE FOLLOWING ORGANIZATIONS WERE RECIPIENTS OF CASH AWARDS IN 2015: INCLUDING GRANTS OF \$15,000: \$5,000 TO THE FAMILIES FORWARD RESOURCE CENTER, \$5,000 TO THE UNITED WAY OF GREELEY. \$3,000 TO S.E.E.D. PARK, INTERNATIONAL, AND \$2,000 TO ADAMS STATE UNIVERSITY COMMUNITY PARTNERSHIPS.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
EDUCATION	15,000.	181,754.	81,867.

Name of the organization COLORADO NONPROFIT ASSOCIATION	Employer identification number 84-0942908
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ATTACHMENT 3 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
COLORADO NONPROFIT WEEK AWARDS LUNCHEON		115,877.	28,655.
TOTALS	<u>15,000.</u>	<u>297,631.</u>	<u>110,522.</u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

COLORADO NONPROFIT ASSOCIATION

84-0942908

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

Table with 6 columns: (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. Rows 1-6 are empty.

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.

Table with 7 columns: (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). Row 1: CITIZEN ACTION FOR COLORADO NONPROFITS, 84-1341767, 789 SHERMAN ST SUITE 240 DENVER, CO 80203, POLIT. ADVOC., CO, 501(C)(4), CNA, X.

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

Schedule R (Form 990) 2015

**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	
(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 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
(1) COLORADO NONPROFIT INSURANCE AGENCY 84-1129734 789 SHERMAN ST SUITE 260 DENVER, CO 80203	INSURANCE AGE	CO	CNA	C CORP	616,699.	0.		X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> 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) COLORADO NONPROFIT INSURANCE AGENCY	A	27,265.	LEASE AGREEMENT
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

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

---



**Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))**

For calendar year 2015 or other tax year beginning 01/01, 2015, and ending 12/31, 2015.

**2015**

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C)(3)</td> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 530(a)</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p><b>C</b> Book value of all assets at end of year <u>2,665,663.</u></p>	<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408A	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 529(a)	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <u>COLORADO NONPROFIT ASSOCIATION</u></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <u>789 SHERMAN STREET 240</u></p> <p>City or town, state or province, country, and ZIP or foreign postal code <u>DENVER, CO 80203-4494</u></p> <p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.) <u>84-0942908</u></p> <p><b>E</b> Unrelated business activity codes (See instructions.) <u>541800</u></p>
<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 220(e)							
<input type="checkbox"/> 408A	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 529(a)							

**H** Describe the organization's primary unrelated business activity. ▶ ADVERTISING & MARKETING

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ JEANNIE NIMS Telephone number ▶ 303-813-4213

		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶			
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>1c</b>			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>2</b>			
<b>4a</b> Capital gain net income (attach Schedule D)	<b>3</b>			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4a</b>			
<b>c</b> Capital loss deduction for trusts	<b>4b</b>			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>4c</b>			
<b>6</b> Rent income (Schedule C)	<b>5</b>			
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>6</b>			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>7</b>	27,264.	22,710.	4,554.
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>8</b>			
<b>10</b> Exploited exempt activity income (Schedule I)	<b>9</b>			
<b>11</b> Advertising income (Schedule J)	<b>10</b>	10,728.	2,274.	8,454.
<b>12</b> Other income (See instructions; attach schedule)	<b>11</b>	18,667.	ATTCH 1	18,667.
<b>13</b> Total. Combine lines 3 through 12	<b>12</b>	56,659.	24,984.	31,675.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)				
<b>15</b> Salaries and wages	<b>14</b>			17,884.
<b>16</b> Repairs and maintenance	<b>15</b>			
<b>17</b> Bad debts	<b>16</b>			
<b>18</b> Interest (attach schedule)	<b>17</b>			
<b>19</b> Taxes and licenses	<b>18</b>			818.
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>19</b>			
<b>21</b> Depreciation (attach Form 4562)	<b>20</b>	21	536.	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21</b>	22a		536.
<b>23</b> Depletion	<b>22a</b>			
<b>24</b> Contributions to deferred compensation plans	<b>23</b>			
<b>25</b> Employee benefit programs	<b>24</b>			1,512.
<b>26</b> Excess exempt expenses (Schedule I)	<b>25</b>			
<b>27</b> Excess readership costs (Schedule J)	<b>26</b>			8,454.
<b>28</b> Other deductions (attach schedule)	<b>27</b>	ATTACHMENT 2		8,451.
<b>29</b> Total deductions. Add lines 14 through 28	<b>28</b>			37,655.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>29</b>			-5,980.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>30</b>			
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>31</b>			-5,980.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>32</b>			1,000.
<b>34</b> Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>33</b>			-5,980.

Part III Tax Computation

Table with 3 columns: Description, Amount, and Reference. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Amount, and Reference. Rows include Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Refunded (49).

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows include questions about foreign interest, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Description, Amount, and Reference. Rows include Inventory at beginning/end of year (1, 6), Purchases (2), Cost of labor (3), Additional section 263A costs (4a, 4b), Total (5), Cost of goods sold (7), and Section 263A rules (8).

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: TERENCE (RENNY) FAGAN, Signature of officer, Date, PRESIDENT & CEO, Title. Includes a box for 'May the IRS discuss this return with the preparer shown below' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (RITA F WORSTER, CPA), Preparer's signature, Date, Check if self-employed, PTIN (P00290681), Firm's name (BKD, LLP), Firm's EIN (44-0160260), Firm's address (111 SOUTH TEJON, SUITE 800), Phone no. (719 471-4290).

COLORADO SPRINGS, CO 80903-9848

Form 990-T (2015)

**Cumulative E-File History 2015**

**Federal Extension3**

Locator: 4242CC  
Taxpayer Name: COLORADO NONPROFIT ASSOCIATION  
Return Type: 990, 990

**Submitted Date** 4/26/2016 2:47:23 PM  
**Acknowledgement Date** 4/26/2016 2:56:26 PM  
**Status** Accepted  
**Submission ID** 84022720161175000001

[Print](#)

[Close](#)

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1)
(2)
(3)
(4)

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) ATTACHMENT 3					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			27,264.	22,710.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) NONPROFIT COLORADO	10,728.	2,274.	8,454.	23,081.	49,426.	8,454.
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶						
<b>Totals, Part II</b> (lines 1-5) . . . . . ▶	Enter here and on page 1, Part I, line 11, col. (A). 10,728.	Enter here and on page 1, Part I, line 11, col. (B). 2,274.				Enter here and on page 1, Part II, line 27. 8,454.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
<b>Total.</b> Enter here and on page 1, Part II, line 14. . . . . ▶			

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME

MARKETING FEES	18,667.
PART I - LINE 12 - OTHER INCOME	<u>18,667.</u>

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

INSURANCE	163.
PROFESSIONAL FEES	1,667.
BANK FEES	1,055.
OFFICE SUPPLIES/EQUIPMENT	647.
DUES	1,376.
POSTAGE	11.
PRINTING	411.
RENT	1,820.
MEETINGS/TRAININGS	995.
TELEPHONE	134.
TRAVEL	157.
MISCELLANEOUS	15.
PART II - LINE 28 - OTHER DEDUCTIONS	<u>8,451.</u>

SCHEDULE F - INTEREST, ANNUITIES, ROYALTIES, AND RENTS FROM CONTROLLED ORGANIZATIONS

ATTACHMENT 3

EXEMPT CONTROLLED ORGANIZATION				NONEXEMPT CONTROLLED ORGANIZATION							
				5.	6.				10.	11.	
				PART OF COLUMN	DEDUCTIONS				PART OF COLUMN	DEDUCTIONS	
				(4) THAT	DIRECTLY				(9) THAT	DIRECTLY	
				IS INCLUDED	CONNECTED				IS INCLUDED	CONNECTED	
				IN THE	WITH				IN THE	WITH	
				CONTROLLING	ORGANIZATION'S				CONTROLLING	ORGANIZATION'S	
				ORGANIZATION'S	INCOME IN				ORGANIZATION'S	INCOME IN	
				GROSS INCOME	COLUMN (5)				GROSS INCOME	COLUMN (10)	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	
<u>NAME OF CONTROLLED ORGANIZATION</u>	<u>EMPLOYER IDENTIFICATION NUMBER</u>	<u>NET UNRELATED INCOME (LOSS)</u>	<u>TOTAL OF SPECIFIED PAYMENTS MADE</u>	<u>GROSS INCOME</u>	<u>DEDUCTIONS DIRECTLY CONNECTED WITH ORGANIZATION'S INCOME IN COLUMN (5)</u>	<u>TAXABLE INCOME</u>	<u>NET UNRELATED INCOME (LOSS)</u>	<u>TOTAL OF SPECIFIED PAYMENTS MADE</u>	<u>GROSS INCOME</u>	<u>DEDUCTIONS DIRECTLY CONNECTED WITH ORGANIZATION'S INCOME IN COLUMN (10)</u>	
CO NONPROFIT INSURANCE AGENCY	84-1129734							27,264.	27,264.	22,710.	
									TOTAL OF COLUMN 5 & COLUMN 10	TOTAL OF COLUMN 6 & COLUMN 11	
									TOTALS	<u>27,264.</u>	<u>22,710.</u>



**Colorado Nonprofit Association**

84-0942908

Federal Footnotes

Form 990-T, Part II, Line 31  
Net Operating Loss Deduction

<u>Year Generated</u>	<u>Original</u>	<u>Utilized</u>	<u>Carryforward</u>
2012	(14,020.00)	-	(14,020.00)
2013	(5,581.00)		(5,581.00)
2014	(7,202.00)		(7,202.00)
2015	(5,980.00)		(5,980.00)
Net Operating Loss Carried to 2014	<u>(32,783.00)</u>	-	<u>(32,783.00)</u>

(0023)

**Colorado C Corporation**  
**Income Tax Form 112**

**2015**

**Do not submit federal return, forms or schedules when filing this return.**

-or-



150112 11062

Fiscal Year Beginning (MM/DD/15)	2015	Year Ending (MM/DD/YY)
----------------------------------	------	------------------------

Name of Corporation COLORADO NONPROFIT ASSOCIATION	Colorado Account Number •
---	------------------------------

Address 789 SHERMAN ST SUITE 240	FEIN • 84-0942908
-------------------------------------	----------------------

City DENVER	State CO	Zip 80203-4494
----------------	-------------	-------------------

Final Return <input type="checkbox"/>	If you are submitting a statement disclosing a listed or reported transaction, mark this box <input type="checkbox"/>
---------------------------------------	---

• **A. Apportionment of Income.** This return is being filed for:

<input checked="" type="checkbox"/> (42) A corporation not apportioning income;	<input type="checkbox"/> (45) A corporation electing to pay a tax on its gross Colorado sales;
<input type="checkbox"/> (43) A corporation engaged in interstate business apportioning income using single-factor apportionment (Schedule SF required);	<input type="checkbox"/> (46) A corporation claiming an exemption under P.L. 86-272;
<input type="checkbox"/> (44) A corporation engaged in interstate business apportioning income using special regulation (Schedule SF required);	<input type="checkbox"/> (47) Other appointment method, must be pre-approved by the department (fill in below)

• **B. Separate/Consolidate/Combined Filing.** This return is being filed for:

<input checked="" type="checkbox"/> A single corporation filing a separate return;	<input type="checkbox"/> An affiliated group of corporations required to file a combined return (Schedule C required.);
<input type="checkbox"/> An affiliated group of corporations electing to file a consolidated return. <b>Warning:</b> such election is binding for four years. If your election was made in a prior year, enter the year of election in line below. (Schedule C required);	<input type="checkbox"/> An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required.)

Enter the year of election (YYYY)

Federal Taxable Income		Round to nearest dollar	
1. Federal taxable income from Federal form 1120 or 990-T	• 1	-5,980	00
2. Federal taxable income of companies not included in this return	• 2		00
3. Net federal taxable income, line 1 minus line 2	3	-5,980	00
<b>Additions</b>			
4. Federal net operating loss deduction	• 4		00
5. Colorado income tax deduction	• 5		00
6. Other additions, include explanation	• 6		00
7. Total of lines 3 through 6	7	-5,980	00



150112 21062

Form 112

Name	Account Number
COLORADO NONPROFIT ASSOCIATION	
<b>Subtractions</b>	
8. Exempt federal interest	00
9. Excludable foreign source income	00
10. Colorado source capital gain (assets acquired on or after 5/9/94, held five years)	00
11. Colorado Marijuana Business Deduction	00
12. Other subtractions, include explanation	00
13. Total of lines 8 through 12	00
<b>Taxable Income</b>	
14. Modified federal taxable income, line 7 minus line 13	-5,980 00
15. Colorado taxable income before net operating loss deduction	-5,980 00
16. Colorado net operating loss deduction STMT 1	00
17. Colorado taxable income, line 15 minus line 16	NONE 00
18. Tax, 4.63% of the amount on line 17	NONE 00
<b>Credits</b>	
19. Total nonrefundable credits from line 23, Form 112CR (may not exceed tax on line 18)	00
20. Non-refundable Enterprise Zone credits used – as calculated, or from DR 1366 line 87	00
21. Net tax, line 18 minus lines 19 and 20	NONE 00
22. Recapture of prior year credits	00
23. Total of lines 21 and 22	NONE 00
24. Estimated tax and extension payments and credits	120 00
25. W-2G Withholding from lottery winnings	00
26. Gross Conservation Easement Credit from DR 1305G line 33	00
27. Innovative Motor Vehicle Credit from form DR 0617	00
28. Business Personal Property Credit: Use the worksheet in the DR 112 book instructions to calculate, submit copy of assessor's statement	00
29. Renewable Energy Tax Credit from line 88 of form DR 1366	00
30. Total of lines 24 through 29	120 00
31. Net tax due. Subtract line 30 from line 23	00
32. Penalty	00

Do Not Submit Federal Return, Forms or Schedules when Filing this Return



150112 31062

Form 112

Name COLORADO NONPROFIT ASSOCIATION		Account Number
33. Interest	• 33	00
34. Estimated tax penalty due	• 34	00
35. Total due. Enter the sum of lines 31 through 34	• 35	00
36. Overpayment, line 30 minus line 23	36	120 00
37. Amount from line 36 to carry forward for future year estimated tax	• 37	00
38. Amount from line 36 to be refunded	• 38	120 00

### Direct Deposit

Routing Number  Type:  Checking  Savings  
 Account Number

Pay electronically at [www.Colorado.gov/RevenueOnline](http://www.Colorado.gov/RevenueOnline) or  
**Mail and Make Checks Payable to:** Colorado Department of Revenue  
 Denver, CO 80261-0006

The State may convert your check to a one time electronic banking transaction. Your bank account may be debited as early as the same day received by the State. If converted, your check will not be returned. If your check is rejected due to insufficient or uncollected funds, the Department of Revenue may collect the payment directly from your bank account electronically.

**C. The corporation's books are in care of:**

Last Name	First Name	Middle Initial	Phone Number
	COLORADO NONPROFIT ASSOC		303-832-5710
Address	City	State	Zip
789 SHERMAN ST SUITE 240	DENVER	CO	80203-4494

**D. Business code number per federal return (NAICS)**

• 813940

**E. Year corporation began doing business in Colorado**

• 1986

**F. May the Colorado Department of Revenue discuss this return with the paid preparer shown below (see instructions)**

•  Yes  No

**G. Kind of business in detail** NONPROFIT ORGANIZATION

**H. Has the Internal Revenue Service made any adjustments in the corporation's income or tax or have you filed amended federal income tax returns at any time during the last four years?**

•  Yes  No

If yes, for which year(s)? (YYYY)

**Did you file amended Colorado returns to reflect such changes or submit copies of the Federal Agent's reports?**

Yes  No

Last Name of person or firm preparing return BKD, LLP	First Name	Middle Initial
Address of person or firm preparing return 111 SOUTH TEJON, SUITE 800	Phone Number 719 471-4290	
City COLORADO SPRINGS	State CO	Zip 80903

Under penalties of perjury in the second degree, I declare that I have examined this return and to the best of my knowledge is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature or Title of Officer JEANNIE NIMS CFO	Date (MM/DD/YY) 05/15/16
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**Cumulative E-File History 2015**

**FED**

Locator: 4242CC  
Taxpayer Name: COLORADO NONPROFIT ASSOCIATION  
Return Type: 990, 990

**Submitted Date** 4/26/2016 2:47:23 PM  
**Acknowledgement Date** 4/26/2016 2:58:10 PM  
**Status** Accepted  
**Submission ID** 84022720161175000000

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150112SF11062

## 2015 Schedule SF — Single Factor Apportionment Schedule

Name COLORADO NONPROFIT ASSOCIATION		Account Number
1. Total modified federal taxable income from line 14, page 2, Form 112		1 -5,980
<b>Business Income Apportioned to Colorado By Use of the Sales Factor</b>		
Do not include foreign source revenues modified out on line 9, page 1, Form 112		
	• Colorado	• Total
2. Gross sales of tangible personal property • 2		
3. Gross revenue from services • 3		
4. Gross rents and royalties from real property • 4		
5. Gross proceeds from sales of real property • 5		
6. Taxable interest and dividend income • 6		
7. Gain from the sale of intangible personal property • 7		
8. Patent and copyright royalties • 8		
9. Revenue from the performance of purely personal services • 9		
10. Total revenue (total of lines 2 through 9 in each column) 10		
11. Line 10 (Colorado) divided by line 10 (Total)	11	
<b>Complete Lines 12 and 15 only if nonbusiness income is being directly allocated. If all income is being treated as business income, enter 0 (Zero) on Lines 12 and 15.</b>		
12. Less income directly allocable		
<b>Nonbusiness Income Only</b>	(a) Net rents and royalties from real or tangible property •	
	(b) Capital gains and losses •	
	(c) Interest and dividends •	
	(d) Patents and copyright royalties •	
	(e) Other nonbusiness income •	
	(f) Total income directly allocable [add lines (a) through (e)] 12	
13. Modified federal taxable income subject to apportionment by formula, line 1 less line 12 13		-5,980
14. Income apportioned to Colorado by formula, line 11 multiplied by line 13 14		

**Do not submit federal return, forms or schedules when filing this return.**

*continued on page 14*



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Name COLORADO NONPROFIT ASSOCIATION		Account Number
<b>15. Add income directly allocable to Colorado:</b>		
<b>Nonbusiness Income Only</b>	(a) Net rents and royalties from real or tangible property •	
	(b) Capital gains and losses •	
	(c) Interest and dividends •	
	(d) Patents and copyright royalties •	
	(e) Other nonbusiness income •	
	(f) Total income directly allocable [add lines (a) through (e)]	<b>15</b>
<b>16. Total income apportioned to Colorado, line 14 plus line 15. Enter on line 15, page 2, Form 112 16</b>		
<b>17.</b> <input type="checkbox"/> Pursuant to §39-22-303.5(6) C.R.S., taxpayer elects to treat nonbusiness income as business income for:	Tax year ending (MM/DD/YY)	



COLORADO FORM 112, PAGE 2 DETAIL

LINE 16 - NOL CARRYOVER

CARRYOVER GENERATED IN TAX YEAR 2012 .....	14,020.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2016		14,020.
CARRYOVER GENERATED IN TAX YEAR 2013 .....	5,581.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2016		5,581.
CARRYOVER GENERATED IN TAX YEAR 2014	7,202.	
TOTAL NOL UTILIZED	NONE	
NOL CARRIED FORWARD TO 2016		7,202.
CARRYOVER GENERATED IN TAX YEAR 2015		5,980.
TOTAL NOL CARRIED FORWARD TO 2016		32,783.