**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

PUBLIC DISCLOSURE COPY

Department of the Treasury

## \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

▶ Do not enter Social Security numbers on this form as it may be made public.



Inter	nal Reve	enue Service	Information about Form 990 and its instructions is at	www.irs	aov/form990	Inspection		
A For the 2013 calendar year, or tax year beginning and ending								
В	Check if applicabl	le: <b>C</b> Name c	of organization		D Employer identification number			
	Addre		RADO ASSOCIATION OF FUNDERS					
	Name chang		Business As		71-09	47313		
	Initial return			m/suite	E Telephone number			
	Termi	000	SOUTH CHERRY STREET 120	00	(303)	398-7404		
	Amen	City or 1	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	215,988.		
	Applic tion pendi		VER, CO 80246		H(a) Is this a group ret			
	portar	F Name a	and address of principal officer: JOANNE KELLEY		for subordinates?			
			AS C ABOVE		H(b) Are all subordinates inc			
			$X$ 501(c)(3) $\Box$ 501(c) ( ) ◀ (insert no.) $\Box$ 4947(a)(1) or $\Box$	527		st. (see instructions)		
			COLORADOFUNDERS.ORG         X       Corporation         Trust       Association         Other	• \/aan a	H(c) Group exemption			
-	art I	Summary		L Year c		State of legal domicile: CO		
						ON OF		
S	1	Briefly descril	be the organization's mission or most significant activities: THE COI S (CAF) IS A NONPROFIT MEMBERSHIP ASS	COCT	ATTON FOR CR	ANTMAKERS		
Governance	2		ox ► if the organization discontinued its operations or disposed of					
ver			ting members of the governing body (Part VI, line 1a)			15.		
ဗီ						15		
ې مې		<ul> <li>4 Number of independent voting members of the governing body (Part VI, line 1b)</li> <li>5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)</li> </ul>				2		
itie			of volunteers (estimate if necessary)			19		
Activities &			ed business revenue from Part VIII, column (C), line 12			0.		
◄			I business taxable income from Form 990-T, line 34			0.		
					Prior Year	Current Year		
Ð	8	Contributions	and grants (Part VIII, line 1h)		43,662.	38,976.		
Revenue			ice revenue (Part VIII, line 2g)		179,132.	176,531.		
eve			come (Part VIII, column (A), lines 3, 4, and 7d)		630.	481.		
ш.	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		223,424.	215,988.		
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	🔔	0.	0.		
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.		
es	15		er compensation, employee benefits (Part IX, column (A), lines 5-10) $\ldots$		160,740.	163,111.		
Expenses	16a		fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ğ	b		sing expenses (Part IX, column (D), line 25) F 5, 107.	_		40.000		
ш	11/		es (Part IX, column (A), lines 11a-11d, 11f-24e)		55,589.	49,392.		
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		216,329.	212,503.		
<u>,                                    </u>	19	Revenue less	expenses. Subtract line 18 from line 12		7,095.	3,485.		
Net Assets or Fund Balances				Beç	jinning of Current Year	End of Year		
SSe	20		Part X, line 16)		262,409.	259,186.		
et A	21		s (Part X, line 26)		14,629.	7,921.		
	22		fund balances. Subtract line 21 from line 20		247,780.	251,265.		
	art II	Signatur						

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

Sign Here	Signature of officer JOANNE KELLEY, EXECUTI Type or print name and title	VE DIRECTOR	Date				
	Print/Type preparer's name	i ichaici s sidilaine	Pate Check PTIN				
Paid	LAURA M. PUCA	0	8/20/14 <sup>d</sup> elf-employed P01067688				
Preparer	Firm's name 🕨 CRADY , PUCA & AS		Firm's EIN <b>27-1433452</b>				
Use Only	Firm's address ▶ 12150 E BRIARWOO	D AVE STE 201					
	CENTENNIAL, CO 8	0112	Phone no.303.771.9575				
May the IRS discuss this return with the preparer shown above? (see instructions)							
332001 10-2	32001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2013)						
n n	THE COMEDINE O HOD ODCANTS	AUTON MICCION CUAUEME					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2013) COLORADO ASSOCIATION OF FUNDERS	71-0947313	Page
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE COLORADO ASSOCIATION OF FUNDERS (CAF) IS A NONPROFIL	T MEMBERSHIP	1
	ASSOCIATION FOR GRANTMAKERS THROUGHOUT THE STATE. ITS M	ISSION IS TO	)
	BRING PEOPLE, INFORMATION AND RESOURCES TOGETHER TO PRO	MOTE EFFECTI	VE
	AND RESPONSIBLE PHILANTHROPY IN COLORADO.		
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ?	Yes	XN
	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?	Ves	XN
,	If "Yes," describe these changes on Schedule O.		
ŀ	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	-
r	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
		ers, the total expenses,	anu
1a	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 68,286 · including grants of \$ ) (Reven	<u> </u>	861.
Ы	(Code:) (Expenses \$ 68,286 • including grants of \$) (Reven CONNECTING FUNDERS THROUGH EDUCATIONAL PROGRAMMING AND		001
	A. INITIATED DOZENS OF MEMBER GATHERINGS, INCLUDING WOR		
	PROGRAMS, NETWORKING EVENTS, SERVICE PROJECTS AND BOARD		
	MEETINGS.	AND COMMITT	66
	B. CONTINUE TO EXPAND THE ASSOCIATION'S VIBRANT FUNDER		<u> </u>
	ATTRACTING NEW ORGANIZATIONS TO THE MEMBERSHIP. HELD TW	O FUNCTIONS	10
	WELCOME NEW FOUNDATION CEOS INTO THE NETWORK.		
	C. LAUNCHED "LEVERAGING THE NETWORK" EDUCATIONAL SERIES		
	FACE-TO-FACE EXCHANGE OF SKILL-BUILDING INFORMATION AMO		
	D. CO-SPONSORED FUNDERS FORUM IN ASPEN WITH ASPEN SKIIN		
	COMMUNITY FOUNDATION FOR THE PURPOSE OF BRINGING TOGETH		но
	FOCUS ON THE ASPEN TO PARACHUTE REGION TO SHARE STRATEG		
C	(Code:) (Expenses \$39,021. including grants of \$) (Reven	ue\$159,	670
	MEMBERSHIP SUPPORT AND COMMUNICATIONS		-
	A. WORKED WITH CONSULTANTS TO DEVELOP NEW MEMBER DATABA	SE AND DIREC	TORY
	AND DEVELOPMENT OF NEW WEB PLATFORM.		
	B. SUPPORTED NUMEROUS ONLINE DISCUSSION GROUPS FOR TO C		
	MEMBERS AND ALLOW OUR MEMBERS TO CONNECT WITH THEIR COL		
	C. CONTINUED TO PUT STRONG EMPHASIS ON PROFESSIONAL STA		
	TO STAY CURRENT WITH EMERGING ASSOCIATION, GRANTMAKING .		
	ISSUES AND TRENDS. CAF'S EXECUTIVE CONTINUES TO SERVE O		
	THE FORUM OF REGIONAL ASSOCIATIONS OF GRANTMAKERS IN WA	SHINGTON AND	TH
	COLORADO SOCIETY OF ASSOCIATION EXECUTIVES IN DENVER.		
	D. PROGRAM STAFF PARTICIPATES ACTIVELY IN FORUM'S NATIO		Е
	MANAGEMENT TASK FORCE AND IN THE COLORADO SOCIETY OF AS	SOCIATION	
С	(Code: ) (Expenses \$ 42,772. including grants of \$ ) (Reven	ue\$	
	EFFORTS TO RAISE PUBLIC AWARENESS AND STRENGTHEN PHILAN	THROPY	
	A. AWARENESS BUILDING AND ADVOCACY WORK CONTINUED TO IN	CLUDE	
	MAINTAINING REGULAR CONTACT WITH THE GOVERNOR'S OFFICE,	REGULATORS	AND
	OTHER ELECTED OFFICIALS AT THE LOCAL, STATE AND NATIONAL	L LEVELS.	
	INVITED COLORADO LEGISLATIVE LEADERS FOR A BRIEFING WIT	H COLORADO	
	FOUNDATION EXECUTIVES. MET WITH SECRETARY OF STATE AND	STAFF TO	
	EXCHANGE UPDATES AND PARTICIPATED IN SESSIONS AROUND DE	VELOPING AND	)
	PROMOTING EDUCATION/TRAINING FOR NONPROFITS. HOSTED SEC		
	AND OTHERS AT NATIONAL PHILANTHROPY DAY EVENT.		
	B. LED A DELEGATION OF FOUNDATION EXECUTIVES ON A TRIP	TO WASHINGTO	N
	FOR FOUNDATIONS ON THE HILL, MEETING WITH MEMBERS AND/O		
	NINE OF COLORADO'S CONGRESSIONAL OFFICES TO DISCUSS PHI		
			коп
d	Other program services (Describe in Schedule O.)	,	
	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     150,079.	)	
е	Total program service expenses 150,079.		00 /= -
2002		Form <b>9</b>	າສບ (20
29-	SEE SCHEDULE O FOR CONTINUATION (		
^	—		
ŧυ	820 795715 CAF 2013.03030 COLORADO ASSOCIATION	OF FUN CAF	

Form 990 (2013)

08540820 795715 CAF

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2013)

\_1

20b

08540820 795715 CAF

38

23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25a</i>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
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? If "Yes," complete Schedule L, Part I
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>
28 a	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
	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</i> "Yes," <i>complete Schedule L, Part IV</i>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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</i> "Yes," <i>complete Schedule R, Part V, line 2</i>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

COLORADO ASSOCIATION OF FUNDERS Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

71-0947313 Page 4

21

22

23

24a 24b

24c 24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Х

Form 990 (2013)

Yes

No

Х

Х

Х

Х

Х

Х

х

Х

Х

Х

Х

Х

х

Х

Х

Х

Х

Х

Х

Х

21

08540820	795715	CAF
----------	--------	-----

Section 501(c)(12) organizations. Enter:

Gross income from members or shareholders

amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... 12b

Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

a Is the organization licensed to issue qualified health plans in more than one state?

Gross income from other sources (Do not net amounts due or paid to other sources against

Section 501(c)(29) qualified nonprofit health insurance issuers.

11

а

b

13

332005 10-29-13

11a

11b

13b

13c

Form	990 (2013) COLORADO ASSOCIATION OF FUNDERS		71-094	731.
Pa	t 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			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		3
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	lble gaming	
	(gambling) winnings to prize winners?			1c
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	2a		2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	Ο		3b
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a	
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a
b				5b
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	any contributions that were not tax deductible as charitable contributions?			6a
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions c	or gifts	
	were not tax deductible?			6b
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor	? 7a
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired	
	to file Form 8282?			7c
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contraction			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	he during the year?	8
9	Sponsoring organizations maintaining donor advised funds.			-
a	Did the organization make any taxable distributions under section 4966?			9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b
10	Section 501(c)(7) organizations. Enter:		I	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		_
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		

71 - 0947313Page 5

Yes

Х

No

х

х

х

Х

Х

х

х

Х

Х

12a

13a

14a

14b

Х

Form 990 (2013)

#### COLORADO ASSOCIATION OF FUNDERS

71-0947313 Page 6

VI	Governance, Manage	ement, and Disclosure For each	"Yes" response to lines 2 through 7b below, and for	a "No"	' response
			s, or changes in Schedule O. See instructions.		

		Ι.	1 1	-	1.00	110
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	1	<u> </u>		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
h		1b	1	5		
b	Enter the number of voting members included in line 1a, above, who are independent			-		
2				2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under th			2		- 23
3	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
4 5	Did the organization make any significant changes to its governing documents since the prior roms. Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization become aware during the year of a significant diversion of the organization s as Did the organization have members or stockholders?			6	x	
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or a			-		
	more members of the governing body?			7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar bv th	e followina:			
	The governing body?	-	-	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				1	
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R					
					Yes	No
l0a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Y in Schedule O how this was done</i>			12c	x	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?				X	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizatio	n's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Г (Sect	ion 501(c)(3)s only	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X Another's website X Upon request Other (explain	in Scl	nedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict	of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organiz	ation:	▶	
	THE ORGANIZATION - (303)398-7404					
	600 SOUTH CHERRY STREET, NO. 1200, DENVER, CO 802	40		-	000	(00.15)
32006	5 10-29-13			Forr	n <b>990</b>	(2013)
4.0		T 3			-	1
›4U	820 795715 CAF 2013.03030 COLORADO ASSOC	TUAT.	LON OF FUN	I CA	Ľ.	1

#### 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)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per	box	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARY SHIPSEY GUNN	5.00								0	0
BOARD CHAIR		X		X				0.	0.	0.
(2) MARLA WILLIAMS	2.00			37					0	0
BOARD VICE CHAIR	2 00	X		X		<u> </u>	<u> </u>	0.	0.	0.
(3) SHEPARD NEVEL	2.00			77					0	0
BOARD SECRETARY	2.00	X		Х				0.	0.	0.
(4) ALYSSA KOPF BOARD TREASURER	2.00	x		x				0.	0.	0.
(5) GARY BUTTERWORTH	1.00			<u>^</u>		-	-	0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(6) ROB GREENLEE	1.00					-	-	0.	• •	0.
DIRECTOR	1.00	x						0.	0.	0.
(7) TIM SCHULTZ	1.00					-		0.	••	0.
DIRECTOR	1.00	x						0.	0.	0.
(8) TAMARA TORMOHLEN	1.00									
DIRECTOR		x						0.	0.	0.
(9) GAY COOK	1.00									
DIRECTOR		x						0.	0.	0.
(10) JOSEPH IGNAT	1.00									
DIRECTOR		x						0.	0.	0.
(11) RUTH ROHS	1.00									
DIRECTOR		x						0.	Ο.	0.
(12) SUE RENNER	1.00									
DIRECTOR		X						0.	0.	0.
(13) ELLEN SANDBERG	1.00									
DIRECTOR		X						0.	0.	0.
(14) CHRIS WIANT	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MARK ANDERSEN	1.00									
DIRECTOR		х						0.	0.	0.
(16) JOANNE KELLEY	40.00									
EXECUTIVE DIRECTOR				х				72,940.	0.	11,212.
		1								
										Farme 000 (0010)

7

332007 10-29-13

Form 990 (2013)

1

Form 990 (2013) COLORADO									71-0	947	313	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploye	ees,	, and	d Hig	ghe	st C						
(A) Name and title	<b>(B)</b> Average hours per week	box, offic	not cl unles	(C Posi heck r ss per d a di	tion more rson i	than o s botl	h an	(D) Reportable compensation from	(E) Reportable compensation from related	on	am	(F) timate ount o other	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	cer	employee	High est com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		( Estir amo ot compe from organ and r organi	om the anizati I relate	e ion ed
	line)	Indi	Inst	Officer	Key	High emp	For						
1b Sub-total								72,940.		0.	11	L,2:	12.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A					 		0. 72,940.		0.		, 1, 2:	0.
2 Total number of individuals (including but r compensation from the organization ►	not limited to th	iose	liste	ed at	ove	e) wh	no re	eceived more than \$100	),000 of reportab	le		Yes	0 No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s				-				highest compensated e					X
<ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or a subscription.</li> </ul>	0,000? If "Yes,	" cor	mple	ete S	Sche	edule	e J f	for such individual			4		X
rendered to the organization? <i>If "Yes," con</i> Section B. Independent Contractors											5		Х
1 Complete this table for your five highest co the organization. Report compensation for	-									npens	ation fr	rom	
(A) Name and business		NC						(B) Description of s	-	С			n
2 Total number of independent contractors (	•	ot lin	nite	d to			sted	above) who received n	nore than				
\$100,000 of compensation from the organi	ization 🕨				0	J					Form <b>S</b>	<b>990</b> (2	2013)

332008
002000
10-29-13
10-29-10

Form 990 (20	13)	C	OLORAD
Part VIII	Statement	of	Revenue

## COLORADO ASSOCIATION OF FUNDERS 71-0947313 Page 9

		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			X
			·		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
ts si	1 a	Federated campaigns	1a					
iran		Membership dues						
۲ و و		Fundraising events						
ar /		Related organizations						
s, i		Government grants (contribut						
isi		All other contributions, gifts, grant						
put	•	similar amounts not included abov		38,976.				
iti	a	Noncash contributions included in lines						
and	-	Total. Add lines 1a-1f		►	38,976.			
				Business Code				
e l	2 a	MEMBERSHIP DUES	5	611710	159,670.	159,670.		
e vic	b	PROGRAM FEES		611710	16,861.	16,861.		
Sen	с							
leve	d							
Б С Ц	е							
ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►	176,531.			
	3	Investment income (including			101			
		other similar amounts)			481.			481.
	4	Income from investment of tax		· · · •				
Other Revenue     Program Service     Contributions, Gifts, Gram       11     01     6     2     7     8     and Other Similar Amount	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
6	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	D	Less: cost or other basis						
		and sales expenses		<u> </u>				
		Gain or (loss) Net gain or (loss)						
		Gross income from fundraising						
	0 4	including \$	-					
evel		contributions reported on line						
Ř.		Part IV, line 18						
the	b	Less: direct expenses						
0		Net income or (loss) from func		►				
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b			<b>├</b> ───┤				
	С			<b>├</b> ──── <b>┤</b>				
		All other revenue						
		Total. Add lines 11a-11d			215,988.	176,531.	0.	481.
33200		Total revenue. See instructions.		▶	41J,300.	T10,001.	0.	Form <b>990</b> (2013)
10-29-	-13							1 0 m <b>3 3 0</b> (20 13)

## COLORADO ASSOCIATION OF FUNDERS

71-0947313 Page 10

Sect	ion 501(c)(3) and 501(c)(4) organizations must com		-	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	04 150		00 701	
	trustees, and key employees	84,152.	58,906.	22,721.	2,525.
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	47,479.	35,609.	11,395.	475.
7	Other salaries and wages	4/,4/9.	55,009.	11,395.	4/3.
8	Pension plan accruals and contributions (include	0 125	C 70C	2 450	189.
~	section 401(k) and 403(b) employer contributions)	9,425. 11,066.	6,786. 7,927.	2,450. 2,861.	278.
9	Other employee benefits	10,989.	7,827.	2,848.	278.
10	Payroll taxes	10,909.	7,091.	2,040.	200.
11	Fees for services (non-employees):				
a	J				
b	0	6,203.		6,203.	
c	Accounting	0,203.		0,205.	
d					
e 4	-				
f	Investment management feesOther. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	2,646.		2,166.	480.
12	Advertising and promotion	0.000	1 505		F.0
13	Office expenses	2,290.	1,585.	655.	50.
14	Information technology	4,828.	3,467.	1,251.	110.
15	Royalties				
16	Occupancy		1 0 5 0	C 7 1	<b>F</b> 0
17	Travel	2,589.	1,859.	671.	59.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,431.	1,137.	1,258.	36.
23	Insurance Other expenses. Itemize expenses not covered	4,451.	т,тэ/•	I,2JU.	50.
24	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 0.)	12 (50	12 (50		
a		13,650.	13,650.	1 0 0 0	159.
b	PROFESSIONAL DEVELOPMEN DUES AND SUBSCRIPTIONS	6,975. 3,974.	5,008. 2,853.	1,808.	
c	OTHER PROGRAM EXPENSES	3,974.	3,401.	1,030.	91.
d		401.	3,4UI.		405.
e	·	212,503.	150,079.	57,317.	5,107.
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	414,303.	±30,079•	J/, JI/•	J,10/.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here Check here				

332010 10-29-13

Form **990** (2013)

08540820 795715 CAF

3)	COLORADO	ASSOCIATION	OF	FUNDERS
lance Sheet				

	2013) COLORADO ASSOCIAT. Balance Sheet	ION OF FUNDERS		/1-	0947313 Page <b>11</b>
	Check if Schedule O contains a response or note to an	y line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			1	15,668.
2	Savings and temporary cash investments		252,346.	2	232,837
3	Pledges and grants receivable, net			3	
1       Cash - non-interest-bearing       4 , 9         2       Savings and temporary cash investments       252, 3         3       Pledges and grants receivable, net       2         4       Accounts receivable, net       2         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       6         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L       7         7       Notes and loans receivable, net       9         8       Inventories for sale or use       5, 0         9       Prepaid expenses and deferred charges       5, 0         10a       Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D       10a         b       Less: accumulated depreciation       10b		4	2,942		
5					
	trustees, key employees, and highest compensated em	ployees. Complete			
	Part II of Schedule L		5		
6	Loans and other receivables from other disqualified per	sons (as defined under			
	section 4958(f)(1)), persons described in section 4958(	c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501				
	employees' beneficiary organizations (see instr). Compl	ete Part II of Sch L		6	
7	Notes and loans receivable, net			7	
8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		5,082.	9	2,221
10a	Land, buildings, and equipment: cost or other				
b				10c	
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets		in this Part X       (A) Beginning of year       I         4,981.1       1         252,346.2       3         3,0       4         4,981.4       1         252,346.2       3         3,0       4         3,0       4         4,981.4       1         252,346.2       3         3,0       4         4,981.4       1         3,0       4         4,981.4       1         3,0       4         4,981.4       1         3,0       3         (as defined under 3), and contributing       6         100       7         8       5,082.9         11       12         12       13         11       12         12       13         13       14         14       15         262,409.16       3,282.17         18       11,347.19         20       14         hedule D       21         ectors, trustees, andified persons.       22         rties       23         rs       24         ated th	E10	
15	Other assets. See Part IV, line 11	······	0.00 100		5,518
16	Total assets. Add lines 1 through 15 (must equal line 3		262,409.		259,186
17	Accounts payable and accrued expenses		3,282.		1,286
18	Grants payable		11 247		C ()F
19	Deferred revenue		11,34/.		6,635
20	Tax-exempt bond liabilities				
21	Escrow or custodial account liability. Complete Part IV			21	
22	Loans and other payables to current and former officer				
	key employees, highest compensated employees, and				
		······			
23	Secured mortgages and notes payable to unrelated thin				
24	Unsecured notes and loans payable to unrelated third p			24	
25	Other liabilities (including federal income tax, payables parties, and other liabilities not included on lines 17-24)				
				25	
26	Tatal Kabilitian Asial Kasa 47 theory als OF	Γ	14 629.		7,921
20	Organizations that follow SFAS 117 (ASC 958), chec		11/0120	20	.,,,,,
	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		247,780.	27	251,265
28	Temporarily restricted net assets		,		•
29	<b>B</b>				
	Organizations that do not follow SFAS 117 (ASC 958				
	and complete lines 30 through 34.	,,			
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipmer				
32	Retained earnings, endowment, accumulated income, o				
33	Total net assets or fund balances		247,780.	33	251,265
34	Total liabilities and net assets/fund balances			34	259,186

Form **990** (2013)

## COLORADO ASSOCIATION OF FUNDERS

71-0947313 12

	990 (2013) COLORADO ASSOCIATION OF FUNDERS	71-	0947313	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			88.
2	Total expenses (must equal Part IX, column (A), line 25)	2			03.
3	Revenue less expenses. Subtract line 2 from line 1	3			85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24'	7,7	80.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	25:	1,2	65.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2013)

SCHEDULE A	
------------	--

Department of the Treasury

#### (Form 990 or 990-EZ)

# 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.

**Open to Public** 

OMB No. 1545-0047

			L
Nomo	of the	orgonizati	-

Attach to Form 990 or Form 990-EZ.

nternal F	Rever	nue Service	Information about	out Schedule A (Form 990 or	990-EZ) and its instruc	ctions is at www.irs.gov/f	orm990	Inspection	<b>i</b>
Vame	oft	the organizati		<b>`</b>	,	WWW.NO.907/1		dentification nu	umber
			COLORAD	O ASSOCIATION	OF FUNDER	S	71	L-0947313	3
Part	tl	Reason	for Public Char	<b>ity Status</b> (All organizat	ions must complete t	his part.) See instructio	ns.		
he or	rgan	ization is not a	a private foundation	because it is: (For lines 1 t	hrough 11, check on	y one box.)			
1		A church, co	nvention of churches	s, or association of church	nes described in <b>sect</b> i	ion 170(b)(1)(A)(i).			
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
з 🗆	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4 [		A medical res	search organization of	operated in conjunction w	ith a hospital describe	ed in section 170(b)(1)(	<b>A)(iii).</b> Enter th	he hospital's nar	ne,
		city, and stat	e:						
<b>5</b> [		An organizati	on operated for the	benefit of a college or univ	versity owned or oper	ated by a governmental	unit describe	ed in	
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)					
6		A federal, sta	te, or local governm	ent or governmental unit c	described in <b>section</b> .	170(b)(1)(A)(v).			
7 🗋	Х	An organizati	on that normally rec	eives a substantial part of	its support from a go	overnmental unit or from	the general p	bublic described	in
_		section 170(	b)(1)(A)(vi). (Comple	te Part II.)					
8 [		A community	r trust described in <b>s</b>	ection 170(b)(1)(A)(vi). (C	omplete Part II.)				
9 L		An organizati	on that normally rec	eives: (1) more than 33 1/3	3% of its support from	n contributions, membe	Employer identification 71-09473 ructions. (b)(1)(A)(iii). Enter the hospital's mental unit described in or from the general public describe nembership fees, and gross rece 1/3% of its support from gross in by the organization after June 30, ction 509(a)(3). Check the box the ction 509(a)(3). Check the box the ction 509(a)(1) or section 509(a) ction 509(a)(1) or section 509(a) ction 509(a)(1) or section 509(a) ction 509(a)(1) or section 509(a) (vi) Is the organization in col. (vii) Amount of	d gross receipts	s 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.)					
οL		An organizati	on organized and op	perated exclusively to test	for public safety. See	e section 509(a)(4).			
1 L		An organizati	on organized and op	perated exclusively for the	benefit of, to perform	n the functions of, or to a	carry out the	purposes of one	; or
		more publicly	v supported organiza	tions described in sectior	n 509(a)(1) or section	509(a)(2). See <b>section 5</b>	<b>09(a)(3).</b> Che	ck the box that	
		describes the	e type of supporting	organization and complete	e lines 11e through 1	1h.			
_	_	a 📖 Type I	<b>b</b> — Ту	rpe II <b>c</b> └── Typ	e III - Functionally inte	egrated <b>d</b>	Type III - Non	-functionally inte	grated
e∟		By checking	this box, I certify tha	t the organization is not c	ontrolled directly or in	directly by one or more	disqualified p	persons other th	an
		foundation m	anagers and other t	han one or more publicly s	supported organization	ons described in section	509(a)(1) or s	section 509(a)(2)	
f		If the organiz	ation received a writ	ten determination from the	e IRS that it is a Type	I, Type II, or Type III			
			rganization, check th						📖
g				rganization accepted any					
			•	irectly controls, either alor					No
				upported organization?					
				described in (i) above? $_{}$					+
				person described in (i) or				11g(iii)	
h		Provide the f	ollowing information	about the supported orga	inization(s).				
(i) Na	ame	of supported	(ii) EIN	(in) i jpo or organization [	v) Is the organization (v		vi) Is the	(vii) Amount of mo	onetary
	orga	anization			col. (i) listed in your content of the content of t	<sup>n</sup> yanization in col. 1(i) org	anized in the	support	

organization	(1) LIN	(described on lines 1-9 above or IRC section (see instructions))	in col. (i) lis	sted in your document?	organizat	ion in col. support?	organizátic (i) organiz U.S	on in col. ed in the .?	support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

08540820 795715 CAF

## Schedule A (Form 990 or 990-EZ) 2013 COLORADO ASSOCIATION OF FUNDERS

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	<b>(e)</b> 2013	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	370,071.	180,693.	280,131.	196,873.	198,646.	1226414.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	370,071.	180,693.	280,131.	196,873.	198,646.	1226414.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						92,868.
	Public support. Subtract line 5 from line 4.						1133546.
	ction B. Total Support				I		
	ndar year (or fiscal year beginning in) 🕨	(a)2009 370,071.	(b) 2010 180,693.	(c)2011 280,131.	(d) 2012 196,873.	(e) 2013 198,646.	(f) Total 1226414.
-	Amounts from line 4	370,071.	100,093.	200,131.	190,073.	190,040.	1220414.
8	,						
	dividends, payments received on						
	securities loans, rents, royalties	1,526.	1,137.	992.	630.	481.	4,766.
-	and income from similar sources	1,520.	1,137.	992.	030.	401.	4,700.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part IV.) Total support. Add lines 7 through 10						1231180.
	Gross receipts from related activities,	ota (soo instructi	2006)			12	89,536.
	First five years. If the Form 990 is for		,	d fourth or fifth to	av vear as a sectio		
10	organization, check this box and <b>stor</b>						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (			olumn (f))		14	92.07 %
	Public support percentage from 2012					15	99.52 %
	<b>33 1/3% support test - 2013.</b> If the o					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
b	33 1/3% support test - 2012. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tł	nis box and <b>stop h</b>	<b>iere.</b> Explain in Pa	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	neck this box and	<b>stop here.</b> Explain	in Part IV how the	;
	organization meets the "facts-and-cire						▶Ц
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	dule A (Form 990	or 990-EZ) 2013

08540820 795715 CAF

### 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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	13 <b>(f)</b>	Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support						· · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20	13 <b>(f)</b>	Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support. (Add lines 9, 10c, 11, and 12.)	L	1	1	1		<u> </u>	
14	First five years. If the Form 990 is for	•					•	
0	check this box and stop here							
	tion C. Computation of Publ							
	Public support percentage for 2013 (			column (f))		15		%
_	Public support percentage from 2012					16		%
	ction D. Computation of Investion							
	Investment income percentage for 20					17		%
18	Investment income percentage from a	2012 Schedule A,	Part III, line 17			18		%
19a	33 1/3% support tests - 2013. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	33 1/3% , ai	nd line 17 is not	
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation		
b	33 1/3% support tests - 2012. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33	1/3%, and	
	line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	stop here. The org	anization qualifies	as a publicly supp	ported orgai	nization	
20	Private foundation. If the organization						<u></u>	
	3 09-25-13						orm 990 or 990	)-EZ) 201:
				15		•		-
540	820 795715 CAF	20	13.03030	COLORADO	ASSOCIATI	ON OF	FUN CAF_	1

08540820 795715 CAF

**Part IV** 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).

32024 09-25-13 40820 795715 CAF	Schedule A (Form 990 or 990-EZ) 20 16 2013.03030 COLORADO ASSOCIATION OF FUN CAF

# Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

<b>20</b> <sup>-</sup>	13
------------------------	----

Employer identification number

Name of the	organization
-------------	--------------

Schedule B

(Form 990, 990-EZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

Name of the organiza		Employer identification number
	COLORADO ASSOCIATION OF FUNDERS	71-0947313
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

71-0947313

#### COLORADO ASSOCIATION OF FUNDERS

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
<u>    1                                </u>		\$9,645.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    3                                </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-24-13		\$ \$ Schedule B (Form	Person Payroll On Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2013

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page <b>3</b>
Name of organization	Employer identification number
COLORADO ASSOCIATION OF FUNDERS	71-0947313

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_=		\$	

08540820 795715 CAF

rt III	OO ASSOCIATION OF FUNI Exclusively religious, charitable, etc., ind	ividual contributions to section 501(c)(7)	71-0947313 (, (8), or (10) organizations that total more than \$1,000 for
	year. Complete columns (a) through (e) and the total of <i>exclusively</i> religious, charitable, e	the following line entry. For organizations it tc., contributions of <b>\$1,000 or less</b> for the	), (8), or (10) organizations that total more than \$1,000 for completing Part III, enter e year. (Enter this information once.) \$
	Use duplicate copies of Part III if addition	nal space is needed.	
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
- -			_
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
om rtl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ -			
		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
-			
No		 	
om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_   -			_
_			
		(e) Transfer of gift	
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
-			
- No.			
om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_   -			
_		(e) Transfer of gift	
-			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee

08540820 795715 CAF

(Form 990)

## **Supplemental Financial Statements**

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990)

Department of the Treasury Internal Revenue Service Information about

LORADO ASSOCIATION OF FUNDERS

Employer identification number 71 - 0947313

OMB No. 1545-0047

**Open to Public** 

Inspection

3

\_1

Der			
Par			ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		<b></b>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of	· · · · ·	
_	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education)	lly important land area
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		nization during the tax
	year ►		č
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abov		
·	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
Ŭ	include, if applicable, the text of the footnote to the organization		
	conservation easements.		ganzation o accounting for
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasures. or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		
<b>1</b> a	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		
h	If the organization elected, as permitted under SFAS 116 (AS		palance sheet works of art historical
5	treasures, or other similar assets held for public exhibition, ed		
		ducation, or research in furtherance of public se	a vice, provide the following amounts
	relating to these items:		► ¢
	(i) Revenues included in Form 990, Part VIII, line 1		
0		agurage or other similar assets for financial asin	
2	If the organization received or held works of art, historical tree		, provide
	the following amounts required to be reported under SFAS 1	· · ·	
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		► \$
	For Paperwork Reduction Act Notice, see the Instruction	a for Form 000	Schedule D (Form 990) 2013
	T OF F ADELWORK REQUCTION ACTIVUTCE, SEE THE INSTRUCTION		

08540820 795715 CAF

332051 09-25-13

	21
30	COLOE

		O ASSOCIAT						71-09			age <b>2</b>
Pa	rt III Organizations Maintaining C	ollections of A	rt, Histoi	rical T	reasures, o	or Other	r Simila	ar Asse	ts(contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check a	ny of the	e following tha	at are a sig	nificant u	use of its	collectio	n iterr	าร
	(check all that apply):										
а	Public exhibition	d	I 🔄 Loa	an or exc	change progra	ams					
b	Scholarly research	e	e 📖 Otł	ner							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how they	further	the organizati	on's exem	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, histo	rical trea	asures, or oth	er similar a	assets	_	_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang		ete if the or	ganizatio	on answered	"Yes" to F	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi							_	-		-
	on Form 990, Part X?							L	Yes		_ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing tab	le:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance										_
	Did the organization include an amount on Fo							L	Yes		
	If "Yes," explain the arrangement in Part XIII.										
Pa	rt V Endowment Funds. Complete if	-			-						
		(a) Current year	(b) Prio	r year	(c) Two year	rs back <b>(c</b>	<b>d)</b> Three y	ears back	<b>(e)</b> ⊦ou	r years	back
	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g, o	column (	(a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c shou	•									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that a	re held a	and administe	ered for the	e organiz	ation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organizations								. 3b		
4	Describe in Part XIII the intended uses of the		owment fun	ds.							
Pa	rt VI Land, Buildings, and Equipm										
	Complete if the organization answered					, Part X, lir	ne 10.				
	Description of property	(a) Cost or o		• •	t or other	• • •	cumulate	d	<b>(d)</b> Boo	k valu	e
		basis (investr	nent)	basis	(other)	depr	reciation				
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other							_			
Tota	I. Add lines 1a through 1e. (Column (d) must ea	qual ⊦orm 990, Part	X, column	(B), line	10(c).)						0.
								Schedule	e D (Forn	n 990	) 2013

Schedule D	(Form	990	) 201
D · \///			

13 COLORADO ASSOCIATION OF FUNDERS

Complete if the organization answered "Yes"	to Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9) <b>T</b> i. i. (Optimum (b) must a must Form 000, Part V, and (D) (iii)	- 15 \		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		
	to Form 000 Dout IV line :		05
Complete if the organization answered "Yes" <b>1</b> (a) Description of liability		(b) Book value	25.
(1) Federal income taxes			
(2)			
(3)			
(4)(5)			
(5)			
(6)			
(7)			
(8)			
(8) (9)	. 05.)		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
(8) (9)	e the text of the footnote to		

Schedule D (Form 990) 2013

|--|

1 4	rt XI Reconciliation of Revenue per Audited Financial State	ements With Rever	nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expe	nses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	12a.		
1				
	Total expenses and losses per audited financial statements		1	
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	
_			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	<b>1</b>	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	<b>1</b>	
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	2e	
2 a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	2e	
2 a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a 2b 2c 2d	2e	
2 b c d 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	2e	
2 b c d 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 2d 4a 4b	2e 3 4c	
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	2e 3 4c	

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

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN
INCOME TAXES ACCOUNTING STANDARD WHICH REQUIRES THE ORGANIZATION TO
DETERMINE WHETHER A TAX POSITION (AND THE RELATED TAX BENEFIT) IS MORE
LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING
AUTHORITY, BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION. THE
ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX
POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS
THAT ARE SIGNIFICANT TO THE FINANCIAL STATEMENTS. THE ORGANIZATION IS NO
LONGER SUBJECT TO U.S. FEDERAL TAX AUDITS ON ITS FORM 990 BY TAXING
AUTHORITIES FOR FISCAL YEARS ENDING PRIOR TO DECEMBER 31, 2010. THE YEARS
SUBSEQUENT TO THIS YEAR CONTAIN MATTERS THAT COULD BE SUBJECT TO DIFFERING
<sup>332054</sup> <sup>09-25-13</sup> Schedule D (Form 990) 2013 24
08540820 795715 CAF 2013.03030 COLORADO ASSOCIATION OF FUN CAF1

(Form 990) 2013 Supplemental I	nformation (continued)
ouppiciticitui	

INTERPRETATIONS OF APPLICABLE TAX LAWS AND REGULATIONS. ALTHOUGH THE

OUTCOME OF TAX AUDITS IS UNCERTAIN, THE ORGANIZATION BELIEVES NO ISSUES

WOULD ARISE.

Schedule D (Form 990) 2013

332055 09-25-13

08540820 795715 CAF

SCHEDULE O

#### (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.

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service Name of the organization

COLORADO ASSOCIATION OF FUNDERS



OMB No. 1545-0047

Employer identification number 71-0947313

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGHOUT THE STATE. ITS MISSION IS TO BRING PEOPLE. INFORMATION AND

RESOURCES TOGETHER TO PROMOTE EFFECTIVE AND RESPONSIBLE PHILANTHROPY IN

COLORADO.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHALLENGES.

E. FORMED DISASTER PHILANTHROPY TASK FORCE TO FOCUS ON DEVELOPING NEW

APPROACHES TO FUNDING IN THE AFTERMATH OF DISASTERS, ESTABLISHING A

SPECIAL FUND HOUSED AT ROSE COMMUNITY FOUNDATION TO ALLOW MEMBERS TO

POOL FUNDS FOR THE PURPOSE OF ASSISTING WITH LONGER-TERM COMMUNITY

NEEDS RELATED TO FLOOD RECOVERY IN COLORADO.

F. CO-SPONSORED MULTI-DAY GRANTMAKER SEMINARS IN CONJUNCTION WITH

JOHNSON CENTER FOR PHILANTHROPY, PROVIDING OPPORTUNITIES FOR IN-DEPTH

LEARNING IN SPECIALIZED SUBJECT AREAS.

G. HELD SEVERAL MEMBER LUNCHEON PROGRAMS FEATURING SPEAKERS SUCH AS

GOV. HICKENLOOPER AND THE CHAIR OF THE ENTREPRENEURS FOUNDATION OF

COLORADO.

H. HOSTED TWO FUNDER-GRANTEE DIALOGUE SESSIONS AT THE COLORADO

NONPROFIT ASSOCIATION'S FALL CONFERENCE AND INVITED NONPROFIT LEADERS

TO JOIN US FOR A LUNCHEON PROGRAM WITH NATIONAL SPEAKER.

HOSTED THREE LEADERSHIP FORUMS FOR FOUNDATION CEOS, OFFERED Τ.

OUARTERLY CONFERENCE CALLS FOR COMMUNITY FOUNDATION CEOS AND SUPPORTED

NUMEROUS AFFINITY AND PEER-NETWORK GROUP MEETINGS. ALSO COLLABORATED

WITH COLORADO FUNDERS FOR INCLUSIVENESS AND EQUITY TO CO-PROMOTE

EDUCATION AND TRAINING.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 26

Schedule O (Form 990 or 990-EZ) (2013)	Page :
Name of the organization COLORADO ASSOCIATION OF FUNDERS	Employer identification number 71-0947313
J. OFFERED NATIONAL GRANTMAKER PROFESSIONAL DEVELOPMENT V	IA
TELECONFERENCES AND WEBINARS, AS WELL AS LOCALLY DEVELOPE	D ELECTRONIC
LEARNING OPPORTUNITIES FOR MEMBERS STATEWIDE.	
K. ORGANIZED VOLUNTEER SERVICE PROJECT SHIFTS FOR MEMBERS	AT LOCAL
NONPROFITS.	
L. SERVE ON NATIONAL GRANTMAKER EDUCATION COMMITTEE TO CO	LLABORATE WITH
COLLEAGUES IN OTHER STATES TO SHARE AND DEVELOP NEW PROGR	AMMING
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	NTS:
EXECUTIVES' MENTORING AND EDUCATION PROGRAMS.	
E. PUBLISHED AND DISTRIBUTED E-NEWSLETTERS WITH INFORMATI	ON ABOUT CAF
EVENTS, MEMBERS NEWS, COMMUNITY HAPPENINGS AND REGIONAL/N	ATIONAL
PHILANTHROPIC NEWS, REPORTS AND TRENDS	
F. OFFERED A VARIETY OF WEB-BASED RESOURCES TO MEMBERS, I	NCLUDING AN
ONLINE MEMBERSHIP DIRECTORY, A LIBRARY OF PUBLICATIONS AN	D OTHER
REFERENCE TOOLS, AN ONLINE JOB BOARD TO POST EMPLOYMENT O	PENINGS AS
WELL AS ONLINE PROGRAM REGISTRATION AND SEARCH TOOLS	
G. DISTRIBUTED MEMBER ANNOUNCEMENTS AND INVITATIONS THROU	GH EMAIL
COMMUNICATIONS	
H. ASSISTED MEMBERS WITH INDIVIDUAL REQUESTS FOR INFORMAT	ION AND
RESOURCES	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	NTS:
IN COMMUNITIES ACROSS COLORADO AND THE IMPORTANCE OF THE	CHARITABLE
DEDUCTION. MAINTAINED TIES AND COMMUNICATIONS WITH CONGRE	SSIONAL
STAFFERS IN DISTRICT OFFICES AND AT PHILANTHROPY GATHERIN	GS.
C. STRENGTHENED CONNECTIONS BETWEEN THE FOUNDATION SECTOR	AND THE
BROADER NONPROFIT COMMUNITY IN COLORADO BY CONTINUING TO	PARTNER WITH
220010	dule O (Form 990 or 990-EZ) (201
540820 795715 CAF 2013.03030 COLORADO ASSOCIATIO	ON OF FUN CAF1

Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization COLORADO ASSOCIATION OF FUNDERS	Employer identification number 71-0947313
THE COLORADO NONPROFIT ASSOCIATION AND THE COMMUNITY RESO	URCE CENTER TO
HOST THE FOURTH ANNUAL C3 FORUM, A DAY OF DIALOGUE BETWEE	N GRANTMAKERS
AND GRANTSEEKERS. ORGANIZED GOVERNMENT FUNDER PANEL FOR N	ONPROFITS
SEEKING STATE AND FEDERAL FUNDING.	
D. TOOK PART IN SEVERAL COMMITTEE INITIATIVES INCLUDING N	ATIONAL
PHILANTHROPY DAY IN COLORADO, COLORADO COLLABORATION AWAR	D, EXCELLENCE
IN NONPROFIT MEDIA AWARD	
E. CONTINUED TO PROMOTE PHILANTHROPIC INITIATIVES AND DIA	LOGUE VIA
NEWSLETTERS, WEB AND SOCIAL MEDIA.	
F. PARTICIPATED IN ROCKY MOUNTAIN PBS DOCUMENTARY ON HIST	ORY OF
PHILANTHROPY IN COLORADO, PROMOTED THE ASSOCIATION'S FOCU	S ON BUILDING
CONNECTIONS AND ADVANCING PHILANTHROPY THROUGH DIGITAL PU	BLIC SERVICE
ANNOUNCEMENTS AT DENVER INTERNATIONAL AIRPORT.	
FORM 990, PART VI, SECTION A, LINE 6:	
EXPLANATION: THE ORGANIZATION'S MEMBERS ARE PRIVATE, COMM	UNITY, OPERATING
AND SUPPORTING FOUNDATIONS, CORPORATE GRANTMAKERS AND FED	ERATED FUNDS WITH
VERIFIABLE GIVING PROGRAMS WITHIN THE STATE.	
FORM 990, PART VI, SECTION A, LINE 7A:	

EXPLANATION: OFFICERS AND DIRECTORS ARE ELECTED BY THE MEMBERSHIP.

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

EXPLANATION: THE MEMBERSHIP ELECTS THE BOARD OF DIRECTORS AND THE BYLAWS

GIVE THE BOARD OF DIRECTORS THE AUTHORITY TO MANAGE THE AFFAIRS OF THE

CORPORATION.

FORM	990,	PART	VI,	SECTION	A,	LINE	8B:						
332212 09-04-13									Schedule	O (Fo	rm 990	or 990-E	Z) (2013)
								28					
08540820	) 7957	715 C	AF		20	13.03	030	COLORADO	ASSOCIATION	OF	FUN	CAF_	1

Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>						
Name of the organization COLORADO ASSOCIATION OF FUNDERS	Employer identification number $71 - 0947313$						
EXPLANATION: ALL COMMITTEES ARE ADVISORY COMMITTEES TO TH	E BOARD OF						
DIRECTORS AND DO NOT ACT ON BEHALF OF THE GOVERNING BODY.	THE ORGANIZATION						
DOES NOT HAVE A FORMAL POLICY WITH REGARD TO DOCUMENTATIO	N OF THESE						
COMMITTEE MEETINGS.							

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

EXPLANATION: FORM 990 WAS REVIEWED BY BOARD MEMBERS AT A REGULARLY

SCHEDULED BOARD MEETING.

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

EXPLANATION: THE BOARD OF DIRECTORS ARE GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY ANNUALLY AND ARE REQUIRED TO SIGN AND SUBMIT A DISCLOSURE STATEMENT INDICATING THEY HAVE RECEIVED, READ, AND UNDERSTAND THE POLICY AND AGREE TO DISCLOSE ANY PERSONAL INTEREST IN ANY MATTER PENDING BEFORE THE BOARD EITHER WHEN THE INTEREST BECOMES A MATTER OF BOARD ACTION OR AS PART OF A PERIODIC PROCEDURE TO BE ESTABLISHED BY THE BOARD.

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

EXPLANATION: THE PROCESS FOR DETERMINING THE EXECUTIVE DIRECTOR'S ANNUAL

SALARY INCLUDED OBTAINING COMPARABLE SALARY DATA.

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

EXPLANATION: DOCUMENTS AVAILABLE UPON REQUEST, AND ORGANIZATION'S BYLAWS

ARE AVAILABLE ON ITS WEBSITE. FINANCIAL INFORMATION IS PROVIDED TO THE

MEMBERS ANNUALLY.

FORM 990, PART VIII, LINE 1H

EXPLANATION: PUBLIC SUPPORT HAS VARIED FROM YEAR TO YEAR BECAUSE THE 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013) 29

08540820 795715 CAF

2013.03030 COLORADO ASSOCIATION OF FUN CAF\_\_\_\_

Schedule O (Form 990 or 990-EZ) (2013) Jame of the organization	Page Employer identification numb
COLORADO ASSOCIATION OF FUNDERS	71-0947313
ORGANIZATION REQUESTS GRANTS FROM ITS MEMBERSHIP IN ALTE	RNATING YEARS.
FORM 990, PART XII, LINE 2C	
EXPLANATION: THE BOARD OF DIRECTORS IS RESPONSIBLE FOR T	HE OVERSIGHT OF
THE REVIEW AND SELECTION OF THE INDEPENDENT ACCOUNTANT.	
HAS NOT CHANGED FROM THE PRIOR YEAR.	

(Rev. January 2014)

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

01

0.

Ο.

1

Form 8868 (Rev. 1-2014)

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing** (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. (	Only submit original (no copies needed).
---	--

A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box	and complete		
Part I only	,			
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to re	quest an extension of time		
to file inco	me tax returns.	Enter filer's identifying number		
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) c		
print				
File by the due date for filing your return. See instructions.	COLORADO ASSOCIATION OF FUNDERS	71-0947313		
	Number, street, and room or suite no. If a P.O. box, see instructions. 600 SOUTH CHERRY STREET, NO. 1200	Social security number (SSN)		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DENVER, CO 80246			

Enter the Return code for the return that this application is for (file a separate application for each return)

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
THE ORGANIZATI	ÓN				
• The books are in the care of <b>b</b> 600 SOUTH CHEF	RRY ST	REET, NO. 1200 - DEN	VER	, CO 80246	5
Telephone No. ► (303)398-7404		Fax No. ►			
<ul> <li>If the organization does not have an office or place of busine</li> </ul>	ss in the Ur				
<ul> <li>If this is for a Group Return, enter the organization's four digit</li> </ul>					heck this
box $\blacktriangleright$ . If it is for part of the group, check this box $\blacktriangleright$					
<ol> <li>I request an automatic 3-month (6 months for a corporatic</li> </ol>					
AUGUST 15, 2014 , to file the exem				The extension	
is for the organization's return for:	ipt organiza	tion return for the organization named a	bove.	THE EXCENSION	
► X calendar year 2013 or					
		el este elles es			
tax year beginning	, ar	id ending		<u> </u>	
2 If the tax year entered in line 1 is for less than 12 months,	check reas	on: L Initial return L Fina	ıl retur	'n	
Change in accounting period					
<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					-
nonrefundable credits. See instructions.			3a	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 606	9. enter an	v refundable credits and			

estimated tax payments made. Include any prior year overpayment allowed as a credit.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

С

LHA 323841 12-31-13

instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

2013.03030 COLORADO ASSOCIATION OF FUN CAF\_\_\_\_

3b

3c

\$