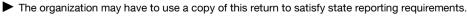
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GOVERNMENT COPY

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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





ΑΙ	or th	e 2011 calendar year, or tax year beginning and	ending	_	
B	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	COLORADO ASSOCIATION OF FUNDERS			
	Name			71-0	947313
	 returr		Room/suite	E Telephone number	
	 ated		1200)398-7404
	Amen returr	City or town, state or country, and ZIP + 4		G Gross receipts \$	307,292.
	Appli tion	DENVER, CO 80246		H(a) Is this a group re	eturn
	pendi	^{ng} F Name and address of principal officer: JOANNE KELLEY		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? 🗌 Yes 🗌 No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1)	or 🔄 527	If "No," attach a	list. (see instructions)
		te: VWW.COLORADOFUNDERS.ORG		H(c) Group exemption	
K	orm o	f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2003 N	State of legal domicile: CO
Pa	art I				
é	1	Briefly describe the organization's mission or most significant activities: THE	COLORA	DO ASSOCIAT	ION OF
anc		FUNDERS (CAF) IS A NONPROFIT MEMBERSHIP			
& Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	
	3				14
	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
ies	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			2
Activities &	6	Total number of volunteers (estimate if necessary)			75
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		78,532. 137,970.	<u>144,295.</u> 162,005.
Revenue	9	Program service revenue (Part VIII, line 2g)		1,137.	992.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u> </u>	<u> </u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		217,639.	307,292.
	12 13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar 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.
6				156,080.	161,417.
Ise	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	65.		
й		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		131,605.	57,361.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		287,685.	218,778.
	19	Revenue less expenses. Subtract line 18 from line 12		-70,046.	88,514.
or				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		207,414.	279,964.
dB	21	Total liabilities (Part X, line 26)		55,243.	39,279.
		Net assets or fund balances. Subtract line 21 from line 20		152,171.	240,685.
		Signature Block			

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

Sign Here	Signature of officer JOANNE KELLEY, EXECUTI Type or print name and title	VE DIRECTOR	Date
	Print/Type preparer's name	רובטמובו ג גועוומנעוב	Date Check PTIN
Paid	LAURA PUCA		07/13/12 ^{if} self-employed P01067688
Preparer	Firm's name 🕒 CRADY , PUCA & AS	SOCIATES	Firm's EIN 27-1433452
Use Only	Firm's address ⊾ 12150 E BRIARWOO	D AVE STE 201	
	CENTENNIAL, CO 8	0112	Phone no. 303.771.9575
May the If	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
132001 01-2	23-12 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2011)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CONTINUATION

	990 (2011) COLORADO ASSOCIATION OF FUNDERS 71-0947313 Page
rar	rt III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response to any question in this Part III
	THE COLORADO ASSOCIATION OF FUNDERS (CAF) IS A NONPROFIT MEMBERSHIP
	ASSOCIATION FOR GRANTMAKERS THROUGHOUT THE STATE. ITS MISSION IS TO BRING PEOPLE, INFORMATION AND RESOURCES TOGETHER TO PROMOTE EFFECTIVE
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$67,012. including grants of \$) (Revenue \$26,169
	SEE ATTACHMENT A - CONNECTING FUNDERS THROUGH EDUCATIONAL PROGRAMMING
	AND NETWORKING
4b	(Code:) (Expenses \$ 38,293. including grants of \$) (Revenue \$ 135,836
	SEE ATTACHMENT A - MEMBERSHIP SUPPORT AND COMMUNICATIONS
4c	(Code:) (Expenses \$ 41,975. including grants of \$) (Revenue \$
	SEE ATTACHMENT A - EFFORTS TO RAISE PUBLIC AWARENESS AND STRENGTHEN PHILANTHROPY
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

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Form 990 (2	2011)	COLORADO	ASSOCIATION	OF	FUNDERS		
Part IV Checklist of Required Schedules							

I U				
			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 public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</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			v
_	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,	_		v
_	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		x
9	Did the organization report an amount in Part X, line 21; 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		_X_
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	Х	
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		<u>X</u>
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		_X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
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, XII, and XIII is optional	12b		Х
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		Х
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 assistance to any organization			
_	or entity located outside the United States? 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 assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</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? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		X
	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?	20b		

..... **20b** Form **990** (2011)

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 Form 990 (2011)
 COLORADO
 ASSOCIATI

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

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete</i>	051		x
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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>	35b		x
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	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

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Form 990 (2011)

132005 01-23-12

		i i	4 🗆		res	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				х	
-	(gambling) winnings to prize winners?			1c	Δ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		2			
	filed for the calendar year ending with or within the year covered by this return	2a			х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Δ	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions					х
			F	3a		
				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					x
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		
D	If "Yes," enter the name of the foreign country:	A				
Fa	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial .			Fa		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5h		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c		- 17
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50		
08	any contributions that were not tax deductible?			6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions	tions or difts		0a		
D				6b		
7	Organizations that may receive deductible contributions under section 170(c).			00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to th	e pavor?	7a		Х
b				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
•	to file Form 8282?	-		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	•		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 time during the	year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	-	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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	13b				
	Enter the amount of reserves on hand	13c		14		X
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u> </u>
n	ut was muse it then a form (20 to report these payments? It "INO." provide an explanation in Schedul	e u	1	14h		

Yes

No

Form 990	(2011)
Part V	Stat

011) Ototomonto I	ASSOCIATION er IRS Filings and	

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

COLORADO ASSOCIATION OF FUNDERS

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

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management				-	
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any oth	ier			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct super	vision			

	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 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

NONE 17 List the states with which a copy of this Form 990 is required to be filed

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request
	LA Own website LA Another's website LA Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
	THE ORGANIZATION - (303)398-7404

THI	GORGANI	ZATION	- (303)	398-1	/404							
600) SOUTH	CHERRY	STREET,	NO.	1200,	DENVER,	CO	80246				
132006 01-23-12						6					Form 99	0 (2011)
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any guestion in this Part VII Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

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)		154	(D)	(E)	(F)			
Name and Title	Average hours per week	box	not c , unle	Pos heck ss pe	itior more rson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TIMOTHY SCHULTZ										
BOARD CHAIR	5.00	х		X				0.	0.	0.
(2) DAVID MILLER										•
BOARD VICE CHAIR	2.00	X		X				0.	0.	0.
(3) SHEPARD NEVEL									0	0
BOARD SECRETARY	2.00	X		Х				0.	0.	0.
(4) SUSAN STEELE	0.00								0	0
BOARD TREASURER	2.00	X		Х				0.	0.	0.
(5) LINDA CHILDEARS	1 00	37						0	0	0
DIRECTOR	1.00	X						0.	0.	0.
(6) ROB GREENLEE	1 00	v						0	0	0
DIRECTOR	1.00	X						0.	0.	0.
(7) MARY SHIPSEY GUNN DIRECTOR	1.00	x						0.	0.	0.
(8) ALYSSA KOPF	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) PAUL MAJOR	1.00							0.	•	0.
DIRECTOR	1.00	x						0.	0.	0.
(10) MAUREEN MCDONALD	1.00	11						0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(11) DAVE PALENCHAR										
DIRECTOR	1.00	x						0.	0.	0.
(12) SUE RENNER										
DIRECTOR	1.00	x						0.	0.	0.
(13) TIM SWEENEY										
DIRECTOR	1.00	x						0.	0.	0.
(14) CHRIS WIANT										
DIRECTOR	1.00	X						0.	Ο.	0.
(15) JOANNE KELLEY										
EXECUTIVE DIRECTOR	40.00			Х				69,070.	0.	8,930.
										- 000 (00 (1)

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Form 990 (2011)

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Part	VII Section A. Officers, Directors, Tru	ustees, Key Ei	mple	oyee	es, a	nd l	High	nest	Compensated Employ	ees (continued)				
(A) (B) (C) (D) (E)											(F)			
	Name and title	Average			Pos			one	Reportable	Reportable	e	Es	timate	ed
		hours per	box	, unle	heck more than one ss person is both an			th an	compensation	compensatio	on	an	nount	of
		week	offi	cer ar	nd a d	irecto	or/trus	stee)	from	from related	d		other	
		(describe	ctor						the	organization	าร	com	pensa	tion
		hours for	r dire				ed		organization	(W-2/1099-MI	SC)	fr	om th	е
		related	tee o	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
		organizations	trus	nal tr		oyee	dmo					and	d relat	ed
	(describe hours for related organizations in Schedule O) (D) (describe related O) (w-2/1099-MISC)											orga	anizati	ons
	nours for related organizations in Schedule O)													
					1									
								$\left[\right]$						
1b	Sub-total								69,070.		0.		8,9	30.
с	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								69,070.		0.		8,9	30.
	Total number of individuals (including but n						e) w	ho r	eceived more than \$100	0.000 of reportab	ole			
	compensation from the organization						,			, 1				0
					7								Yes	No
3	Did the organization list any former officer,	director or tri	iste	o ka	ov or	nnlo	ססער	or	highest compensated e	mnlovee on				
	line 1a? If "Yes," complete Schedule J for s											3		x
	For any individual listed on line 1a, is the su											3		
										the organization				x
	and related organizations greater than \$15											4		
	Did any person listed on line 1a receive or a							relat	ted organization or indiv	idual for services	6	_		v
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son					5		Х
	ion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
	the organization. Report compensation for	the calendar y	rear	endi	ing v	vith	or w	/ithi	n the organization's tax	year.				
	(A)								(B)			(C		
	Name and business	address	N	ONI	Ξ				Description of s	services	C	compe	nsatio	n
								_						
	Total number of independent contractors (i	, and the second s	not li	mite	d to		~	stec	a above) who received r	nore than				
	\$100,000 of compensation from the organi	zation 🕨					0							
												Form	990 (2	2011)

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COLORADO ASSOCIATION OF FUNDERS

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Га		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and1fNoncash contributions included in lines 1a-1f: \$	144,295.				
Con and	-	Total. Add lines 1a-1f	•••••	144,295.			
Program Service Revenue	2a b c d	PROGRAM FEES	Business Code 611710 611710	135,836. 26,169.	135,836. 26,169.		
Pro		All other program service revenue					
_	g	Total. Add lines 2a-2f		162,005.			
	3 4 5	Investment income (including dividends, ir other similar amounts) Income from investment of tax-exempt bor Royalties	nd proceeds	992.			992.
	6a b	Gross rents	(ii) Personal				
	d	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory (i) Securities					
		Less: cost or other basis and sales expenses Gain or (loss)					
levenue	d	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
Other Revenue		Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising even	b				
	9 a	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses	а				
	с	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	· · · · · · · · · · · · · · · · · · ·				
		Less: cost of goods sold Net income or (loss) from sales of inventor Miscellaneous Revenue					
	11 a						
	b		_				
	c		_				
		All other revenue					
	12	Total revenue. See instructions.		307,292.	162,005.	0.	
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Part IX Statement of Functional Expenses

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

	Charle if Schedule O contains a reason	an to any quantion in thi	in Dort IV		
	Check if Schedule O contains a respon	(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) 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,				
Ŭ	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,				
•	trustees, and key employees	78,000.	46,800.	23,400.	7,800.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	52,509.	39,382.	10,502.	2,625.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	8,853.	5,846.	2,300.	707.
9	Other employee benefits	11,400.	7,528.	2,961.	911.
10	Payroll taxes	10,655.	7,036.	2,768.	851.
11 a	Fees for services (non-employees):				
	Legal				
	Accounting	6,740.		6,740.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	2,110.	-	2,110.	
12	Advertising and promotion				
13	Office expenses	2,730.	1,513.	1,038.	179.
14	Information technology	5,316.	3,325.	1,589.	402.
15	Royalties				
16	Occupancy				
17	Travel	6,093.	4,024.	1,583.	486.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,504.	1,654.	650.	200.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,121.	740.	291.	90.
23	Insurance	2,263.	948.	1,201.	114.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEMBER MEETINGS	23,722.	23,722.		
b	DUES AND SUBSCRIPTIONS	3,558.	3,558.		
c	OTHER PROGRAM EXPENSES	1,204.	1,204.		
d			, -		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	218,778.	147,280.	57,133.	14,365.
26	Joint costs. Complete this line only if the organization	<u> </u>			
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
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Pa		Dalalice Sheel						
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			32,54	1. 1	30,242.	
	2	Savings and temporary cash investments			168,18		244,178.	
	3	Pledges and grants receivable, net		•	3			
	4	Accounts receivable, net			30			
	5	Receivables from current and former officers, di				-		
		employees, and highest compensated employee						
		(O)				5		
	6		Receivables from other disqualified persons (as defined under section					
		4958(f)(1)), persons described in section 4958(c						
		employers and sponsoring organizations of sect						
		employees' beneficiary organizations (see instru				6		
ssets	7	Notes and loans receivable, net				7		
SS	8	Inventories for sale or use			8			
-	9	Prepaid expenses and deferred charges			4,92		5,197.	
		Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	5,613.				
	ь	Less: accumulated depreciation		5,266.	1,46	7. 100	347.	
	11	Investments - publicly traded securities		11				
	12	Investments - other securities. See Part IV, line		12				
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equ			207,41		279,964.	
	17	Accounts payable and accrued expenses		3,47	3. 17	3,000.		
	18	Grants payable		18				
	19	Deferred revenue		51,77	0. 19	36,279.		
	20	Tax-exempt bond liabilities		20				
s	21	Escrow or custodial account liability. Complete I	Schedule D		21			
abilities	22	Payables to current and former officers, director	s, key employees,					
iab		highest compensated employees, and disqualifi	ed person	s. Complete Part II				
_		of Schedule L		22				
	23	Secured mortgages and notes payable to unrela	ated third	parties		23		
	24	Unsecured notes and loans payable to unrelate	d third par	ties		24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	s 17-24). C	omplete Part X of				
		Schedule D			EE 04	25		
	26	Total liabilities. Add lines 17 through 25			55,24	3. 26	39,279.	
		Organizations that follow SFAS 117, check he	ere 🕨 🛛	and complete				
ces		lines 27 through 29, and lines 33 and 34.						
an	27	Unrestricted net assets				27		
Fund Balances	28	Temporarily restricted net assets		·····		28		
pur	29			N V		29		
Ĕ.		Organizations that do not follow SFAS 117, cl						
s S	20	complete lines 30 through 34.			0.30	0.		
Net Assets or	30 31	Capital stock or trust principal, or current funds				0 • 30 0 • 31	^	
ţ	32	Paid-in or capital surplus, or land, building, or ec Retained earnings, endowment, accumulated in			152,17		040 605	
Ne	33	Total net assets or fund balances			152,17		040 605	
	34	Total liabilities and net assets/fund balances			207,41			
					,		Form 990 (2011)	

Form 990 (2011) Part X Bala

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Form 990 (2011)

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Ра	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI	<u></u>		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3)7,2	292.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	218,778			
3	Revenue less expenses. Subtract line 2 from line 1	3		88,5			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	52,1	.71.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2	40,6	85.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
4	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a			28		x		
za b				-	X		
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th						
C			,				
	review, or compilation of its financial statements and selection of an independent accountant?						
لم	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	uona					
	separate basis, consolidated basis, or both:						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	udit				
	Act and OMB Circular A-133?				Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		ıdit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				

COLORADO ASSOCIATION OF FUNDERS

Form 990 (2011)

(Form 99	DULE A 90 or 990-EZ) of the Treasury nue Service	Complet	te if the organization is 4947(a)(1) no tach to Form 990 or Fo	a section	1 501(c)(3) charitabl	organiza e trust.	tion or a s	ection		OMB No. 20 Open to Inspe	11	ic
Name of	the organizati			1111 330-L	2. 🗲 366	Separate	msuucie		mployer	identificat		
	-	COLORAD	O ASSOCIATIO	N OF	FUNDE	RS			7	1-0947	313	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple [.]	te this par	t.) See inst	ructions.				
The organ	nization is not a	private foundation	because it is: (For lines ⁻	1 through ⁻	11, check	only one b	oox.)					
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🛄	A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4		-	operated in conjunction	with a hos	pital desc	ribed in se	ection 170	(b)(1)(A)(ii	i). Enter t	the hospita	's nam	ıe,
	city, and stat											
5 📖			benefit of a college or un	niversity ov	wned or op	perated by	a governr	nental uni	t describ	ed in		
•		(b)(1)(A)(iv). (Comple	-									
6			ent or governmental uni									
7 📖		b)(1)(A)(vi). (Comple	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	ribed i	n
8 X	-		ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9			eives: (1) more than 33			rom contri	ibutions m	embershi	n fees a	nd aross re	ceints	from
•	0		nctions - subject to certa		• •				•	J. J	•	
			axable income (less sect									
		509(a)(2). (Complete					•				-	
10 🗌	An organizati	on organized and op	perated exclusively to te	st for publ	ic safety.	See sectio	on 509(a)(4	ŀ).				
11	An organizati	on organized and op	perated exclusively for the	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes of	of one	or
	more publicly	supported organiza	tions described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Che	eck the box	that	
			organization and compl	ete lines 1	1e through	h 11h.				-		
	a 🛄 Type I		• •	: 🗌 Тур		•	-		d 💷	Type III - (
e 📖			t the organization is not									
_			han one or more publicly						9(a)(1) or	section 509	9(a)(2).	
f			ten determination from t					9 111				
~		rganization, check th										. 🖵
g	-		rganization accepted ar irectly controls, either al			-		• •			Yes	No
			upported organization?							, 11g(i)	103	
			described in (i) above?							11g(ii)		
	.,	•	person described in (i) of									
h			about the supported or									
		-		_								
(i) Name	e of supported	(ii) EIN	(iii) Type of organization			(v) Did you		(vi) Is organizatio	the	(vii) Ar	nount o	of
org	anization		(described on lines 1-9	in col. (i) lis	sted in your		ion in col. r support?	(i) organiz U.S	ed in the	sup	port	
			above or IRC section			., ,						
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>		<u> </u>						
				1		1						

LHA For Paperwork Reduction Act Notice, see the Instructions for	
Form 990 or 990-F7	

Schedule A (Form 990 or 990-EZ) 2011

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Total

Schedule A (Form 990 or 990-EZ) 2011 COLORADO ASSOCIATION OF FUNDERS

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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	113,315.	115,960.	370,071.	180,693.	280,131.	1060170.
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	110 015			100 600		
4	Total. Add lines 1 through 3	113,315.	115,960.	370,071.	180,693.	280,131.	1060170.
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)						
_	Public support. Subtract line 5 from line 4.						1060170.
-	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total 1060170 •
7	Amounts from line 4	113,315.	115,960.	370,071.	180,693.	280,131.	1060170.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	639.	1,183.	1,526.	1,137.	992.	5,477.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10					i	1065647.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u>.</u>	organization, check this box and stor	here					
	ction C. Computation of Publ						00.40
	Public support percentage for 2011 (14	99.49 %
	Public support percentage from 2010					15	%
16 a	33 1/3% support test - 2011. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac		•	•	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the		-		•		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sche	dule A (Form 990	or 990-EZ) 2011

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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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
6	Total. Add lines 1 through 5						
	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			2			
с	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		\bigcirc				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	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						
12	or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)	L					L
14	First five years. If the Form 990 is for	•					·
_	check this box and stop here						>
	ction C. Computation of Publ					1 1	
15	Public support percentage for 2011 (ine 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2010	Schedule A, Part	: III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20)11 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2011. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-24-12			, <u>.</u> ,,			0 or 990-EZ) 2011
				15	50		
350)713 795715 CAF	203	11.03060 (ASSOCIATI	ON OF FUN	CAF 1

Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Employer identification number

N	ame	of	the	or	gan	izat	ion
---	-----	----	-----	----	-----	------	-----

	COLORADO ASSOCIATION OF FUNDERS	71-0947313
Organization type (ch	eck one):	•
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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.

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, 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., 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)	Page 3
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.

	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
	Description of noncash property given (b) Description of noncash property given	(b) (c) Description of noncash property given (c) (b) \$

09350713 795715 CAF

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)
Name of organization

Page	4
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rt III	DO ASSOCIATION OF FUNI Exclusively religious, charitable, etc., ind year Complete columns (a) through (a) and	ividual contributions to section 501(c)(7 the following line entry. For organizations	71-0947313), (8), or (10) organizations that total more than \$1,000 for completing Part III, enter e year. (Enter this information once.) $\$$
	the total of <i>exclusively</i> religious, charitable, e	tc., contributions of \$1,000 or less for th	e year. (Enter this information once.) \$
No.	Use duplicate copies of Part III if addition	nal space is needed.	
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	and ZIP + 4	Relationship of transferor to transferee
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		Relationship of transferor to transferee
F			
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	and ZIP + 4	Relationship of transferor to transferee
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	and ZIP + 4	Relationship of transferor to transferee
-			

SCHEDULE	D
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(Form	990)
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Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

OMB No. 1545-0047
2011
Open to Public
Inspection

Nam	e of the organization COLORADO ASSOCIATI	ON OF FUNDERS	Emp	bloyer identification number $71 - 0947313$
Pa			or Accou	
	organization answered "Yes" to Form 990, Part IV, lir		01710000	
		(a) Donor advised funds	(b) Fun	ds and other accounts
4	Total number at and of year		(12) * 0	
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		a al funcial a	
5	Did the organization inform all donors and donor advisors in	-		
•	are the organization's property, subject to the organization's			Yes II No
6	Did the organization inform all grantees, donors, and donor		-	
	for charitable purposes and not for the benefit of the donor		•	
Pa		reasting answered "Ves" to Form 000 D		
		-	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organiza			
	Preservation of land for public use (e.g., recreation or	·		
	Protection of natural habitat	Preservation of a certin	fied historic s	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of	of a conserva	ation easement on the last
	day of the tax year.			Held at the Fed of the Tay Veen
				Held at the End of the Tax Year
а	Total number of conservation easements			
b				
С	Number of conservation easements on a certified historic st			
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, r	eleased, extinguished, or terminated by the	organizatior	n during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			
-	violations, and enforcement of the conservation easements			
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) abo			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conserva	•	-	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes t	he organizat	tion's accounting for
Do	t III Organizations Maintaining Collections	of Art. Historical Tracquires, or Ot	bor Simil	or Accoto
Fa				di A55el5.
	Complete if the organization answered "Yes" to Forn			
1a	If the organization elected, as permitted under SFAS 116 (A			
	historical treasures, or other similar assets held for public ex		nce of public	service, provide, in Part XIV,
	the text of the footnote to its financial statements that desc			
a	If the organization elected, as permitted under SFAS 116 (A			
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	blic service, p	provide the following amounts
	relating to these items:			*
	(i) Revenues included in Form 990, Part VIII, line 1			⊅¢
-	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tr		gain, provid	e
	the following amounts required to be reported under SFAS			•
a	Revenues included in Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X		► \$	\$
	For Demonstrate Desites of the Article of the Artic			0-hh-h P/F
LHA	For Paperwork Reduction Act Notice, see the Instruction	1s for Form 990.		Schedule D (Form 990) 2011

132051 01-23-12

> 21 21

		O ASSOCIAT								3 Page 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Histor	ical Tr	reasures, o	or Oth	er Similar	Asse	ts (conti	inued)
3	Using the organization's acquisition, access	ion, and other record	ls, check ar	ny of the	e following that	at are a s	ignificant use	e of its	collectio	n items
	(check all that apply):									
а	Public exhibition	d	I 📙 Loa	in or exc	change progra	ams				
b	Scholarly research	e	e 📖 Oth	er						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they	further t	the organizati	on's exe	mpt purpose	in Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, histo	rical trea	asures, or oth	er simila	r assets		_	
	to be sold to raise funds rather than to be m								Yes	No No
Pa	t IV Escrow and Custodial Arran		ete if the or	ganizatio	on answered	"Yes" to	Form 990, P	art IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for cor	ntributio	ns or other as	sets not	included		-	
	on Form 990, Part X?							∟	Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing tab	e:						
									Amount	t
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1 f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes	└── No
	If "Yes," explain the arrangement in Part XIV									
Pai	t V Endowment Funds. Complete	if the organization an								
		(a) Current year	(b) Prior	year	(c) Two year	rs back	(d) Three year	rs back	(e) Four	years back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	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 cur	rent year end balanc	e (line 1g, o	olumn (a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that a	re held a	and administe	ered for t	he organizati	ion	г	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organization								3b	
	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm									
Fai	, 3, 11					())			()	
	Description of property	(a) Cost or o basis (investr			t or other (other)	• •	ccumulated preciation		(d) Bool	k value
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment				5,613.		5,266	•		347.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	B), line	10(c).)		🕨	•		347.
							0-1		D /E	A 1000

Schedule D (Form 990) 2011

132052 01-23-12

Schedule D ((Form 990) 2011

 Schedule D (Form 990) 2011
 COLORADO
 ASSOCIATION
 OF
 FUNDERS

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

(a) Description of security or category			of valuation:
(including name of security)	(b) Book value		ear market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		of valuation: ear market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(6)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line			🕨
Part X Other Liabilities. See Form 990, Part X,	line 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).	e 25.)	itements that reports the organization's liability f	or uncertain tax positions under
2. FIN 48 (ASC 740). 132053 01-23-12	<u> </u>		
01-23-12			Schedule D (Form 990) 2011

Schedule D (Form 990) 2

Sche	dule D (Form 990) 2011 COLORADO ASSOCIATION OF FU				0947313 _{Page}	e 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial St	atement	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities					
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)					
9	Total adjustments (net). Add lines 4 through 8					
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and					
Par	t XII Reconciliation of Revenue per Audited Financial Stateme				1	
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					
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d					
3	Subtract line 2e from line 1			3		
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					
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem				rn	
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIV.)					
-	Add lines 2a through 2d					
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1				
	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)	4b				
_	Add lines 4a and 4b					
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	i, lines 1a a	ina 4; Part IV, line	es ib and 2	20: Part V. line 4: Par	π

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

Schedule D (Form 990) 2011

132054 01-23-12

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047

COLORADO ASSOCIATION OF FUNDERS

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 VI, SECTION A, LINE 6: THE ORGANIZATION'S MEMBERS ARE

PRIVATE, COMMUNITY, OPERATING AND SUPPORTING FOUNDATIONS, CORPORATE

GRANTMAKERS AND FEDERATED FUNDS WITH VERIFIABLE GIVING PROGRAMS WITHIN THE

STATE.

FORM 990, PART VI, SECTION A, LINE 7A: OFFICERS AND DIRECTORS ARE ELECTED BY THE MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7B: 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: ALL COMMITTEES ARE ADVISORY

COMMITTEES TO THE BOARD OF DIRECTORS AND DO NOT ACT ON BEHALF OF THE

GOVERNING BODY. THE ORGANIZATION DOES NOT HAVE A FORMAL POLICY WITH REGARD

TO DOCUMENTATION OF THESE COMMITTEE MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS REVIEWED BY BOARD

MEMBERS AT A REGULARLY SCHEDULED BOARD MEETING.

 FORM
 990,
 PART
 VI,
 SECTION
 B,
 LINE
 12C:
 THE
 BOARD
 OF
 DIRECTORS
 ARE
 GIVEN
 A

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form
 990 or
 990-EZ.
 Schedule O (Form
 990 or
 990-EZ) (2011)

 132211 01-23-12
 01-23-12
 Schedule O (Form
 990 or
 990-EZ) (2011)

Schedule O (Form 990 or 990 EZ) (2011)	Page 2
Name of the organization COLORADO ASSOCIATION OF FUNDERS	Employer identification number 71-0947313
COPY OF THE CONFLICT OF INTEREST POLICY ANNUALLY AND ARE	REQUIRED TO SIGN
AND SUBMIT A DISCLOSURE STATEMENT INDICATING THEY HAVE RE	CEIVED, 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: THE PROCESS FOR DETERMINING THE EXECUTIVE DIRECTOR'S ANNUAL SALARY INCLUDED OBTAINING COMPARABLE SALARY DATA.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS AVAILABLE UPON REQUEST,

AND ORGANIZATION'S BYLAWS ARE AVAILABLE ON ITS WEBSITE. FINANCIAL

INFORMATION IS PROVIDED TO THE MEMBERS ANNUALLY.

132212 01-23-12

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► X

0 1

File a separate application for each return.

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 corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or		
print	COLORADO ASSOCIATION OF FUNDERS	X 71-0947313		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 600 SOUTH CHERRY STREET, NO. 1200	Social security number (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			

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				
Form 990	01	Form 990-T (corporation)				
Form 990-BL	02	Form 1041-A			08	
Form 990-EZ	01	Form 4720			09	
Form 990-PF	04	Form 5227				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990-T (trust other than above)	06 Form 8870					
 THE ORGANIZATION The books are in the care of ▶ 600 SOUTH CHERRY STREET, NO. 1200 - DENVER, CO 80246 Telephone No. ▶ (303)398-7404 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: 						
 If the tax year beginning, and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 						
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, e	nter the tentative tax, less any				
nonrefundable credits. See instructions.	,		3a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
estimated tax payments made. Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,				
by using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3c	\$	0.	
Caution. If you are going to make an electronic fund withdrawal w	vith this Fo	orm 8868, see Form 8453-EO and Form 88	379-E	O for payment instr	uctions.	
LHA For Privacy Act and Paperwork Reduction Act Notice,	see Instru	uctions.		Form 8868 (Re	v. 1-2012)	
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