** 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)

Open to Public

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

ΑI	For the	2017 calendar year, or tax year beginning	and	ending	_			
В	Check if applicable	C Name of organization			D Employer id	entificat	tion number	
Г	Addres	COLORADO ASSOCIATION OF FUNDERS						
F	Name change				71	-09473	13	
F	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone nu			
F	Final return/	5855 WADSWORTH BYPASS	,	A		0-842-	7209	
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		3	199,556.
	Amend return		5 1		H(a) Is this a gro	oup retu		<u> </u>
	Application	F Name and address of principal officer: OANI	E KELLEY		for subordi	•		X No
	pendin	SAME AS C ABOVE			H(b) Are all subordi	nates inclu	ded? Yes	☐ No
Τ.	Гах-ехе	mpt status: X 501(c)(3) 501(c) ()		or 527	1		t. (see instruc	tions)
J	Websit	e: WWW.COLORADOFUNDERS.ORG	, , , ,		H(c) Group exe			,
K	orm of	organization: X Corporation Trust As	sociation Other >	L Year	of formation: 2003	M S	State of legal do	micile: CO
Pa	art I	Summary						
Θ.	1 [Briefly describe the organization's mission or most	significant activities: THE CO	LORADO AS	SOCIATION OF			
Š	1	FUNDERS (CAF) IS A NONPROFIT MEMBERSHI						
Governance	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its	net asse	ets.	
ove.	8 1	Number of voting members of the governing body	(Part VI, line 1a)			3		12
	4 1	Number of independent voting members of the gov	verning body (Part VI, line 1b)			4		12
es	5	Total number of individuals employed in calendar y	ear 2017 (Part V, line 2a)			5		3
Ϋ́Ε	6	Total number of volunteers (estimate if necessary)				6		66
Activities &	7 a -	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a		0.
_	l d	Net unrelated business taxable income from Form	990-T, line 34			7b		0.
e					Prior Year		Current Y	
		Contributions and grants (Part VIII, line 1h)			89,965.			.68,245.
ēn		Program service revenue (Part VIII, line 2g)			199,		2	30,890.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,				212.		421.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c				0.		0.
		Total revenue - add lines 8 through 11 (must equal			289,		3	99,556.
	1	Grants and similar amounts paid (Part IX, column (0.		0.
		Benefits paid to or for members (Part IX, column (A				0.		0.
es		Salaries, other compensation, employee benefits (F			172,		1	.64,395.
Expenses		Professional fundraising fees (Part IX, column (A), I			0.			0.
Ϋ́	1	Total fundraising expenses (Part IX, column (D), line		403.				
_		Other expenses (Part IX, column (A), lines 11a-11d,			<u>·</u>	997.		13,227.
	1	Total expenses. Add lines 13-17 (must equal Part I			258,			277,622.
<u>_ o</u>	19	Revenue less expenses. Subtract line 18 from line	12			371.		21,934.
ts or				Ве	ginning of Current		End of Ye	
Net Assets or Fund Balances	20				362,			98,003.
let A	21	Total liabilities (Part X, line 26)				789.		12,516.
	22 I	Net assets or fund balances. Subtract line 21 from Signature Block	line 20		263,	333.		885,487.
		ties of perjury, I declare that I have examined this return,	including accompanying schedule	e and etatem	ents and to the hes	t of my k	nowledge and h	elief it is
		, and complete. Declaration of preparer (other than office					nowicage and b	clici, it is
uuu	, 0011001	, and complete. Declaration of property (other than office	1) 13 basea on an information of wi	non proparor	Thas any knowledge	•		
Sig	n	Signature of officer			I Date			
Her		JOANNE KELLEY, EXECUTIVE DIRECTOR						
HIC		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	1	Date Ch	eck	PTIN	
Pai	d h	AURA M. PUCA		1	0 / 21 / 10 if	-employed	¹ ₽01067688	
		Firm's name CRADY, PUCA & ASSOCIATES			Firm's EI		27-1433452	
		Firm's address 12150 E BRIARWOOD AVE ST	E 201		1 11111 3 21		_	
	·	CENTENNIAL, CO 80112			Phone no	303.7	71.9575	
Mar	the IR	S discuss this return with the preparer shown abo	ve? (see instructions)		1. 110110 110	•	X Yes	No

Pai	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 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 list		
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	am services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of grants are required to report the amount of grants are required to report the grant and allocations are required to report and allocations are required to report the grant and allocations are required to report and allocations are required to report the grant and allocations are required to report an	ations to others, the to	tal expenses, and
	revenue, if any, for each program service reported.		C2 205 \
4a) (Revenue \$	63,295.)
	STRENGTHENING THE FIELD THROUGH CONNECTING AND CONVENING COLORADO-BASED		
	FUNDERS A TN OUR ADDRESS MONTH TO THE PAGE MEMBER TO MEMBER CONNECTIONS TO AMBITEV		
	A. IN OUR ATTEMPT TO INCREASE MEMBER-TO-MEMBER CONNECTIONS TO AMPLIFY		
	THE VALUE OF THE NETWORK, CAF MORE ACTIVELY PROMOTES PEER LEARNING, WITH MORE SPECIALIZED GROUPS FORMING AND MEETING MORE FREQUENTLY. OTHER		
	PROGRAMS OF FIELD-WIDE INTEREST ARE ATTRACTING GREATER NUMBERS OF		
	MEMBERS AND ALLOWING US TO BOOST OVERALL EVENT REVENUE EVEN THOUGH WE		
	PRESENTED A LARGER PROPORTION OF PROGRAMS AT NO CHARGE.		
	B. WE OFFERED APPROXIMATELY 75 OPPORTUNITIES FOR MEMBERS TO COME		
	TOGETHER EITHER IN-PERSON, BY PHONE OR ONLINE - TO LEARN, ENGAGE AND		
	NETWORK IN 2017.		
	C. WE INCREASED THE FREQUENCY OF THE CEO LEADERSHIP FORUM TO QUARTERLY		
4b	(Code:) (Expenses \$ 71,190. including grants of \$) (Revenue \$	167,595.)
	MEMBERSHIP SUPPORT AND COMMUNICATIONS) (Nevenue w	
	A. A MEMBER ENGAGEMENT EFFORT INCLUDED PERSONAL OUTREACH TO EVERY		
	MEMBER EITHER THROUGH BOARD CALLS, STAFF MEETINGS AND TELEPHONE		
	CONVERSATIONS, OR PERSONAL VISITS.		
	B. SUPPORTED NUMEROUS LISTSERVS TO CONNECT WITH MEMBERS AND ALLOW OUR		
	MEMBERS TO CONNECT WITH THEIR COLLEAGUES ON FUNDING AREAS AND JOB		
	FUNCTIONS.		
	C. FACILITATED AND MANAGED VOLUNTEERS TO LEAD SEVERAL PEER GROUPS FOR		
	FACE-TO-FACE EXCHANGE OF SKILL-BUILDING INFORMATION AMONG MEMBERS ON		
	VARIOUS ISSUES OR TOPICS OR STAFF ROLES.		
	D. CONTINUED TO PUT STRONG EMPHASIS ON PROFESSIONAL STAFF DEVELOPMENT		
	TO STAY CURRENT WITH EMERGING ASSOCIATION, GRANTMAKING AND LEADERSHIP		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	RAISING PUBLIC AWARENESS AND STRENGTHENING PHILANTHROPY		
	A. WE'VE CONTINUED TO COLLABORATE WITH SEVERAL ORGANIZATIONS TO		
	COMMISSION A STATEWIDE ECONOMIC IMPACT REPORT THAT WILL ALLOW US TO		
	BETTER EXPLAIN THE SECTOR'S CONTRIBUTIONS TO POLICYMAKERS, THE MEDIA		
	AND THE PUBLIC. AFTER AN RFP PROCESS, WE WORKED WITH PARTNERS TO CHOOSE		
	A FIRM THAT HAS DEVELOPED A SURVEY INSTRUMENT TO BEGIN THE PROCESS OF		
	COLLECTING DATA.		
	B. THANKS TO THE BOARD'S APPROVAL OF A COMPREHENSIVE AGENDA TO GUIDE		
	OUR LEGISLATIVE POSITIONS WE WERE ABLE TO MOVE QUICKLY TO ADVOCATE FOR		
	THE SECTOR AT THE LOCAL, STATE AND FEDERAL LEVELS. WE'VE ALSO PROVIDED		
	PERSONAL OUTREACH TO MEMBERS LOOKING FOR INFORMATION TO INCLUDE IN		
1 ~1	COMMUNICATIONS WITH LAWMAKERS. Other program convices (Describe in Schedule O.)		
4 0	Other program services (Describe in Schedule O.) (Expanse \$ Describe Des		١
4e	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}} \rightarrow \frac{\text{Revenue \$}}{237,299}.		J
-7-0	Total program out too orportood p		Form 990 (2017)

SEE SCHEDULE O FOR CONTINUATION(S)

Part 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	Х	
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? 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	Х	
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		Х
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		Х
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		Х
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	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		х
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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		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 and XII 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				
	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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ا ء د ا		17
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
	complete Schedule G, Part III	l a		_ ^

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	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	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cohodula I Doubl	25b		x
26		230		
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 "Yes," complete Schedule L, Part II	06		x
07		26		
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	07		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α
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? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
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	33		Х
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	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		Х
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		Х
38	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	38	Х	
		_	000	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	a 6							
		b 0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments to vendors and reportable payments.	ortable 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 return2	2 a 3			ĺ				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	thority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account	count)?	4a		Х				
b	If "Yes," enter the name of the foreign country: ►								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acce	ounts (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit							
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).				х				
а									
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required	_						
	to file Form 8282?		7c		Х				
	, , , , , , , , , , , , , , , , , , , ,	'd	_						
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con		7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by								
9			8						
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a						
	Did the appropriate profession makes distribution to a decrease delicate a supplied as a second		9b						
10	Section 501(c)(7) organizations. Enter:		30						
а	l e e e e e e e e e e e e e e e e e e e	0a							
b		Ob							
11	Section 501(c)(12) organizations. Enter:	I							
	1.11 1	1a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
		1b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41?	12a						
		2b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
a Is the organization licensed to issue qualified health plans in more than one state?									
	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	3b							
С		3c							
			14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C)	14b						
			Form	990	(2017)				

732005 11-28-17

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

	Check if Schedule O contains a response or note to any line 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	2		
	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 O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
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				
	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		Х
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		Х
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		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 arrangement with a			
	taxable entity during the year?	16a		Х
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		
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-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website V Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 720-842-7209			
	5855 WADSWORTH BYPASS, NO. A, ARVADA, CO 80003			

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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	se for ted and trustee or directional trustee or mere ted or mere to mere ted or mere ted		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(1) MARLA WILLIAMS	1.00									
IMMEDIATE PAST CHAIR		Х						0.	0.	0.
(2) MARK ANDERSEN	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(3) NED CALONGE	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) HEATHER CARROLL	1.00									
DIRECTOR		Х						0.	0.	0.
(5) ANNE GARCIA	1.00									
DIRECTOR		Х						0.	0.	0.
(6) AMY LATHAM	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) GARY STEUER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(8) RUTH ROHS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ABEL WURMNEST	1.00									
DIRECTOR		Х						0.	0.	0.
(10) JANDEL ALLEN-DAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) ALECE MONTEZ-GRIEGO	1.00									
DIRECTOR		Х						0.	0.	0.
(12) VIRGINIA ROMANO	1.00									
DIRECTOR		Х						0.	0.	0.
(13) JOANNE KELLEY	40.00									
EXECUTIVE DIRECTOR				Х				93,135.	0.	6,519.
		1								
		\vdash								
		1								
							_	I		

(B)

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

(C)

(D)

(A)

(F)

(E)

	Name and title	Average hours per week Position (do not check more than one box, unless person is both an officer and a director/trustee)						h an	Reportable Reportable compensation compensation from from related			Estimated amount of other			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	()	com fr org and	pensa om th anizat d relat anizati	e tion ted	
	Sub-total Total from continuation sheets to Part V								93,135. 0.		0.	'			
	Total (add lines 1b and 1c)								93,135.		0.	6,51		,519.	
2	Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	ed a	bove	e) wł	no re	eceived more than \$100	,000 of reportable				0	
3	Did the organization list any former officer	director or tru	ısta	s kc	av or	mnlo)VAA	orl	highest compensated a	mplovee on	ſ		Yes	No	
Ū	line 1a? If "Yes," complete Schedule J for s	such individual										3		х	
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	•							•	•		4		х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion f	from	any	unr/	elat	ed organization or indivi	dual for services		5		Х	
Sec	tion B. Independent Contractors	ipiete deriedar	C U 1	01 30	ucii	pers	orr .								
1	Complete this table for your five highest countries the organization. Report compensation for	•	•								ens	ation f	rom		
	(A) Name and business	•	NO:		<u>g .</u>		<u> </u>		(B) Description of s		С	(C ompe		n	
								1							
2	Total number of independent contractors (ot li	mite	d to			sted	d above) who received m	ore than					
7055	\$100,000 of compensation from the organ	ization >					0					Form !	990 (2017)	

Pa	rt V	<u> </u>	Statement of Reve	nue					
			Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
S, G			Fundraising events						
Sift lar,			Related organizations						
is, (Government grants (contribut						
rior S		f	All other contributions, gifts, gran	nts, and					
ig #			similar amounts not included abo	ove 1f	168,245.				
d d		g	Noncash contributions included in lines	s 1a-1f: \$					
<u>8 8</u>		h	Total. Add lines 1a-1f		>	168,245.			
					Business Code				
Se	2	а	MEMBERSHIP DUES		611710	167,595.	167,595.		
Program Service Revenue		b	PROGRAM FEES		611710	63,295.	63,295.		
		С							
		d							
og F		е							
Δ.		f	All other program service reve						
		g	Total. Add lines 2a-2f			230,890.			
	3		Investment income (including						
			other similar amounts)			421.			421
	4		Income from investment of ta		í F				
	5		Royalties						
	_			(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory		 				
		b	Less: cost or other basis						
			and sales expenses		 				
			Gain or (loss)						
			Net gain or (loss)						
Other Revenue	8	а	Gross income from fundraisin						
Ver			including \$contributions reported on line						
Be			Part IV, line 18	•					
her		h	Less: direct expenses						
ō			Net income or (loss) from fund						
			Gross income from gaming a						
		-	Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gan						
			Gross sales of inventory, less						
	-		and allowances						
		b	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
	11	а							
		b		-					
		С							
		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.		▶ [399,556.	230,890.	0.	421.

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).

Do no	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A)	(B)	(C) I	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 (Grants and other assistance to domestic organizations		·		<u> </u>
á	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
i	individuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
(organizations, foreign governments, and foreign				
i	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
1	trustees, and key employees	95,135.	80,865.	11,416.	2,854.
6	Compensation not included above, to disqualified				
ı	persons (as defined under section 4958(f)(1)) and				
ı	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	33,528.	29,169.	3,353.	1,006.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,600.	7,353.	989.	258.
	Other employee benefits	17,287.	14,780.	1,988.	519.
10 I	Payroll taxes	9,845.	8,418.	1,132.	295.
	Fees for services (non-employees):				
a l	Management				
b I	Legal				
	Accounting	6,785.		6,785.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
(column (A) amount, list line 11g expenses on Sch 0.)	8,711.	8,711.		
	Advertising and promotion				
	Office expenses	9,985.	8,538.	1,148.	299.
	Information technology	11,242.	9,612.	1,293.	337.
15	Royalties				
16	Occupancy				
	Travel	2,814.	2,406.	324.	84.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates	2 55-	2 222	200	
	Depreciation, depletion, and amortization	2,607.	2,229.	300.	78.
	Insurance	2,530.	1,168.	1,321.	41.
	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.)				
	MEMBER MEETINGS	45,231.	45,231.		
b	PROFESSIONAL DEVELOPMEN	12,356.	10,564.	1,421.	371.
c	COLLATERAL MATERIALS	6,964.	5,954.	801.	209.
d	MISCELLANEOUS	4,002.	2,301.	1,649.	52.
е /	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	277,622.	237,299.	33,920.	6,403.
26	Joint costs. Complete this line only if the organization				
ı	reported in column (B) joint costs from a combined				
(educational campaign and fundraising solicitation.				
(Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017) Part X Balance Sheet

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	146,017.	1	55,109.
2	Savings and temporary cash investments	203,635.	2	374,056.
3	Pledges and grants receivable, net	5,000.	3	50,000
4	Accounts receivable, net	1,983.	4	3,561
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
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			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
:	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
[{] 8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	3,099.	9	8,760
10 a	Land, buildings, and equipment: cost or other	·		
	basis. Complete Part VI of Schedule D 10a 22,487.			
t	Less: accumulated depreciation 10b 15,970.	2,608.	10c	6,517
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		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	362,342.	16	498,003
17	Accounts payable and accrued expenses	3,549.	17	14,741
18	Grants payable		18	
19	Deferred revenue	95,240.	19	97,775
20	Tax-exempt bond liabilities	·	20	·
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	98,789.	26	112,516
	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
:	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	244,528.	27	316,462
28	Temporarily restricted net assets	19,025.	28	19,025
27 28 29	Permanently restricted net assets		29	50,000
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	263,553.	33	385,487
34	Total liabilities and net assets/fund balances	362,342.	34	498,003

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			399,	556.		
2	Total expenses (must equal Part IX, column (A), line 25)	2			277,	622.		
3	Revenue less expenses. Subtract line 2 from line 1	3			121,	934.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			263,	553.		
5	5 Net unrealized gains (losses) on investments5							
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			385,	487.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
				`	⁄es	No		
1	Accounting method used to prepare the Form 990: Lash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	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:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2	b		Х		
	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 the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2	:c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O).					
За	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	dit					
	Act and OMB Circular A-133?		3	а		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	dit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COLORADO ASSOCIATION OF FUNDERS

Employer identification number

71-0947313 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Gifts, grants, contributions, and	, ,	` '	` ,	`,	, ,	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	198,646.	195,468.	207,515.	253,170.	335,840.	1,190,639.		
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	198,646.	195,468.	207,515.	253,170.	335,840.	1,190,639.		
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)						63,459.		
	Public support. Subtract line 5 from line 4.						1,127,180.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
	Amounts from line 4	198,646.	195,468.	207,515.	253,170.	335,840.	1,190,639.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	481.	347.	239.	212.	421.	1,700.		
_	and income from similar sources	401.	347.	239.	212.	421.	1,700.		
9	Net income from unrelated business								
	activities, whether or not the								
10	business is regularly carried on Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						1,192,339.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	145,972.		
	First five years. If the Form 990 is for						, -		
	organization, check this box and stor	- 1			•				
Sec	ction C. Computation of Publ						Í		
14	Public support percentage for 2017 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	94.54 %		
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	98.50 %		
	33 1/3% support test - 2017. If the					nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization				\ X		
b	33 1/3% support test - 2016. If the	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization qual	lifies as a publicly s	supported organiza	tion			▶□		
17a	10% -facts-and-circumstances tes	·					•		
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	l organization		▶□		
b	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is 1	10% or		
	more, and if the organization meets the				-				
	organization meets the "facts-and-cire	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	▶∐		
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2017

Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	now, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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		1				
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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sed	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(4) 2010	(6) 2014	(0) 2010	(4) 2010	(6) 2017	(i) rotai
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		1				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd. fourth, or fifth t	ax vear as a sect	ion 501(c)(3) organiz	zation.
		ū			•		
Sec	ction C. Computation of Publi						
	Public support percentage for 2017 (li			column (f))		15	9
	Public support percentage from 2016					16	Ç
	etion D. Computation of Inves					10	
	Investment income percentage for 20					17	(
						18	
	Investment income percentage from 2						
іча	33 1/3% support tests - 2017. If the	-					
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2016. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶∟

732023 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	_		
	4c		
	5a		
	Эa		
	5b		
	5c		
	00		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	40.		
. 0	10b	00 E7	0017

Pa	rt IV Supporting Organizations (continued)			190 0
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	71 11 3 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		0.5		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Sche	edule A (Form 990 or 990-EZ) 2017 COLORADO ASSOCIATION OF FUNDERS			71-0947313 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ting Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualif			n in Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must			•
Sect	tion A - Adjusted Net Income	·	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount	,		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		

3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	I ype III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
ее	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i_	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 COLORADO ASSOCIATION OF FUNDERS 71-094/313 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2017

	COL	ORADO	ASSOCIATION OF FUNDERS	71-0947313			
Organizatio	n type (check or	ne):					
Filers of:		Secti	on:				
Form 990 or	990-EZ	X	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				
-	section 501(c)(ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a Special Rul	le. See instructions.			
	-	-	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ontributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rule	es						
sec any	tions 509(a)(1) a one contributor	and 17 or, durin	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 0(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amoun Complete Parts I and II.	or 16b, and that received from			
yea	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
yea is c pur	r, contributions hecked, enter h pose. Don't con	exclus here the nplete	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a <i>ively</i> for religious, charitable, etc., purposes, but no such contributions totaled more total contributions that were received during the year for an <i>exclusively</i> religious, any of the parts unless the General Rule applies to this organization because it recontributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., eceived <i>nonexclusively</i>			
but it must a	aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ut 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 ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$\$	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
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	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
5		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization	Employer identification number
COLORADO ASSOCIATION OF FUNDERS	71-0947313

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
7		\$\$	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
8	Nume, dudress, and Zir + +	\$\$	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
9		\$\$	Person X Payroll					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
110.	Nume, dudress, and Zir ++	\$	Person 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					
	Hamo, address, and Elf- T-T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					

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

Name of orga	nization		Employer identification number
Part III	ASSOCIATION OF FUNDERS Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	columns (a) through (e) and the follow	71-0947313 d in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations or less for the year. (Enter this info. once.) \$\\$\\$\$
	Use duplicate copies of Part III if addition	nal space is needed.	. (
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif	ft Relationship of transferor to transferee
- - - (a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
— [<u>-</u>			
	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
-			

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

Tax	() (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
	me of organization			Empl	oyer identification number
	COLORADO A	SSOCIATION OF FUNDERS			71-0947313
Pá	art I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organize Political campaign activity expendition Volunteer hours for political campa	tures		▶\$	
Pa	art I-B Complete if the org	ganization is exempt und	ler section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶\$	
	If the organization incurred a section				
48	a Was a correction made?				Yes No
	b If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt und	ler section 501(c)	, except section 501(c)(3).
	5 5	s. Add lines 1 and 2. Enter here a 1120-POL for this year? mployer identification number (El ation listed, enter the amount pair omptly and directly delivered to	and on Form 1120-POL IN) of all section 527 pod from the filing organia separate political org	olitical organizations to whicization's funds. Also enter the	Yes No th the filing organization a amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Sche	dule C (Form 990 or 990-EZ) 2017 COLORADO		71-094	
Pai	rt II-A Complete if the organization	on is exempt under section 501(c)(3) and file	ed Form 5768 (el	ection under
	section 501(h)).			
A CI	neck Figure if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
B C	neck 🕨 🔲 if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	9,176.	
С	Total lobbying expenditures (add lines 1a and	d 1b)	9,176.	
d	Other exempt purpose expenditures		268,447.	
е	Total exempt purpose expenditures (add line	s 1c and 1d)	277,623.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	55,525.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	13,881.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j		er line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under section 501(h)		
	, G	a section 501(h) election do not have to complete all o the separate instructions for lines 2a through 2f.)	of the five columns b	elow.
	Lobb	oying Expenditures During 4-Year Averaging Period		

	Lobbying Expend	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount		48,950.	51,687.	55,525.	156,162.
b Lobbying ceiling amount (150% of line 2a, column(e))					234,243.
c Total lobbying expenditures	248.	1,496.	2,342.	9,176.	13,262.
d Grassroots nontaxable amount		12,238.	12,922.	13,881.	39,041.
e Grassroots ceiling amount (150% of line 2d, column (e))					58,562.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
	Total. Add lines 1c through 1i					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(c)	(5), or se	ection		
	501(c)(6).			Yes	No	
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the substantial political campaign activity expension activi		2			
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," OF	R (b) Par		ne 3, is	
1 2	Dues, assessments and similar amounts from members		1			
а	Current year		2a			
	Carryover from last year					
	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues \dots		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and property and pr					
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		4 5			
Par			3			
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. I-A, LINE 1B	o list); Part II	-A, lines 1	and 2 (see		
THRO	UGH MEETINGS WITH CONGRESSIONAL REPRESENTATIVES IN DENVER, SOCIAL					
MEDI	A, EMAILS TO CONGRESSIONAL STAFF AND COMMUNITY FOUNDATION MEMBERS, THE					
ORGA	NIZATION ATTEMPTED TO INFLUENCE PASSAGE OF FEDERAL AND STATE					
LEGI	SLATION DESIGNED TO INCREASE CHARITABLE GIVING.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	COLORADO ASSOCIATION OF FUND		71-0947313
Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organization	· ·	·
_	Preservation of land for public use (e.g., recreation or e	`	orically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space	r reservation of a cont	and motorio structuro
2	Complete lines 2a through 2d if the organization held a qualifi	ad conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ed conservation contribution in the form	Held at the End of the Tax Year
_	•		
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
a	Number of conservation easements included in (c) acquired a	•	1 I
_	listed in the National Register		· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	· · · · · ·	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
~	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	radation, or resource in rather and or pa	bile service, previde the reliewing amedite
	•		• •
	(i) Revenue included on Form 990, Part VIII, line 1		<u> </u>
0		pource or other similar assets for financia	
2	If the organization received or held works of art, historical trea		ıı gairi, provide
	the following amounts required to be reported under SFAS 1	· · · · · · · · · · · · · · · · · · ·	.
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2017

Pai	rt III ∣ Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe	er Similar	Asse	ts (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	at are a s	ignificant us	e of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organizati	on's exe	mpt purpose	in Parl	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oth	er similaı	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	anization's co	ollection?			L	Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered	"Yes" on	Form 990, F	Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	included	_	_	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance								1	
	Did the organization include an amount on Fo						•	L	Yes	├─ No
	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds. Complete it									
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three yea	rs back	(e) Four ye	ears back
1a	Beginning of year balance	0.								
b	Contributions	50,000.								
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses	F0 000								
g	End of year balance	50,000.			<u> </u>					
2	Provide the estimated percentage of the curr	ent year end baland	-	Ig, column (a	a)) held as:					
a	Board designated or quasi-endowment	0.4	_%							
	Permanent endowment 100.00	%								
С	Temporarily restricted endowment	%								
2-	The percentages on lines 2a, 2b, and 2c sho	•	-4:	-4 -			h			
3a	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are neid a	na aaministe	erea for t	ne organizat	iori	V	N-
	by:									es No
	(i) unrelated organizations								3a(i)	X
h	(ii) related organizations								3a(ii) 3b	
4	Describe in Part XIII the intended uses of the								SD	
	t VI Land, Buildings, and Equipm		willelit	iuiius.						
	Complete if the organization answered). Part l'	V. line 11a. 9	See Form 990). Part X.	line 10.			
	Description of property	(a) Cost or o		1	or other		ccumulated		(d) Book v	value
	becomplied of property	basis (investr			(other)		oreciation		(2) 200K V	5.00
1a	Land	- ` ` 	,		. ,					
	Buildings									
	Leasehold improvements									
	Equipment									
	Other				22,487.		15,97	0.		6,517.
	I. Add lines 1a through 1e. (Column (d) must e		X, colui	mn (B), line 1	•		Ì	-		6,517.
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	_							

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, (b) Book value	line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost	
	(b) Book value	(c) Method of Valuation. Cost	or end-or-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"	on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		▶
Complete if the organization answered "Yes"	on Form 000 Dort IV	line 11e ev 11f Coe Form 000 Part V I	ina 0E
(a) Description of liability	on Form 990, Part IV,	(b) Book value	1116 25.
(1) Federal income taxes		(b) Book value	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide		te to the organization's financial staten	nents that reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2017

Pai	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) 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		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 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		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	rt XII Reconciliation of Expenses per Audited Financial St		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li			
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 XIII.)	2d		
е	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		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		Part V, line 4; Part X, line 2; Par	t XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		
PART	V, LINE 4:			
TO S	SUPPORT THE GENERAL OPERATIONS AND PROGRAMS OF THE ORGANIZ	ATION.		
D. D. D.				
PARI	YX, LINE 2:			
miin	ODGANIZATION TO NO LONGED GUDITION TO U.G. HIDDINA TAY AUDITION	TEG ON TEG		
THE	ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL TAX AUD	OITS ON ITS		
505				
FORM	M 990 BY TAXING AUTHORITIES FOR FISCAL YEARS ENDING PRIOR	TO DECEMBER		
	2014. THE YEARS SUBSEQUENT TO THIS YEAR CONTAIN MATTERS T			
31,	2014. THE YEARS SUBSEQUENT TO THIS YEAR CONTAIN MATTERS T	PHAT COULD BE		
31,		PHAT COULD BE		
31, SUBC	2014. THE YEARS SUBSEQUENT TO THIS YEAR CONTAIN MATTERS T	THAT COULD BE		
31, SUBC	2014. THE YEARS SUBSEQUENT TO THIS YEAR CONTAIN MATTERS T	THAT COULD BE		
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31, SUBJ	2014. THE YEARS SUBSEQUENT TO THIS YEAR CONTAIN MATTERS T	THAT COULD BE		
31, SUBJ	2014. THE YEARS SUBSEQUENT TO THIS YEAR CONTAIN MATTERS T	THAT COULD BE		
31, SUBJ	2014. THE YEARS SUBSEQUENT TO THIS YEAR CONTAIN MATTERS T	THAT COULD BE		

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 COLORADO ASSOCIATION OF FUNDERS	71-0947313	Page 5
Schedule D (Form 990) 2017 COLORADO ASSOCIATION OF FUNDERS Part XIII Supplemental Information (continued)		
, ,		
	Schedule D (For	n 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

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

Inspection

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** 71-0947313 COLORADO ASSOCIATION OF FUNDERS 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: AND ADDED A FIFTH SPECIAL SESSION, INCREASING PARTICIPATION AND ENGAGEMENT OVERALL. D. OUR COMMUNITY FOUNDATION CEOS CONNECTED FOUR TIMES BY PHONE TO HEAR AND SHARE UPDATES, CHALLENGES AND CONCERNS, WITH THE FIRST IN-PERSON REGIONAL CONVENING HELD IN DECEMBER. WE ALSO CONTINUE TO OFFER EXPANDED SERVICES, WHICH INCLUDE CONNECTING COLORADO COMMUNITY FOUNDATIONS WITH THE GROWING NATIONAL NETWORK VIA AN EMAIL LISTSERV. E. GENERAL MEMBER PROGRAMMING INCLUDED A VARIETY OF DIFFERENT FORMATS FROM LOCAL TO NATIONAL SPEAKERS. SOME OF THE MOST HIGHLY ATTENDED SESSIONS INCLUDED: A NATIONAL SPEAKER AND A LOCAL FOUNDATION PANEL ON THE TOPIC OF EQUITY; TWO HALF-DAY SESSIONS CO-PRESENTED WITH ROSE COMMUNITY FOUNDATION ON THE TOPIC OF IMMIGRATION; AN ALL-DAY WORKSHOP LED BY NONPROFIT FINANCE FUND, AND OUR ANNUAL MEETING FEATURING CENTER FOR EFFECTIVE PHILANTHROPY PRESIDENT PHIL BUCHANAN, WE WERE ONE OF FIVE STATE-BASED GROUPS IN THE NATIONAL NETWORK TO WIN A COMPETITIVE GRANT THROUGH UNITED PHILANTHROPY FORUM VIA THE FUND FOR SHARED INSIGHT FOR THE PURPOSE OF CONVENING A FUNDER-NONPROFIT LEADERSHIP COHORT TO EXPLORE WAYS OF INCREASING FOUNDATION OPENNESS AND FEEDBACK LOOPS BETWEEN GRANTMAKERS AND GRANTEES.

732211 09-07-17

WE FINALIZED A PRESENTING SPONSORSHIP ARRANGEMENT WITH COMMUNITY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization COLORADO ASSOCIATION OF FUNDERS	Employer identification number 71–0947313
FIRST FOUNDATION FOR OUR ANNUAL LUNCHEON WITH NONPROFIT PARTNERS. THIS	
YEAR'S NEWLY NAMED POWERING PARTNERSHIPS EVENT DREW A RECORD CROWD FOR	
A HIGHLY RATED KEYNOTE BY THE POPULAR NONPROFIT BLOGGER VU LE.	
H. OUR STRONG CONNECTIONS WITH NATIONAL AND REGIONAL ORGANIZATIONS HAVE	
ALSO ALLOWED US TO COLLABORATE ON MANY EDUCATIONAL OFFERINGS AND	
CONVENINGS (WE BROUGHT GRANTMAKERS FOR EFFECTIVE ORGANIZATIONS TO	
COLORADO FOR TWO DIFFERENT WORKSHOPS THIS YEAR).	
I. OUR EIGHTH ANNUAL C3 FORUM ENGAGED A VARIETY OF NEW PARTICIPANTS IN	
THE FUNDER AND NONPROFIT COMMUNITIES AND OFFERED SPECIALIZED TRAINING.	
THE OVERALL GOAL OF THIS ALL-DAY CONFERENCE IS TO BRING TOGETHER	
FUNDERS AND NONPROFITS TO BUILD CONNECTIONS AND INCREASE UNDERSTANDING.	
J. WE CONTINUED A FREE WEBINAR SERIES FOR OUR CORPORATE PHILANTHROPY	
MEMBERS THAT WILL EXTEND INTO 2018. WE'RE STILL DOING THIS IN	
PARTNERSHIP WITH OUR COLLEAGUES IN FOUR OTHER STATES WITH PROGRAMMING	
PROVIDED BY CONTENT EXPERTS AT CHANGING OUR WORLD.	
K. IMPACT INVESTING FORUM CONTINUED TO MEET EVERY OTHER MONTH, WITH	
GUEST SPEAKERS, INTERNAL EXPERTS AND ROUNDTABLE CONVERSATIONS. ALSO	
WORKED COLLABORATIVELY ON COLORADO IMPACT DAYS AND INITIATIVE AND	
CONTINUE TO WORK WITH THE IMPACT FINANCE CENTER ON PROGRAMMING FOR CAF	
MEMBERS. WE'VE FORGED INFORMAL AGREEMENTS WITH BARTON INSTITUTE TO	
PARTNER ON RELEVANT SESSIONS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
ISSUES AND TRENDS IN ORDER TO BETTER SUPPORT MEMBERSHIP ACTIVITIES.	
E. COMPILED E-NEWS UPDATES AND LINKS TWICE A MONTH WITH INFORMATION	
ABOUT CAF EVENTS, MEMBERS NEWS, COMMUNITY DEVELOPMENTS, AS WELL AS	
REGIONAL/NATIONAL PHILANTHROPIC DEVELOPMENTS, REPORTS AND TRENDS.	
732212 09-07-17	Schedule O (Form 990 or 990-EZ) (2017

Name of the organization COLORADO ASSOCIATION OF FUNDERS	Employer identification number 71-0947313
F. ENGAGED ACTIVELY WITH MEMBERS, STAKEHOLDERS AND PUBLIC ON SOCIAL	
MEDIA CHANNELS.	
G. OFFERED A VARIETY OF WEB-BASED RESOURCES TO MEMBERS, INCLUDING	
PHILANTHROPY NEWS LINKS AND DATA, ONLINE JOB BANK TO POST EMPLOYMENT	
OPENINGS AS WELL AS ONLINE PROGRAM REGISTRATION AND SEARCH TOOLS.	
H. SIGNED AGREEMENT WITH UNITED PHILANTHROPY FOR NEW WEBSITE	
DEVELOPMENT AND INTEGRATION WITH OTHERS DATABASES.	
I. DISTRIBUTED UPDATES AND INFORMATION TO MEMBERS THROUGH EMAIL AND	
LISTSERV COMMUNICATIONS ON POLICY MATTERS, NEWS AND PROGRAMMING.	
J. ASSISTED MEMBERS WITH INDIVIDUAL REQUESTS FOR INFORMATION AND	
RESOURCES THROUGH INDIVIDUAL MEETINGS, PHONE CALLS AND EMAIL	
COMMUNICATIONS.	
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
C. CAF AGAIN WORKED WITH COLORADO NONPROFIT ASSOCIATION IN BACKING A	
PROPOSED BILL THAT WOULD CREATE A STATEWIDE TAX CREDIT FOR DONATIONS TO	
NONPROFIT ENDOWMENTS. CAF'S CHIEF EXECUTIVE AND PUBLIC POLICY COMMITTEE	
CHAIR TESTIFIED AT TWO HEARINGS IN FAVOR OF THE BILL, WHICH PASSED TWO	
COMMITTEES AND THE FULL SENATE.	
D. WE PRODUCED REPORTS ON COLORADO FOUNDATION AND INDIVIDUAL CHARITABLE	
GIVING DATA, WHICH WE WERE ABLE TO PRESENT TO COLORADO'S CONGRESSIONAL	
DELEGATION DURING FOUNDATIONS ON THE HILL AS WE DISCUSSED THE POTENTIAL	
IMPACT OF TAX REFORM ON THE CHARITABLE SECTOR.	
E. CAF CHIEF EXECUTIVE CONTINUED IN ROLE AS A MEMBER OF THE NATIONAL	
UNITED PHILANTHROPY FORUM BOARD OF DIRECTORS, THE BOARD'S GOVERNANCE	
COMMITTEE AND PUBLIC POLICY COMMITTEE, AS WELL AS AN ACTIVE MEMBER OF	
THE FORUM'S PUBLIC POLICY FORUM. IN 2017, THE FORUM BOARD'S VISION OF	
EXPANDING THE NETWORK TO INCLUDE NATIONAL PHILANTHROPY-SERVING	Schedule 0 (Form 990 or 990-F7) (2017)

COLORADO ASSOCIATION OF FUNDERS	71-0947313
ORGANIZATIONS WAS REALIZED WITH A DOUBLING OF THE NUMBER OF MEMBERS OF	
THE NEWLY NAMED UNITED PHILANTHROPY FORUM.	
F. CAF CO-HOSTED THE FIRST JOINT ADVOCACY DAY AT THE STATE CAPITOL WITH	
COLORADO NONPROFIT ASSOCIATION AND PLANS ARE UNDER WAY TO ORGANIZE	
ANOTHER JOINT GATHERING IN 2018. CAF HOSTED ANNUAL LUNCHEON WITH THE	
GOVERNOR AT THE GOVERNOR'S MANSION AND HAD ROUGHLY 75 MEMBERS AND	
PUBLIC OFFICIALS COME TOGETHER FOR UPDATES, REFLECTIONS AND REMARKS	
ABOUT THE GOVERNOR'S PRIORITIES.	
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.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 WAS REVIEWED BY BOARD MEMBERS PRIOR TO FILING.	

Name of the organization COLORADO ASSOCIATION OF FUNDERS	Employer identification number 71-0947313
FORM 990, PART VI, SECTION B, LINE 12C:	
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:	
THE PROCESS FOR DETERMINING THE EXECUTIVE DIRECTOR'S ANNUAL SALARY INCLUDED	
OBTAINING COMPARABLE SALARY DATA.	
FORM 990, PART VI, SECTION C, LINE 18:	
AVAILABLE UPON REQUEST.	
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.	
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE REVIEW	
AND SELECTION OF THE INDEPENDENT ACCOUNTANT, THIS PROCESS HAS NOT	
CHANGED FROM THE PRIOR YEAR.	