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PUBLIC DISCLOSURE COPY

August 19, 2019

Colorado Association of Funders 5855 Wadsworth Bypass No. A Arvada, CO 80003

Colorado Association of Funders:

Enclosed is the organization's 2018 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Laura M. Puca

Form 8879-EC
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### IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury

Name and title of officer JOANNE KELLEY For calendar year 2018, or fiscal year beginning , 2018, and ending

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

2018

Internal Revenue Service Name of exempt organization

Employer identification number

COLORADO ASSOCIATION OF FUNDERS

71-0947313

20

CHIEF EXECUTIVE OFFICER

Part I

Type of Return and Return Information (Whole Dollars Only)

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

1a	Form 990 check here <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	498,343.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

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

X lauthorize CRADY, PUCA & ASSOCIATES	to enter my PIN 47313
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I hav is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organizat indicated within this return that a copy of the return is being filed with a state agency program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
Humber (Er my) followed by your nee digit sen selected i my.	4862910668 Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronical confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , More <i>e-file</i> Providers for Business Returns.	,
ERO's signature	Date  08/19/19
ERO Must Retain This Form - See Ins Do Not Submit This Form to the IRS Unless Re	
LHA For Paperwork Reduction Act Notice, see instructions. 823051 10-26-18	Form <b>8879-EO</b> (2018)

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

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



Department of the Treasury Internal Revenue Service

Τ.

Α	For th	e 2018 calendar year, or tax year beginning and	l ending	_	
В	Check if applicab	e: C Name of organization		D Employer identifi	cation number
Г	Addre	ss e COLORADO ASSOCIATION OF FUNDERS			
	Name chang			71-094	7313
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return		A	720-84	
	termir ated			<b>G</b> Gross receipts \$	498,343.
	Amen return			H(a) Is this a group re	
	Applie tion	F Name and address of principal officer: JOANNE KELLEY		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
T	Tax-ex	empt status: 🗴 501(c)(3) 🚺 501(c) ( ) ◀ (insert no.) 🗌 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: WWW.COLORADOFUNDERS.ORG		H(c) Group exemptio	n number 🕨
Κ	Form o	organization: 🗴 Corporation 🔄 Trust 🦲 Association 🔄 Other 🕨	L Year	of formation: 2003	A State of legal domicile: CO
P	art I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities: COLORA	DO ASSOC	IATION OF FUNDERS	
anc		WORKS TO STRENGTHEN COLORADO COMMUNITIES BY BRINGING PEOPLE,			
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of mor	e than 25% of its net as	ssets.
Ň	3	Number of voting members of the governing body (Part VI, line 1a)			12
ن ه	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	6
iviti	6	Total number of volunteers (estimate if necessary)			102
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		168,245.	278,615.
ent	9	Program service revenue (Part VIII, line 2g)		230,890.	212,161.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		421.	7,567.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		399,556.	498,343.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		164,395.	259,734.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	· · · · · · · · · · · · · · · · · · ·	,657.		
ш	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		113,227.	117,131.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		277,622.	376,865.
	19	Revenue less expenses. Subtract line 18 from line 12		121,934.	121,478.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		498,003.	619,914.
ot A	21	Total liabilities (Part X, line 26)		112,516.	119,977.
		Net assets or fund balances. Subtract line 21 from line 20		385,487.	499,937.
_	art II	Signature Block			
Unc	der pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and staten	ients, and to the best of m	y knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Dat	te	
Here	JOANNE KELLEY, CHIEF EXECUTIVE OF	FICER			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Paid	LAURA M. PUCA		08/19/19	self-employed P01067688	
Preparer	Preparer Firm's name 🕞 CRADY, PUCA & ASSOCIATES			m's EIN 🕨 27-1433452	
Use Only	Firm's address 👞 12150 E BRIARWOOD AVE ST	E 201			
CENTENNIAL, CO 80112				one no.303.771.9575	
May the I	Aay the IRS discuss this return with the preparer shown above? (see instructions)				
832001 12-3	LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2018)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Par	990 (2018) COLORADO ASSOCIATION OF FUNDERS t III Statement of Program Service Accomplishments	71-0947313	Page
	Check if Schedule O contains a response or note to any line in this Part III		Σ
1			Lé
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 listed on the		
2			Yes 🗵
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	····· L	
3		~~~~ \[	Yes X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es ?	
^	If "Yes," describe these changes on Schedule O.	a management by aver	
4	Describe the organization's program service accomplishments for each of its three largest program services $Section = 501(a)(a)$ and $S01(a)(d)$ experience are required to report the amount of graphs and allocations to		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a	others, the total expe	nses, and
4	revenue, if any, for each program service reported.	•	212,161
4a	(Code:) (Expenses \$ 344,363. including grants of \$) (Re IN 2018, WE OFFERED ALMOST 90 OPPORTUNITIES FOR OUR MEMBERS TO ENGAGE,	evenue \$	212,101
	LEARN AND NETWORK. TOPICS VARIED WIDELY AND INCLUDED SESSIONS EXPLORING		
	REGIONAL HOUSING CHALLENGES, THE OPIOID CRISIS, THE CRITICAL NEED TO		
	· · ·		
	ENSURE AN ACCURATE 2020 CENSUS COUNT, AND A FUTURISTIC LOOK AT		
	PHILANTHROPIC TRENDS, AMONG OTHERS. WE HAVE CONTINUED TO EXPERIMENT		
	WITH PROGRAM FORMATS AND PRESENTED A LARGE NUMBER OF PROGRAMS WITHOUT		
	CHARGING REGISTRATION FEES.		
	AT THE SAME TIME, MANY OF OUR MEMBERS HAVE BEGUN TO PROVIDE FINANCIAL		
	SUPPORT TO INCREASE OUR ABILITY TO FACILITATE SPECIALIZED LEARNING		
	NETWORKS IN A GROWING NUMBER OF CATEGORIES, INCLUDING THREE NEW PEER		
	GROUPS FOCUSED ON ARTS AND CULTURE, INFORMATION TECHNOLOGY AND RURAL		
4b	(Code:) (Expenses \$ including grants of \$) (Reference of \$)	evenue \$	
4c	(Code:) (Expenses \$ including grants of \$ ) (Re	evenue \$	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$		
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ Total program service expenses > 344, 363.	)	
	(Expenses \$ including grants of \$ ) (Revenue \$	) 	

Form 990 (2018) COLORADO ASSOCIATI COLORADO ASSOCIATION OF FUNDERS 71-0947313

P	age 3

1 01	oncontrat of nequired concludes		N/	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
10		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19		10		x
00-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a 20b		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	 (2018)
832003	3 12-31-18	Form	330	(∠018)

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3 2018.04010 COLORADO ASSOCIATION OF FUN CAF\_\_\_\_1

Form	990	(2018)	۱
	330	12010	,

			Yes	N
	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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23		x
	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
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	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-		x
	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
	An antity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	<u> </u>	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	x	
Par		1	•	
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
с				I I
с	(gambling) winnings to prize winners?	1c	990	

_	990 (2018)COLORADO ASSOCIATION OF FUNDERS71-094731	3	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			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 authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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 Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	- 40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	_		
	Enter the amount of reserves on hand 13c	4.4-		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x
	excess parachute payment(s) during the year?	15		
10	If "Yes," see instructions and file Form 4720, Schedule N.	40		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.		000	(0010)

Form **990** (2018)

832005 12-31-18

13320819 152235 CAF

_	990 (2018) COLORADO ASSOCIATION OF FUNDERS TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	71-094731 rough 7b below and for			ag Ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	•	a 140 1	cspon	130
	Check if Schedule O contains a response or note to any line in this Part VI				[
ec <sup>.</sup>	tion A. Governing Body and Management				
				Yes	Γ
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		T
	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	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision			Γ
	of officers, directors, or trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form §	90 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		
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 a	opoint one or			
	more members of the governing body?		. 7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or			
	persons other than the governing body?		. 7b	х	L
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the following:			ſ
	The governing body?			х	
b	Each committee with authority to act on behalf of the governing body?		. 8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		
ec.	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)			-
				Yes	L
	Did the organization have local chapters, branches, or affiliates?		. 10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$				
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	• • • • • • • • • • • • • • • • • • • •			X	╞
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		. <b>12b</b>	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				
	in Schedule O how this was done		. <u>12c</u>	X	
3	Did the organization have a written whistleblower policy?			X	
4	Did the organization have a written document retention and destruction policy?		. 14	x	
5	Did the process for determining compensation of the following persons include a review and approva				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization		. 15b		+
6-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	nont with -			
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger		10-		L
<b>b</b>	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		. <u>16a</u>		┢
D					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		40%		
600	exempt status with respect to such arrangements?		_ 16b	I	1
7	List the states with which a copy of this Form 990 is required to be filed NONE				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	d 990-T (Section 501(c))	(3)s only	) avail	ał
	for public inspection. Indicate how you made these available. Check all that apply.		(J) J U I I Y	, uvaile	-
		in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		nd finan	cial	
-	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records			
20	THE ORGANIZATION - 720-842-7209				
20					
20	5855 WADSWORTH BYPASS, NO. A, ARVADA, CO 80003				
			Form	<b>990</b>	(2

Form 990 (2)	/	71-0947313	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
	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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	box offic	Position o not check more than one ix, unless person is both an ficer and a director/trustee)				h an	Reportable compensation from	Reportable compensation 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)	compensation from the organization and related organizations
(1) MARK ANDERSEN	2.00									
BOARD CHAIR		х		х				0.	0.	0.
(2) NED CALONGE	1.00									
TREASURER		X		X				0.	0.	0.
(3) HEATHER CARROLL	1.00									
DIRECTOR		x						0.	0.	0.
(4) ANNE GARCIA	1.00									_
DIRECTOR		x						0.	0.	0.
(5) AMY LATHAM	1.00									_
VICE CHAIR		х		х				0.	0.	0.
(6) GARY STEUER	1.00	l								
SECRETARY	1.00	х		х				0.	0.	0.
(7) RUTH ROHS	1.00	l								
	1 00	x						0.	0.	0.
(8) ABEL WURMNEST	1.00									0
DIRECTOR (9) JANDEL ALLEN-DAVIS	1.00	X						0.	0.	0.
(9) JANDEL ALLEN-DAVIS DIRECTOR	1.00	x						0.	0.	0
(10) ALECE MONTEZ-GRIEGO	1.00	^						U.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(11) VIRGINIA ROMANO	1.00	^						· · ·	••	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) TARIANA NAVAS-NIEVES	1.00							· · ·		
DIRECTOR		x						0.	0.	0.
(13) JOANNE KELLEY	40.00									
EXECUTIVE DIRECTOR				x				97,929.	0.	6,855.
		1								
	1									
		1								
		1								
						1				
		1								
		-	-	-	-	-	-		-	Earm <b>900</b> (2019)

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Form 990 (2018)

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	990 (2018) COLORADO ASSO									71-094	7313		P	Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C						
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck	more rson	than is bot pr/trus	h an	from	(E) Reportable compensatic from related	on d	ar	(F) stimate nount other	of
		(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)	organization (W-2/1099-MIS		fi org an	pensa rom th janizat d relat anizat	ne tion ted
1b	Sub-total								97,929.		0.	. 6,855.		
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 97,929.		0. 0.	0. 6,855.		
2	Total number of individuals (including but n							no r	,	,000 of reportab	le			<u>,</u> 0
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s								highest compensated e			3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a	accrue compei	nsat	ion 1	from	any	/ unr	elat	ted organization or indiv	idual for services	5			
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	ipiete Scheaui	eJī	ors	ucn	pers	son .					5	i	X
1	Complete this table for your five highest co the organization. Report compensation for	-	-								npens	ation	from	
	(A) Name and business		NO						(B) Description of s		C		<b>C)</b> Insatic	
												•		
								_						
								_						
	Total number of independent contractions (	noludina but -	o+ 11	mite	d +-	+6-	00 10			are then				
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	IUT II	riite	α το		se li: 0	stec	a above) who received in	iore trian				
												Form	<b>990</b> (	(2018)

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	990 (			ON OF FUNDERS			71-0947313	Page 9
Pa	rt VII							
		Check if Schedule O conta	ains a response	or note to any line				
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
<u>e</u> n	b	Membership dues	1b					
Am (		Fundraising events						
art		Related organizations						
,s,		Government grants (contributi						
<u>s</u> io		All other contributions, gifts, grant						
hei	•	similar amounts not included abov		278,615.				
ĒĐ	g							
Contributions, Gifts, Grants and Other Similar Amounts	•	Total. Add lines 1a-1f			278,615.			
<u> </u>		Total. Add lines 1a-11		Business Code				
a	0.0	MEMBERSHIP DUES		611710	179,270.	179,270.		
Program Service Revenue				611710				
ue l	-	PROGRAM FEES		011/10	32,891.	32,891.		
e e	С							
Be	d							
<u>5</u>	е							
-	f	All other program service reve						
	g	Total. Add lines 2a-2f		🕨	212,161.			
	3	Investment income (including						
		other similar amounts)		►	7,567.			7,567
	4	Income from investment of tax						
	5	Royalties		🕨 🚺				
		-	(i) Real	(ii) Personal				
	6 a	Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
	7 a	assets other than inventory						
	h	,		+				
	D	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
e		Net gain or (loss) Gross income from fundraising		▶				
en		including \$	of					
sev		contributions reported on line	1c). See					
۳.		Part IV, line 18	a					
Other Revenue	b	Less: direct expenses						
5	с	Net income or (loss) from fund	Iraising events	►				
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	u	and allowances						
	h	Less: cost of goods sold						
ł	C	Net income or (loss) from sales						
ł	4.4	Miscellaneous Revenue	e	Business Code				
	11 a			<u> </u>				
	b			<b>├</b> ──── <b>┤</b>				
	С			<u> </u>				
	d	All other revenue						
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions		►	498,343.	212,161.	0.	/
83200	9 12-31							Form <b>990</b> (2018

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	99,929.	89,936.	5,996.	3,997
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	106,246.	100,711.	5,006.	529
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,732.	12,877.	604.	251
9	Other employee benefits	21,554.	20,061.	1,055.	438
10	Payroll taxes	18,273.	17,209.	752.	312
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	6,728.		6,728.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	11,773.	11,374.	282.	117
12	Advertising and promotion	3,761.	3,649.	79.	33
13	Office expenses	12,619.	10,539.	1,873.	207
14	Information technology	14,073.	13,163.	643.	267
15	Royalties				
16	Occupancy				
17	Travel	6,407.	6,407.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,362.	1,281.	1,051.	30
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEMBER MEETINGS	33,837.	33,837.		
b	PROFESSIONAL DEVELOPMEN	18,412.	17,276.	803.	333
с	DUES & SUBSCRIPTIONS	6,530.	6,043.	344.	143
d	MISCELLANEOUS	629.		629.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	376,865.	344,363.	25,845.	6,657
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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13320819 152235 CAF

**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 disgualified 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 Inventories for sale or use 8 8 8,760. 2,062. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 30 737. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 6,517 b Less: accumulated depreciation \_\_\_\_\_ 10b 15 970. 10c 14,767. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 57,297. 12 12 Investments - program-related. See Part IV, line 11 13 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) ... 498,003, 16 619,914. 14,741. 27,052. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 97,775. 92,925. 19 19 Deferred revenue Tax-exempt bond liabilities 20 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. 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 25 Schedule D 112,516. 119,977. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. 316,462, 301,172. 27 27 Unrestricted net assets 19,025 Temporarily restricted net assets 141,468. 28 28 50,000 57,297. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 385,487. 499,937. Total net assets or fund balances 33 33 498,003. 619,914. Total liabilities and net assets/fund balances\_\_\_\_\_ 34 34 Form 990 (2018)

COLORADO ASSOCIATION OF FUNDERS Part X Balance Sheet

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

4 Accounts receivable, net

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

55,109,

374,056,

50,000.

3,561.

1

2

3

4

(A)

Beginning of year

(B)

End of year

126,490.

377,298.

42,000.

1

2

3

Assets

\_iabilities

**Vet Assets or Fund Balances** 

Form	990 (2018) COLORADO ASSOCIATION OF FUNDERS	71-0947313		Pa	qe <b>12</b>
Pa	t XI Reconciliation of Net Assets				2
	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		498	,343.
2	Total expenses (must equal Part IX, column (A), line 25)	2		376	,865.
3	Revenue less expenses. Subtract line 2 from line 1	3	1:		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		385	,487.
5	Net unrealized gains (losses) on investments	5		-7	,028.
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			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		499	,937.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		x
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	-	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb		
				000	

Form **990** (2018)

**SCHEDULE A** 

(Form 990 or 990-EZ)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2018
Open to Public

		of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			nformation.		Inspection		
Nan	ne of	the organizati		de le minielge			io latoot l		Employer	identification number		
		U		DO ASSOCIATION	OF FUNDERS					1-0947313		
Pa	rt I	Reason	for Public	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions				
		hization is not a A church, cou A school des A hospital or A medical res city, and stat An organizati	a private found nvention of ch cribed in <b>sect</b> i a cooperative search organiz ion operated fo	lation because it is: ( urches, or association ion 170(b)(1)(A)(ii). ( hospital service org- ation operated in co or the benefit of a co	For lines 1 through 12, c on of churches described Attach Schedule E (Forn anization described in <b>se</b> njunction with a hospital	check only d in <b>sectio</b> n 990 or 99 <b>ection 170</b> I described	one box.) in <b>170(b)(</b> 1 90-EZ).) i(b)(1)(A)(ii d in sectio	1)(A)(i). ii). n 170(b)(1)(A)	(iii). Enter			
6				Complete Part II.)	nontal unit described in a	soction 17	70(6)(1)(1)	(4)				
6 7 8 9	X	An organizati <b>section 170(</b> A community An agricultura	ion that norma <b>b)(1)(A)(vi).</b> (C v trust describe al research org	Illy receives a substa omplete Part II.) ed in <b>section 170(b)</b> ganization described	nental unit described in s Intial part of its support f (1)(A)(vi). (Complete Part in section 170(b)(1)(A)( sulture (see instructions).	rom a gov t II.) <b>ix)</b> operate	ernmental ed in conju	unction with a l	and-grant	college		
10		An organizati activities rela income and u	ted to its exen unrelated busir	npt functions - subje ness taxable income	e than 33 1/3% of its sup ct to certain exceptions, (less section 511 tax) fro	and (2) no	o more tha	n 33 1/3% of i	ts support	t from gross investment		
11 12 a b		<ul> <li>See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having</li> </ul>										
c d e		organizatio Type III fur its support Type III no that is not f requiremen Check this	n(s). You mus nctionally inte ed organizatio n-functionally functionally int it (see instruct box if the orga	t complete Part IV, grated. A supportin n(s) (see instructions y integrated. A supp regrated. The organiz- tions). You must cor anization received a	anization vested in the s Sections A and C. g organization operated s). You must complete F porting organization oper zation generally must sat nplete Part IV, Sections written determination fro nally integrated support	in connec Part IV, Se ated in co tisfy a dist <b>s A and D,</b> om the IRS	tion with, a ections A, nnection v ribution re and Part that it is a	and functional <b>D, and E.</b> with its suppor equirement and <b>V.</b>	y integrate ted organi an attent	ed with, zation(s)		
f	Ente	er the number	of supported of	organizations								
g		vide the follow (i) Name of supp organizatior	orted	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi <b>Yes</b>	nization listed ng document? <b>No</b>	(v) Amount of support (see ins	-	(vi) Amount of other support (see instructions)		
Tot:	d l							1		1		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

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### Schedule A (Form 990 or 990-EZ) 2018 COLORADO ASSOCIATION OF FUNDERS

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	195,468.	207,515.	253,170.	335,840.	457,885.	1,449,878.
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	195,468.	207,515.	253,170.	335,840.	457,885.	1,449,878.
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)						154,135.
6	Public support. Subtract line 5 from line 4.						1,295,743.
	ction B. Total Support						_/
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	195,468.	207,515.	253,170.	335,840.	457,885.	1,449,878.
8	Gross income from interest,	,	,	,	,	,	, ,
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	347.	239.	212.	421.	7,567.	8,786.
9	Net income from unrelated business				•		
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	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						1,458,664.
	Gross receipts from related activities,	etc. (see instructio				12	162,002.
	First five years. If the Form 990 is for	•	,	h fourth or fifth ta			
10	organization, check this box and stop	-			-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (			olumn (f))		14	88.83 %
	Public support percentage from 2017					15	94.54 %
	<b>33 1/3% support test - 2018.</b> If the c						
	stop here. The organization qualifies	-					N V
r	<b>33 1/3% support test - 2017.</b> If the c	. ,	0				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
F	10% -facts-and-circumstances tes	-		• • •			
L.	more, and if the organization meets the						
	•				• •		
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	in did hot check a		a, 100, 178, 01 170	, check this box a	nu see instructions	• <b>P</b>

Schedule A (Form 990 or 990-EZ) 2018

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### Schedule A (Form 990 or 990-EZ) 2018 COLORADO ASSOCIATION OF FUNDERS

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 qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			1			
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
	check this box and <b>stop here</b>	0					
Sec	ction C. Computation of Publ						
15	Public support percentage for 2018 (	ine 8, column (f), (	divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
-	ction D. Computation of Invest	-				•	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	<b>33 1/3% support tests - 2018.</b> If the						
	more than 33 1/3%, check this box a						
h	<b>33 1/3% support tests - 2017.</b> If the						and
2	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-11-18	IT ald flot oncor a		a, or 100, 0100K t		edule A (Form 990	
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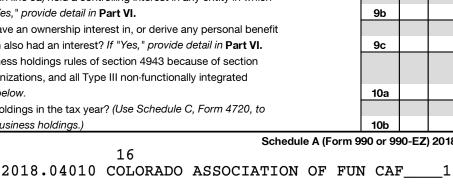
### Part IV Supporting Organizations

(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 (as 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 disgualified 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.)

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Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

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Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	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		
Sec	tion B. Type I Supporting Organizations		Vee	Na
	Did the diverters twetters as markership of one or more supremination base the neurophe		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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
2	organization (s) that operated, supervised, or controlled the supported organization of 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	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	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			
	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	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	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.	3b		
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Schedule A (Form 990 or 990-EZ) 2018	COLORADO	ASSOCIATION	OF	FUNDERS
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Schedule A (Form 990 or 990-EZ) 2018 COLORADO ASSOCIATION OF FUNDERS			71-0947313	Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supportin				
1 Check here if the organization satisfied the Integral Part Test as a qualifying	•		n Part VI.) <b>See ins</b>	tructions. A
other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.		
Section A - Adjusted Net Income		(A) Prior Year	(B) Currer (option	
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			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Currer (option	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other				
factors (explain in detail in <b>Part VI</b> ):				
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			
Section 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			
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			
<ul> <li>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</li> <li>6 Multiply line 5 by .035</li> <li>7 Recoveries of prior-year distributions</li> <li>8 Minimum Asset Amount (add line 7 to line 6)</li> <li>ection C - Distributable Amount</li> <li>1 Adjusted net income for prior year (from Section A, line 8, Column A)</li> <li>2 Enter 85% of line 1</li> <li>3 Minimum asset amount for prior year (from Section B, line 8, Column A)</li> <li>4 Enter greater of line 2 or line 3</li> <li>5 Income tax imposed in prior year</li> <li>6 Distributable Amount. Subtract line 5 from line 4, unless subject to</li> </ul>	5 6 7 8 1 2 3 4 5 6	ted Type III supporting a		Year

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 id 3; Part IV, Section E, lines	11a, 11b, and 11c;   s 1c, 2a, 2b, 3a, and	Part IV, Section B, line d 3b; Part V, line 1; Pa	es 1 and 2; Part IV, Section Int V, Section B, line 1e; P	on C, Part V,
		Sched	dule A (Form 990 or 990	-EZ) 2(
2018.04010	20 COLORADO			-
1	Provide the explanations r C, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 d 3; Part IV, Section E, lines art V, Section E, lines 2, 5, a	20	Provide the explanations required by Part II, line 10; Part II, line 17; A, 40, 45, 58, 69, 99, 90, 118, 119, and 11c; Part IV, Section B, lines 12, 28, 28, and 30; Part V, line 1; Part V, Section E, lines 2, 5, and 6. Also complete this part for any add	Provide the explanations required by Part II, line 10: Part II, line 17 aor 17b: Part II, line 12;  A, 40, 45, 63, 49, 63, 94, 50, 11, 11b, and 11c; Part IV. Section B, line 1 are 12; Part IV. Section E, lines 2, 5, and 6. Also complete this part for any additional information.

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

COLORADO ASSOCIATION OF FUNDERS

## 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

2018

Employer identification number

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<b>A</b>	A	۱.
Organization	type (check one	):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

**Caution:** 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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

13320819 152235 CAF

Page **2** 

COLORADO ASSOCIATION OF FUNDERS

Employer identification number

71-0947313

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	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
4		\$11,500.	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		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018
020402 11-08	22	Schedule B (FORM	330, 330-EZ, 01 330-PF) (2018

2018.04010 COLORADO ASSOCIATION OF FUN CAF\_\_\_\_1

Name of organization

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COLORADO ASSOCIATION OF FUNDERS

Employer identification number

71-0947313

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	, , , , , , , , , , , , , , , , ,	\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    12</u> 823452 11-08		\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018
020402 11-08	23	Schedule B (Form	330, 330-EZ, Or 330-PF) (2018

2018.04010 COLORADO ASSOCIATION OF FUN CAF\_\_\_\_1

13320819 152235 CAF

Name of organization

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COLORADO ASSOCIATION OF FUNDERS

Employer identification number

71-0947313

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	3-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018

13320819 152235 CAF

2018.04010 COLORADO ASSOCIATION OF FUN CAF\_\_\_\_1

1

Name of organization

Employer identification number

COLORADO ASSOCIATION OF FUNDERS

71-0947313

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PROMISE TO GIVE AT YEAR END		
10		\$	12/31/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	PROMISE TO GIVE AT YEAR END		
		\$	12/31/18
(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
		\$	990, 990-EZ, or 990-PF

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art III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional	through (e) and the following line en tharitable, etc., contributions of \$1,000 or	try For orga	c)(7), (8), or (10) that total more than \$1,000 for nizations ear. (Enter this info. once.)
a) No. from Part I	) No. om (b) Purpose of aift (c) Use of aift			(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gi nd ZIP + 4		ionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gi		cionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gi		ionship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gi		ionship of transferor to transferee

SCHEDULE C Political Campaign and Lobbying Activities						OMB No. 1545-0047	
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527						
Department of the Treasury Internal Revenue Service		if the organization is described l Go to www.irs.gov/Form990 for ir			}90-EZ.	Open to Public Inspection	
If the organization answ	vered "Yes," or	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	e 46 (Political Camp	baign Ac	ctivities), then	
		nplete Parts I-A and B. Do not com	•				
<ul> <li>Section 501(c) (other</li> </ul>	than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Pa	rt I-B.		
<ul> <li>Section 527 organiza</li> </ul>	•						
-	-	n Form 990, Part IV, line 4, or For					
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that	have filed Form 5768 (election und	ler section 501(h)): Co	mplete Part II-A. Do	not com	plete Part II-B.	
		have NOT filed Form 5768 (election	•			•	
-		n Form 990, Part IV, line 5 (Proxy	Tax) (see separate ir	nstructions) or Form	ז 990-E7	Z, Part V, line 35c (Proxy	
Tax) (see separate instr	uctions), then						
	, or (6) organiza	tions: Complete Part III.					
Name of organization					Employ	er identification number	
Part I-A Comple		SSOCIATION OF FUNDERS				71-0947313	
2 Political campaign a	ctivity expendit	zation's direct and indirect political cures ign activities			.►\$		
		ganization is exempt unde					
		incurred by the organization under					
2 Enter the amount of	any excise tax	incurred by organization managers	s under section 4955		.▶\$_		
		on 4955 tax, did it file Form 4720 fo					
4a Was a correction m	ade?					Yes No	
b If "Yes," describe in		· · · · · · · · · · · · · · · · · · ·	<b>501</b> (-)			(0)	
-		panization is exempt unde		-		(3).	
	• •	d by the filing organization for section			.►\$_		
		ization's funds contributed to othe			<b>.</b> .		
					.►\$_		
	•	s. Add lines 1 and 2. Enter here and	,		⊅ €		
		1120-POL for this year?					
		nployer identification number (EIN)					
				e e			
	made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a						
	•	additional space is needed, provid					
(a) Name		(b) Address	(c) EIN	(d) Amount paid f		(e) Amount of political	

<b>(a)</b> Name	<b>(b)</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. LHA Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

Schedule C (	Form 990 or	990-EZ) 2018	COLORADO	ASSOCIATION	OF	FUNDERS

Part II-A

A Check

\_

B Check

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).				
if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,				
expenses, and share of excess lobbying expenditures).	expenses, and share of excess lobbying expenditures).			
if the filing organization checked box A and "limited control" provisions apply.				
Limits on Lobbying Expanditures	<b>(a)</b> Filing	(b) Affiliated group		

		eans amounts paid or incurred.)	organization's totals	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)	4,588.	
с	Total lobbying expenditures (add lines 1a and	d 1b)	4,588.	
d	Other exempt purpose expenditures		372,277.	
е	e Total exempt purpose expenditures (add lines 1c and 1d)		376,865.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	75,373.	
	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)	18,843.	
h	h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i	i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j	If there is an amount other than zero on eithe	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)

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

#### 

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total	
2a Lobbying nontaxable amount	48,950.	51,687.	55,525.	75,373.	231,535.	
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					347,303.	
<b>c</b> Total lobbying expenditures	1,496.	2,342.	9,176.	4,588.	17,602.	
<b>d</b> Grassroots nontaxable amount	12,238.	12,922.	13,881.	18,843.	57,884.	
<ul> <li>e Grassroots ceiling amount (150% of line 2d, column (e))</li> </ul>					86,826.	
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

71-0947313

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#### 71-0947313 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)).

of the lobbying activity.       Yes       No       Amount         1       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:       Image: Complex Co	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
total legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:       Image: Comparison of the comparison	of the lobbying activity.	Yes	No	Amo	ount	
or referendum, through the use of:         Volunteers?         Volunteers?         Volunteers?         Velunteers?         Velunteersers         Velunteersers	1 During the year, did the filing organization attempt to influence foreign, national, state, or					
a Volunteers?   b Pad staff or management (include compensation in expenses reported on lines 1c through 11)?   c Media advertisements?   d Malings to members, legislators, or the public?   e Publications, or published or broadcast statements?   g Grants to other organizations for lobbying purposes?   g Direct contact with legislators, their staffs, government officials, or a legislative body?   h Railles, demonstrations, seminars, conventions, speeches, loctures, or any similar means?   i Other activities?   j Total. Add lines 1c through 11   2a Id the activities in line 1 cause the organization to be not described in section 501(c)(3)?   b If 'Yes,' enter the amount of any tax incurred under section 4912   c If 'Yes,' enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6).   Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).   Y Were substantially all (90% or more) dues received nondeductible by members?   1 Oth the organization and only in throuse lobbying appenditures of 52,000 or less?   2 Did the organization make only in-house lobbying and political campaign attivy expenditures from the prior year?   2 Did the organization agree to carry over lobbying and political campaign attivy expenditures for 10.0(c)(6), or section 501(c)(5), or section 501(c)(6), or section 501(c)(6	local legislation, including any attempt to influence public opinion on a legislative matter					
b Paid staff or management (include compensation in expenses reported on lines 1c through 11)?						
c Media advertisements? d Malings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for tobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Ralles, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? i Total. Add lines 1c through 1i 2a Did the activities? i Total. Add lines 1c through 1i 2a Did the activities? i Total add lines 1c through 1i 2a Did the activities? i Total. Add lines 1c through 1i 2a Did the activities? i Total. Add lines 1c through 1i 2a Did the activities? i Total. Add lines 1c through 1i 2a Did the activities? i Total. Add lines 1c through 1i 2a Did the organization incurred a section 4912 the line form 4720 for this year? I IFA III-A Complete If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). I Vers substantially all (90% or more) dues received nondeductible by members? I 1 2	a Volunteers?					
d Mailings to members, legislators, or the public?						
e Publications, or published or broadcast statements?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?       Image: constraints and seminars, conventions, speeches, lectures, or any similar means?         i Other activities?       Image: constraints, conventions, speeches, lectures, or any similar means?       Image: constraints, conventions, speeches, lectures, or any similar means?         2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?       Image: constraints, conventions, speeches, lectures, or any similar means?         bit "Yes," enter the amount of any tax incurred by organization managers under section 4912       Image: constraints, conventions, speeches, lectures, or any similar means?         et If "Yes," enter the amount of any tax incurred by organization managers under section 4912       Image: constraints, conventions, speeches, lectures, or any similar means?         et If "Yes," enter the amount of any tax incurred by organization managers under section 501(c)(4), section 501(c)(5), or section 501(c)(6).         1       Under substantially all (80% or more) dues received nondeductible by members?       1         2       Did the organization make only in-house lobbying and political campaind activity expenditures from the prior year?       3         2       Did the organization area by organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), or section 501(c)(6), are section 501(c)(6), are section 501(c)(6), are section 501(c)(6), or section 501(c)(6), or section 501(c)(6), are section 501(c)(6), are section 501(c)(6), are section 527(1) tax was paid).         2						
h Ralles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
Other activities?     Total. Add lines to through 1i     Total. Add lines total add lines to through 1i     Total. A						
f Total. Add lines 1c through 1i     a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?     b If "Yes," enter the amount of any tax incurred by organization managers under section 4912     d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?     Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section     501(c)(6).     Yes No     1     Vere substantially all (90% or more) dues received nondeductible by members?     1     Did the organization acke only in-house lobbying expenditures of \$2,000 or less?     Did the organization acke only in-house lobbying and political campaign activity expenditures from the pior year?     Did the organization acke only in-house lobbying and political campaign activity expenditures from the pior year?     Did the organization acke only in-house lobbying and political campaign activity expenditures from the pior year?     Did the organization acke only in-house lobbying and political campaign activity expenditures from 501(c)(5), or section     501(c)(6), or section     501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."     Dues, assessments and similar amounts from members     Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).     Current year     D Carryover from last year     Total     Agregate amount reported in section 603(e)(1)(A) notices of nondeductible lobbying and political expenditures (see instructions).     Section 162(e) dues     d     If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions).     Section 50 (secord f) maret 1, hine 1; Part H2, line 4; Part H2, line 5; Par						
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?       Image: Section 1 Sectin 1 Section 1 Section 1 Section						
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?       Image: Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).         Yees No       1       Yes No         1       1       1         2       1       1         3       1       1         4       1       1         5       2       1         2       1       1         2       1       1         2       1       1         2       1       1         2       1       1         3       1       1         4       term organization arge to carry over lobbying and political expanditures of \$2,000 or less?       2         3       Did the organization arge to carry over lobbying and political expanditures of \$2,000 or less?       3         1       Dues, assessments and similar amounts from members       1         2       Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditure lobbying and political expenditures (do not include amounts of political expenditure year         2       2       2       2         3       Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
Part III-A       Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section         1       Vere substantially all (90% or more) dues received nondeductible by members?       1       1         2       Did the organization make only in-house lobbying expenditures of \$2,000 or less?       3       1         2       Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?       3       1         2       Did the organization is exempt under section 501(c)(5), or section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."       1         1       Dues, assessments and similar amounts from members       1       1         2       Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).       1         2       Current year       2a       2b       2c         3       Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues       3         4       If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carry over to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)       5         Fart IV       Suppelemental Information       5	c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
501(c)(6).       Yes       No         1       Were substantially all (90% or more) dues received nondeductible by members?       1 <td>d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</td> <td></td> <td></td> <td></td> <td></td>	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Yes       No         1       Were substantially all (90% or more) dues received nondeductible by members?       1         2       Did the organization make only inhouse lobbying expenditures of \$2,000 or less?       2         3       Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?       3         Part III-B       Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6), and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."         1       Dues, assessments and similar amounts from members       1         2       Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).       1         2       Current year       2a         b       Carnyover from last year       2b         c       Total       2c         3       Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues       3         4       If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)       4         Faxable amount of lobbying and political expenditures (see instructions)       5       5		on 501(c)	(5), or se	ection		
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Instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1 THROUGH MEETINGS WITH CONGRESSIONAL REPRESENTATIVES IN DENVER, SOCIAL MEDIA, EMAILS TO CONGRESSIONAL STAFF AND COMMUNITY FOUNDATION MEMBERS, THE	Part IV Supplemental Information					
PART I-A, LINE 1 THROUGH MEETINGS WITH CONGRESSIONAL REPRESENTATIVES IN DENVER, SOCIAL MEDIA, EMAILS TO CONGRESSIONAL STAFF AND COMMUNITY FOUNDATION MEMBERS, THE	Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1 a	and 2 (see		
THROUGH MEETINGS WITH CONGRESSIONAL REPRESENTATIVES IN DENVER, SOCIAL MEDIA, EMAILS TO CONGRESSIONAL STAFF AND COMMUNITY FOUNDATION MEMBERS, THE						
MEDIA, EMAILS TO CONGRESSIONAL STAFF AND COMMUNITY FOUNDATION MEMBERS, THE						
	·					
ORGANIZATION ATTEMPTED TO INFLUENCE PASSAGE OF FEDERAL AND STATE	MEDIA, EMAILS TO CONGRESSIONAL STAFF AND COMMUNITY FOUNDATION MEMBERS, THE					
	ORGANIZATION ATTEMPTED TO INFLUENCE PASSAGE OF FEDERAL AND STATE					

LEGISLATION DESIGNED TO INCREASE CHARITABLE GIVING.

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Page 3

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Nam	e of the organization	Employer identification number
Do	COLORADO ASSOCIATION OF FUNDERS	71-0947313
Pa		ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6. (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	ndo
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	
6	are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
0	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
-	Preservation of land for public use (e.g., recreation or education)	v important land area
	Protection of natural habitat	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	inization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
-	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	tion easements during the year
7	Amount of expanses insurred in menitoring, inspecting, handling of violations, and enforcing concervation of	ecomente during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e \$	asements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(	
Ū	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
•	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	
	conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2018
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Sche	dule D (Form 990) 2018 COLORADO AS	SSOCIATION OF FU	NDERS				7	1-09473	313	P	age <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, His	storical Tr	easures,	or Othei	r Simila	r Asse	ts(contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following the	at are a sig	nificant u	se of its	collectio	n iterr	IS
	(check all that apply):										
а	Public exhibition d Loan or exchange programs										
b	Scholarly research e 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 organizat	ion's exem	pt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of								-		-
_	to be sold to raise funds rather than to be ma								Yes		No
Par	<b>t IV</b> Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	n answered	"Yes" on F	<sup>-</sup> orm 990,	Part IV,	line 9, oi	•	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	<sup>r</sup> contribution	is or other as	ssets not ir	ncluded				
	on Form 990, Part X?								Yes		] No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance						1f		_		_
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization an	swered	I "Yes" on Fo							
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (c	<b>d)</b> Three ye	ars back	(e) Fou	years	back
	Beginning of year balance	50,000.									
b	Contributions	10,000.		50,000.							
	Net investment earnings, gains, and losses	-2,703.									
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance	57,297.		50,000.							
2	Provide the estimated percentage of the cur	rent year end baland		1g, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment 100.00	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organization	ation th	at are held a	nd administe	ered for the	e organiza	ation	1	V	
	by:								0-(1)	Yes X	No
	(i) unrelated organizations								3a(i)	Δ	x
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	tiona listad as requir		Cobodulo D0					3a(ii)		~
									3b		i
	Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.										
1 41	Complete if the organization answere		) Dart l	V line 11a S	See Form 00	0 Part X li	ine 10				
	Description of property	(a) Cost or o		ri	or other	· · ·	cumulated	4		k volu	
	Description of property	basis (investr		basis			reciation	1	( <b>d)</b> Boo	ix valu	G
19	Land			240/0	(						
	Buildings										
	Leasehold improvements										
	Equipment										
	Other				30,737.		15,9	970.		14	,767.
	Add lines 1a through 1e. (Column (d) must e		X. colu	mn (B) line 1	,	1	,-				,767.
			, 00101		- •••/		<u> </u>	chedule	D (Form		,
							3	Sheaule			, 2010

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN ASSETS HELD BY		
(B) OTHERS	57,297.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	57,297.	

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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.

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

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

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

#### Schedule D (Form 990) 2018

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Sche	edule D (Form 990) 2018 COLORADO ASSOCIATION OF FUNDERS		71-0947313	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (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 <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		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 Sta	tements With Exp	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
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:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	5	
Pa	rt XIII Supplemental Information.			
-				1.3/1

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

PART V, LINE 4:

TO SUPPORT THE GENERAL OPERATIONS AND PROGRAMS OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL TAX AUDITS ON ITS

FORM 990 BY TAXING AUTHORITIES FOR FISCAL YEARS ENDING PRIOR TO DECEMBER

31, 2015. THE YEARS SUBSEQUENT TO THIS YEAR CONTAIN MATTERS THAT COULD BE

SUBJECT TO DIFFERING INTERPRETATIONS OF APPLICABLE TAX LAWS AND

REGULATIONS. ALTHOUGH THE OUTCOME OF TAX AUDITS IS UNCERTAIN, THE

ORGANIZATION BELIEVES NO ISSUES WOULD ARISE.

832054 10-29-18

Schedule D (Form 990) 2018

Part XIII | Supplemental Information (continued)

Schedule D (Form 990) 2018

832055 10-29-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



1

Employer identification number 71-0947313

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

INFORMATION AND RESOURCES TOGETHER. OUR WORK FOCUSES ON EDUCATION, PEER

COLORADO ASSOCIATION OF FUNDERS

LEARNING NETWORKS AND ADVOCACY WITH THE OVERALL AIM OF STRENGTHENING

THE STATEWIDE PHILANTHROPIC SECTOR THAT SUPPORTS NONPROFITS AND

COMMUNITIES THROUGHOUT COLORADO.

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

COLORADO. OUR GRANT PROCEEDS MORE THAN DOUBLED IN 2018, LARGELY BECAUSE

OF THE COMMITMENT OF TEN MEMBERS TO FUND A FULL-TIME POSITION TO BUILD

AND FACILITATE A RURAL FUNDERS LEARNING NETWORK.

SOME OF OUR OTHER ACTIVE PEER GROUPS INCLUDE THE LEADERSHIP FORUM FOR

CEOS, THE COMMUNITY FOUNDATION CEO NETWORK, IMPACT INVESTING FORUM,

SMALL FUNDERS NETWORK, EARLY CHILDHOOD FUNDERS NETWORK AND THE EARLY

CHILDHOOD MENTAL HEALTH FUNDERS NETWORK. HUMAN RESOURCES/OPERATIONS

STAFF AND EXEC ADMIN STAFF ALSO MEET REGULARLY TO COMPARE NOTES AND

LEARN ABOUT NEW DEVELOPMENTS. WE'VE FOUND THE CULTIVATION OF THESE

NETWORKS TO BE ONE OF THE MOST PROMISING STRATEGIES FOR FULFILLING OUR

MISSION. THESE MEANINGFUL CONNECTIONS AMONG FUNDERS ALLOW FOR SHARING

BEST PRACTICES, OPPORTUNITIES AND LESSONS LEARNED; COORDINATING

PRESENCE IN COMMUNITIES; AND, WHEN APPROPRIATE, COLLABORATION.

COLORADO ASSOCIATION OF FUNDERS CONTINUES TO ENHANCE ITS ABILITY TO

ADVOCATE STRATEGICALLY FOR THE SECTOR, RECEIVING HIGH MARKS IN A

NATIONAL ASSESSMENT OF OUR CAPACITY TO ENGAGE IN PUBLIC POLICY. AMONG

THE KEY ACTIVITIES IN 2018:

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18

35 2018.04010 COLORADO ASSOCIATION OF FUN CAF\_

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization COLORADO ASSOCIATION OF FUNDER	۱۶	Employer identification number 71-0947313
- THE PUBLIC POLICY COMMITTEE AND BOARD'S BACKING C	)F AN ANNUAL POLICY	
AGENDA THAT INCLUDED NEW POSITIONS IN FAVOR OF A FA	AIR AND ACCURATE	
DECENNIAL CENSUS COUNT AND SUPPORT FOR A VARIETY OF	F EXISTING AND NEW	
STATE TAX CREDITS;		
- THE CREATION OF THE JOSEPH NORD IGNAT MEMORIAL EN	NDOWED FUND (INVESTED	
AT COMMUNITY FIRST FOUNDATION) WHOSE PROCEEDS WILL	GO TOWARD SUPPORTING	
AN ANNUAL POLICY-RELATED ACTIVITY FOR MEMBERS;		
- CEO TESTIMONY (ALONG WITH OTHER MEMBER CEOS) AT S	STATE CAPITOL IN	
FAVOR OF LEGISLATION ENCOURAGING CHARITABLE GIVING;	,	
- JOINT ADVOCACY DAY AT THE STATE CAPITOL IN PARTNE	RSHIP WITH NONPROFIT	
ORGANIZATIONS, PLUS MEMBER CONVENING WITH GOVERNOR	AT ANNUAL MEETING;	
- WRITTEN COMMENTS TO THE IRS/TREASURY ON PENDING F	RULES;	
- LEADING DIVERSE ANNUAL DELEGATION OF COLORADO FOU	INDATION EXECUTIVES	
TO WASHINGTON FOR FOUNDATIONS ON THE HILL VISITS WI	TH ALL OF OUR	
SENATORS AND REPRESENTATIVES IN CONGRESS. THESE MEE	TINGS EMPHASIZED THE	
SECTOR'S SIGNIFICANT SUPPORT OF COMMUNITIES THROUGH	HOUT COLORADO, CALLED	
FOR SPECIFIC FIXES TO THE RECENT TAX OVERHAUL THAT	NEGATIVELY AFFECTED	
OUR SECTOR, WHILE ALSO URGING LAWMAKERS TO SUPPORT	THE CONTINUED	
ENFORCEMENT OF CURRENT LAW THAT BARS 501(C)(3) CHAF	ITABLE ORGANIZATIONS	
FROM ENDORSING, OPPOSING OR CONTRIBUTING TO POLITIC	CAL CANDIDATES OR	
ENGAGING IN PARTISAN CAMPAIGN ACTIVITIES.		
OTHER 2018 ACCOMPLISHMENTS INCLUDE:		
- COLLABORATION WITH SEVERAL ORGANIZATIONS TO COMMI	SSION A STATEWIDE	
ECONOMIC IMPACT REPORT THAT ALLOWS US TO BETTER EXH	PLAIN THE SECTOR'S	
CONTRIBUTIONS TO POLICYMAKERS, THE MEDIA AND THE PU	JBLIC;	
- WITH INPUT FROM A COHORT OF 12 FOUNDATION AND NON	NPROFIT LEADERS, WE	
832212 10-10-18	36	Schedule O (Form 990 or 990-EZ) (2018)
320819 152235 CAF 2018.0		SSOCIATION OF FUN CAF 1

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2 Employer identification number
COLORADO ASSOCIATION OF FUNDERS	71-0947313
PUBLISHED "EXPLORING OPENNESS." THE REFLECTIONS INSPIRED THE 2018 THEME	
FOR THE ANNUAL C(3) FORUM CONVENING HUNDREDS OF PROFESSIONALS AROUND	
THE TOPIC OF STRENGTHENING RELATIONSHIPS AND PROVIDING FEEDBACK. THE	
OVERALL GOAL OF THIS ALL-DAY CONFERENCE IS TO BRING TOGETHER FUNDERS	
AND NONPROFITS TO BUILD CONNECTIONS AND INCREASE UNDERSTANDING. WE	
PRESENT THE ALL-DAY PROGRAM EVERY YEAR IN PARTNERSHIP WITH COLORADO	
NONPROFIT ASSOCIATION AND COMMUNITY RESOURCE CENTER;	
- OUR STRONG CONNECTIONS WITH NATIONAL AND REGIONAL ORGANIZATIONS HAVE	
ALSO ALLOWED US TO COLLABORATE ON MANY EDUCATIONAL OFFERINGS AND	
CONVENINGS;	
- 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;	
- 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;	
- CONTINUED OUR WORK WITH UNITED PHILANTHROPY FORUM ON NEW WEBSITE	
DESIGN AND DEVELOPMENT AND INTEGRATION WITH OTHERS DATABASES TO LAUNCH	
IN 2019;	
- DISTRIBUTED UPDATES AND INFORMATION TO MEMBERS THROUGH EMAIL AND	
LISTSERV COMMUNICATIONS ON POLICY MATTERS, NEWS AND PROGRAMMING;	
- ASSISTED MEMBERS WITH INDIVIDUAL REQUESTS FOR INFORMATION AND	
RESOURCES THROUGH INDIVIDUAL MEETINGS, PHONE CALLS AND EMAIL	
COMMUNICATIONS;	
- PRODUCED ANNUAL REPORTS ON COLORADO FOUNDATION AND INDIVIDUAL	
CHARITABLE GIVING DATA.	
FORM 990, PART VI, SECTION A, LINE 6:	
832212 10-10-18 37	Schedule O (Form 990 or 990-EZ) (2018

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization COLORADO ASSOCIATION OF FUNDERS	Employer identification number 71-0947313
THE ORGANIZATION'S MEMBERS ARE PRIVATE, COMMUNITY, OPERATING AND SUPPORTING	
FOUNDATIONS, CORPORATE GRANTMAKERS, GOVERNMENT AGENCIES, DONOR-ADVISED	
FUNDS, 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.	
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: 832212 10-10-18 Sche 38	dule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
COLORADO ASSOCIATION OF FUNDERS	71-0947313

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.

Schedule O (Form 990 or 990-EZ) (2018)

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(Rev. January 2019)

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

Entor filor's identifying number

Department of the Treasury Internal Revenue Service

>	Filo a	sonarato	application	for each	return
	i iie a	Separate	application	IUI Cauli	i etui ii.

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					er sidentifynng nu	IIIDEI
Type or				Employer identification number (EIN) or		
print					71-0947313	
File by the	date for Number, street, and room or suite no. If a P.O. box, see instructions. Soci				Social security number (SSN)	
filing your						
return. See instructions.	City, town or post office, state, and ZIP code. For a	foreign add	Iress, see instructions.			
	ARVADA, CO 80003	-				
Enter the	Return Code for the return that this application is for (f	ile a separa	ate application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	ŀBL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	ŀPF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	THE ORGANIZATION					
	poks are in the care of ► 5855 WADSWORTH BYPASS	5, NO. A	- ARVADA, CO 80003			
	none No.  720-842-7209		Fax No. 🕨			
	organization does not have an office or place of busines					
<ul> <li>If this</li> </ul>	is for a Group Return, enter the organization's four digit					
box 🕨	If it is for part of the group, check this box $igstarrow$	_ and atta	ach a list with the names and EINs o	f all memb	ers the extension i	is for.
	quest an automatic 6-month extension of time until			e the exen	npt organization re	turn for
	organization named above. The extension is for the org	ganization's	s return for:			
	x calendar year <u>2018</u> or					
	tax year beginning	, an	id ending		·	
2 If th	he tax year entered in line 1 is for less than 12 months,	check reas	on: Initial return	Final retur	'n	
	Change in accounting period					
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	0 or 6069	enter the tentative tax less			
	nonrefundable credits. See instructions.	0, 01 0003,		3a	s	0.
	his application is for Forms 990-PF, 990-T, 4720, or 606	9 enter an	v refundable credits and	54	Ψ	••
	imated tax payments made. Include any prior year over		-	Зb	\$	0.
	ance due. Subtract line 3b from line 3a. Include your p				Ψ	
	ng EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.
	If you are going to make an electronic funds withdrawa				Ŧ	-
instructio				,		o payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice	. see instr	uctions.		Form <b>8868</b> (F	Rev. 1-2019)
		, _ <b></b>				

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