EIDE BAILLY LLP 2950 E. HARMONY RD., STE. 290 FORT COLLINS, CO 80528-3429

> THE WOMEN'S FOUNDATION OF COLORADO 1901 EAST ASBURY AVENUE DENVER, CO 80208

HishHisseldHissladadh

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CLIENT'S COPY



**CPAs & BUSINESS ADVISORS** 

November 20, 2024

The Women's Foundation of Colorado 1901 East Asbury Avenue Denver, CO 80208 Attention: Lauren Y. Casteel

Dear Lauren:

Enclosed is the 2023 Exempt Organization return, as follows...

2023 Form 990

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state where you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Kyle Fritch, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

March 31, 2024

#### **Prepared For:**

The Women's Foundation of Colorado 1901 East Asbury Avenue Denver, CO 80208

#### **Prepared By:**

Eide Bailly LLP 2950 E. Harmony Rd., Ste. 290 Fort Collins, CO 80528-3429

#### Amount Due or Refund:

Not applicable

#### Make Check Payable To:

Not applicable

### Mail Tax Return and Check (if applicable) To:

Not applicable

### Return Must be Mailed On or Before:

Not applicable

### **Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

(Rev. January 2024)

## Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

#### File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

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

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.

<u>must use</u>	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
<u>Part I - Id</u>	lentification					
Type or	Name of exempt organization, employer, or other filer	Taxpayer identification number (TIN				
Print	THE WOMEN'S FOUNDATION OF C		84-1039305			
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1901 EAST ASBURY AVENUE	ee instruct	ions.			
instructions.	City, town or post office, state, and ZIP code. For a for DENVER, CO 80208	oreign addi	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			01
Application	on Is For	Return	Application Is For			Return
<b></b>	000 57	Code				Code
	or Form 990-EZ	01	Form 4720 (other than individual)			09
	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990	-T (trust other than above)	06	Form 5330 (individual)			13
Form 990	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	1-A	08				
<ul> <li>After yo</li> </ul>	ou enter your Return Code, complete either Part II or Par	t III. Part II	I, including signature, is applicable o	nly for an	extension of	
time to file	e Form 5330.					
<ul> <li>If this a</li> </ul>	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
Plai	n Name					
	n Number					
Plai	n Year Ending (MM/DD/YYYY)					
Part II - Au	utomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
	ooks are in the care of <b>TOMMIE MAILEY</b>	•	ł.			
		AVENU	JE – DENVER, CO 802	08		
Telenh	none No. 303-285-2960		Fax No			
	brganization does not have an office or place of business	in the Lini				
	is for a Group Return, enter the organization's four-digit (					
	. If it is for part of the group, check this box					
box [						
	quest an automatic 6-month extension of time until			e the exem	ipt organizatior	return for
the	organization named above. The extension is for the organization	anization's	return for:			
	calendar year 20 or				1	24
X	tax year beginning APR 1	, 20 <u>.</u>	2.3 , and ending	MAR 3	L	, 20 <b>24</b>
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period					
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less		•	0
	nonrefundable credits. See instructions.			<u>3a</u>	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa				Ψ	••
	ng EFTPS (Electronic Federal Tax Payment System). See	-		3c	\$	0.

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

			** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fro		ocome Tax	OMB No. 1545-0047
For	<b>_ Q</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			<b>2023</b>
1 011		00	Do not enter social security numbers on this form as it n		Open to Public	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
<u>A</u> F	or th	e 2023 calend	ar year, or tax year beginning $ { m APR} 1$ , $ 2023 $ and end	ing M	AR 31, 2024	
B c	heck if	le: C Name of	organization		D Employer identific	ation number
_	Addre		WOMEN'S FOUNDATION OF COLODADO			
	chang Name		WOMEN'S FOUNDATION OF COLORADO		84-103930	15
F	chang  nitial  return		and street (or P.O. box if mail is not delivered to street address)	m/suite	E Telephone number	
	Final return	1901	EAST ASBURY AVENUE	III/ Juito	303-285-2	960
	termir		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,727,358.
	Amen return	DEINA	ER, CO 80208		H(a) Is this a group re	turn
	Applic tion pendi		nd address of principal officer: LAUREN Y. CASTEEL		for subordinates?	
	-	SAME .	AS C ABOVE		H(b) Are all subordinates inc	
		empt status:		527		ist. See instructions
	Vebsi	<b>te:</b> WWW • f organization:	WFCO.ORG X Corporation Trust Association Other	I Veen	H(c) Group exemption	
	orm o art l	Summary		L Year (		State of legal domicile: CO
	1		e the organization's mission or most significant activities: CATALY2	ZING	COMMUNITY T	O ADVANCE
Ce	.	AND ACC	ELERATE ECONOMIC OPPORTUNITIES FOR C	OLOR	ADO WOMEN AN	ND THEIR
Governance	2	Check this box				
ver	3	Number of vot	ing members of the governing body (Part VI, line 1a)			22
	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)			22
se 8	5	Total number	of individuals employed in calendar year 2023 (Part V, line 2a)		16	
vitie	6		of volunteers (estimate if necessary)			108
Activities &			d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
		<b>A</b>			Prior Year	Current Year 5,526,591.
ne	8		and grants (Part VIII, line 1h)		5,839,459.	<u> </u>
Revenue	9	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		821,057.	808,725.
Be	10		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-194,492.	-216,793.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,466,024.	6,118,523.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		2,762,112.	3,802,703.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
s	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		2,077,242.	2,234,972.
nse	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b		ng expenses (Part IX, column (D), line 25) 481, 482.	•		
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		905,023.	1,094,976.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,744,377.	7,132,651.
	19	Revenue less	expenses. Subtract line 18 from line 12		721,647.	-1,014,128.
Net Assets or					ginning of Current Year	End of Year
sset	20	Total assets (F			32,423,293.	34,082,156.
let A ind F	21		(Part X, line 26)		840,252. 31,583,041.	<u>808,824.</u> 33,273,332.
₽       22 Net assets or fund balances. Subtract line 21 from line 20       31,583,041.         Part II       Signature Block				51,505,041.	55,615,556.	
		-	declare that I have examined this return, including accompanying schedules and	stateme	nts and to the hest of my	knowledge and helief it is
onu						

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			Date			
-	LAUREN Y. CASTEEL, PRESIDI	ENT/CEO					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN		
Paid	KYLE FRITCH, CPA	KYLE FRITCH, (	CPA 11/20	/24 self-employed	P01313374		
Preparer	Firm's name EIDE BAILLY LLP			Firm's EIN 45-	0250958		
Use Only	Firm's address 2950 E. HARMONY R	D., STE. 290					
	FORT COLLINS, CO	80528-3429		Phone no. 970 -	223-8825		
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🔲 No						
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332	001 12-21-23		Form <b>990</b> (2023)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) THE WOMEN'S FOUNDATION OF COLORADO 84-1039305 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CATALYZING COMMUNITY TO ADVANCE AND ACCELERATE ECONOMIC OPPORTUNITIES
	FOR COLORADO WOMEN AND THEIR FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,036,919. including grants of \$ 707,422. ) (Revenue \$ )
	COMMUNITY INVESTMENTS AND GRANTS - WFCO IMPROVES ECONOMIC OUTCOMES FOR
	WOMEN AND THEIR FAMILIES THROUGHOUT COLORADO BY INVESTING IN
	ORGANIZATIONS THAT HELP WOMEN INCREASE THEIR INCOME AND ADVANCE TOWARD
	ECONOMIC SECURITY. WITH GRANTS MADE THROUGH THE WFCO ENDOWMENT AND
	SEVERAL DONOR-ADVISED FUNDS, WFCO INVESTED IN DIRECT-SERVICES THAT
	PROVIDE JOB TRAINING PROGRAMS, SUPPORT FOR SECURING AND MAINTAINING
	EMPLOYMENT, AND HOLISTIC SERVICES TO MEET THE NEEDS OF WOMEN AND THEIR
	FAMILIES.
4b	(Code:) (Expenses \$ 2,600,288. including grants of \$ 2,276,225. ) (Revenue \$)
	DONOR-DRIVEN GRANTMAKING AND PHILANTHROPY - THE WOMEN'S FOUNDATION OF
	COLORADO (WFCO) HOLDS A NUMBER OF GIVING VEHICLES THAT ASSIST
	INDIVIDUALS AND GROUPS OF INDIVIDUALS IN THEIR PHILANTHROPIC GOALS TO
	PROMOTE PHILANTHROPY BY AND FOR WOMEN. THESE FUNDS INCLUDE
	DONOR-ADVISED FUNDS, FIELD OF INTEREST FUNDS, GROUP-ADVISED FUNDS, AND
	GIVING CIRCLES. WFCO STAFF CONDUCTS DUE DILIGENCE ON EACH GRANTMAKING
	RECOMMENDATION MADE BY FUND HOLDERS WHICH IS MONITORED BY THE BOARD.
	ON OCCASION, FUND ADVISORS CO-INVEST IN WFCO'S COMMUNITY INVESTMENTS
	AND GRANT PUBLIC POLICY SUPPORT.
4c	(Code:) (Expenses \$527,256. including grants of \$164,625. ) (Revenue \$)
	PUBLIC POLICY SUPPORT - WFCO ADVOCATES FOR PUBLIC POLICIES THAT IMPROVE
	OPPORTUNITIES FOR COLORADO WOMEN AND FAMILIES TO ACHIEVE ECONOMIC
	SECURITY BY ADDRESSING ROOT CAUSES OF POVERTY AND JOB TRAINING, ACCESS
	TO CHILDCARE AND PAY EQUITY. IN PURSUIT OF THESE PUBLIC POLICY
	PRIORITIES, WFCO AWARDS GRANTS TO PUBLIC POLICY ORGANIZATIONS WITH
	ALIGNED GOALS ADVANCING GENDER, RACIAL, AND ECONOMIC EQUITY. WFCO ALSO
	EDUCATES COMMUNITY MEMBERS ABOUT OUR PUBLIC POLICY PRIORITIES AND HOW
	TO ENGAGE IN ADVOCACY.

 4d
 Other program services (Describe on Schedule O.)

 (Expenses \$ 1,334,762. including grants of \$ 654,431.) (Revenue \$ )

 4e
 Total program service expenses
 5,499,225.

Form **990** (2023)

	000	(0000)
⊢orm	990	(2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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		X
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
_	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		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d	х	
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	- 23	x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 23
•	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			
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	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
 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Form	990	(2023)
	330	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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		X
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)?	<u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O           ttv         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 0				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4 -	Enter the number reported in boy 2 of Form 1000. Enter 0, if not employed a $1 - 7$		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	and and anguine and reportable yaining managements of reportable payments to vendors and reportable garming			

(gambling) winnings to prize winners?

Х 1c

	990 (2023) THE WOMEN'S FOUNDATION OF COLORADO		84-1039	305	P	Page 5
Fa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				1	<b>—</b>
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1.0			
	filed for the calendar year ending with or within the year covered by this return	<b>2</b> a	16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	<u> </u>
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccoun	t)?	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 A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5</u> a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nization 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 contributi	ons 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 ser	vices p	rovided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the	9			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					

17	Section 501(c)(21) organizations. Did the trust, or any disculatified or other person engage in any activities	
	If "Yes," complete Form 4720, Schedule O.	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	
	If "Yes," see the instructions and file Form 4720, Schedule N.	

excess parachute payment(s) during the year?

15

16

17

Х

Х

Form	990	(2023)

#### THE WOMEN'S FOUNDATION OF COLORADO

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

Section A. Governing Body and Management		
Check if Schedule O contains a response or note to any line	in this Part VI	

	Check if Schedule O contains a response or note to any line in this Part VI	·····	<u></u>	<u></u>		X	
ec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22				
	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 on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	22				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other					
	officer, director, trustee, or key employee?			2		Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х	
ł	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?						
5	Did the organization have members or stockholders?						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point 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, sto	ockholders, or					
	persons other than the governing body?			7b		Х	
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:					
а	The governing body?		[	8a	Х		
b				8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O						
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev						
			-		Yes	No	
Da	Did the organization have local chapters, branches, or affiliates?		[	10a		Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters, affiliates,			7		
					1 1		

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			

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

TOMMIE	MAILEY	-	303-285-	2960

1901	EAST	ASBURY	AVENUE,	DENVER,	CO	80208	
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### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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	(do		Pos		than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	ı an	compensation	compensation	amount of
	week		cer an	laaa	recio	r/trust	lee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO	and related
	below	Individual trustee or director	nstitutional trustee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	High( empl	Former			
(1) LAUREN CASTEEL	40.00									
PRESIDENT/CHIEF EXECUTIVE OFFICER				Х				268,084.	0.	15,622.
(2) LISA CHRISTIE	40.00									
VP OF COMMUNICATIONS						Х		220,847.	0.	31,060.
(3) JOHN DOBEY- CHIEF	40.00									
FINANCIAL OFFICER (THRU MAY '23)				Х				210,817.	0.	9,645.
(4) RENEE FERRUFINO	40.00									
VP OF DEVELOPMENT						Х		202,730.	0.	12,053.
(5) LOUISE MYRLAND	40.00									
VP OF PROGRAMS						Х		197,655.	0.	13,075.
(6) JENNIFER KILPATRICK- CHIEF	40.00									
FINANCIAL OFFICER (AS OF MAY '23)				Х				103,232.	0.	20,657.
(7) TANIA ZEIGLER	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(8) MARY ANN LITTLER	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(9) COURTNEY ALLEN-LUSSENHOP	1.00									
SECRETARY (AS OF JAN '23)		Х		Х				0.	0.	0.
(10) LORI FEEHAN	1.00									
TREASURER (AS OF JAN '24)		Х		х				0.	0.	0.
(11) FAYE TATE	1.00									
PAST CHAIR		Х		х				0.	0.	0.
(12) SANDY COOK	1.00									
BOARD MEMBER		х						0.	0.	0.
(13) RAYMOND FOXWORTH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) HELEN GAIR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) ALLISON GAMBILL	1.00									
BOARD MEMBER	1 0 0	Х						0.	0.	0.
(16) KATHERINE GOLD	1.00								•	
BOARD MEMBER	1 00	X						0.	0.	0.
(17) GERRI GOMEZ-HOWARD	1.00								•	
BOARD MEMBER		Х						0.	0.	0.

X

m 990 (2023) THE WOMEN'S FOUNDATION OF COLORADO 84-1039305 Page 8												
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title			not c , unles	ss per	ition more rson i	than c s both r/trust	n an	(D) Reportable compensation from	(E) Reportable compensation from related	Est amo	(F) imate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	orga	m the nizati relate	e on ed
(18) RAYNARD GRAY	1.00								0			~
BOARD MEMBER	1 00	Х						0.	0.			0.
(19) DEBBIE HAMMONS BOARD MEMBER	1.00	х						0.	0.			0.
(20) CARLY HARE	1.00	23										0.
BOARD MEMBER		х						0.	0.			0.
(21) SHANNON JONES	1.00											
BOARD MEMBER	1 00	Х						0.	0.			0.
(22) STEPHANIE OMALLEY BOARD MEMBER	1.00	x						0.	0.			0.
(23) RUTH ROHS	1.00	4						0.	0.			0.
BOARD MEMBER	1100	х						0.	0.			0.
(24) KATHERINE ROSECHILD	1.00											
BOARD MEMBER		Х						0.	0.			0.
(25) PATTY SALAZAR	1.00	37						0	0			0
BOARD MEMBER (26) DANIELLE SHOOTS	1.00	Х						0.	0.			0.
BOARD MEMBER	1.00	х						0.	0.			0.
1b Subtotal	•			·				1,203,365.	0.	102	,11	
c Total from continuation sheets to Part VI	I, Section A							0.	0.			0.
d Total (add lines 1b and 1c)								1,203,365.	0.	102	,11	L2.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			6
compensation from the organization											Yes	6 No
<b>3</b> Did the organization list any <b>former</b> officer,	director. truste	ee. k	ev e	empl	ove	e. or	hia	hest compensated emp	lovee on		100	110
line 1a? If "Yes," complete Schedule J for s			•	•	-		Ŭ	• •	•	3		Х
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	X	
5 Did any person listed on line 1a receive or a	•				•			•		_		v
rendered to the organization? <i>If</i> "Yes." <i>corr</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ich i	oers	on .				5		X
1 Complete this table for your five highest co	mpensated ind	epe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compensati	ation fror	n	
the organization. Report compensation for												
(A)	addraaa			_				<b>(B)</b> Description of s	omiooo	(C) Compen:		
Name and business	audress	NC	ONE	5			+	Description of s	ervices	Compens	Salioi	I
							$\dashv$					
							+					
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than			

Form 990 THE WOMEN									84-103	9305
Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (			
(A) Name and title	(B) Average hours	(cl		Pos		app	ly)	<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) TARA SMITH	1.00	v						0	0	0
BOARD MEMBER (28) CARLY WENDT	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
		-								
		-								
		-								
		-								
Total to Part VII, Section A, line 1c		<u></u>		<u></u>	<u></u>	<u></u>				

						F	OUNDATION	OF COLORA	ADO	84-1039	305 Page
Pa	rt V	/111									
			Check if Schedule O	conta	ains a respo	onse (	or note to any line I	e in this Part VIII (A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
ູ່	1	а	Federated campaigns		1a						
ant			Membership dues								
ng G			Fundraising events				812,066.				
ifts ar A			Related organizations								
s, G			Government grants (contr								
tion S		f	All other contributions, gifts,	grant	ts, and						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included	l abov			4,714,525.				
ontr		-	Noncash contributions included in	lines 1	1a-1f <b>1g</b>	6	198,878.	5 506 504			
<u>a ŭ</u>		h	Total. Add lines 1a-1f					5,526,591.			
							Business Code				
ice	2	a									
serv ue		b									
ven Ven		c d									
Program Service Revenue		e									
Pro			All other program service	reve	nue						
			Total. Add lines 2a-2f								
	3		Investment income (inclue								
			other similar amounts)					816,140.			816,140
	4		Income from investment of	of tax	k-exempt bo	nd p	roceeds				
	5		Royalties								
					(i) Rea		(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	<b>6</b> C							
	7		Net rental income or (loss Gross amount from sales of	) <u></u>	(i) Securit		(ii) Other				
	'	a	assets other than inventory	7a							
		b	Less: cost or other basis	14							
e		-	and sales expenses	7b	6,322,7	768.					
venue		с	Gain or (loss)	7c	-7,4	115.					
Re			Net gain or (loss)			<u></u>		-7,415.			-7,415
Other	8	а	Gross income from fundraisi		•						
ð			including \$	812,	,066. of						
			contributions reported on		,		60.440				
			Part IV, line 18			<u>8a</u>	68,142.				
			Less: direct expenses			8b	286,067.	-217,925.			-217,925
			Net income or (loss) from Gross income from gamin		-			217,525.			217,525
	9	a	Part IV, line 19	-		9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from								
			Gross sales of inventory,								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	s of invento	ry					
s							Business Code				
Miscellaneous Revenue	11		MISCELLANEOUS				900099	1,132.			1,132
llan (ent		b							<u> </u>		
sce Be		c c	All other revenue								
Ξ			All other revenue Total. Add lines 11a-11d				L	1,132.			
	12		Total revenue See instruction					6,118,523.	0,	0.	591,932

THE WOMEN'S FOUNDATION OF COLORADO 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).

0001	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	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	3,802,703.	3,802,703.		
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,	667 207	250 222	240 505	
	trustees, and key employees	667,387.	250,222.	349,696.	67,469.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 202 764		250 545	077 024
7	Other salaries and wages	1,292,764.	655,385.	359,545.	277,834.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	127 500	75 561	20 002	22 22
9	Other employee benefits	<u>137,589</u> . 137,232.	75,561. 61,100.	<u>29,802.</u> 52,606.	<u>32,226</u> 23,526.
10	Payroll taxes	137,232.	01,100.	52,000.	43,340.
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	00 252		88,353.	
f	Investment management fees	88,353.		00,000	
g	Other. (If line 11g amount exceeds 10% of line 25,	160 690	220 521	00 217	21 0/1
	column (A), amount, list line 11g expenses on Sch O.)	460,689.	<u>330,531.</u> 6,701.	<u>98,217.</u> 256.	<u>31,941.</u> 713.
12	Advertising and promotion	7,670. 70,162.	31,421.	230.	9,004.
13	Office expenses	162,170.	108,063.	36,459.	17,648.
14	Information technology	102,170.	100,003.	50,459.	1/,040.
15	Royalties	76,362.	35,611.	27,048.	13,703.
16		73,889.	52,599.	16,843.	4,447.
17	Travel	13,009.	54,599.	10,043.	4,44/•
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	16,659.	13,161.	2,408.	1,090.
19 00	Conferences, conventions, and meetings	10,009.		4,400.	1,090.
20	Interest				
21	Payments to affiliates	1,092.	509.	387.	196.
22	Depreciation, depletion, and amortization	I,UJZ•	JUJ•	507.	190.
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
-	amount, list line 24e expenses on Schedule 0.)	56,866.		56,866.	
a h	LOSS ON UNCOLLECTIBLE P	54,808.	54,808.	50,000.	
b		51,000.	51,000.		
с d					
d	All other evenence	26,256.	20,850.	3,721.	1,685.
	All other expenses	7,132,651.	5,499,225.	1,151,944.	481,482.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e	1,134,031.	J, IJJ, 44J.	<u></u>	<b>HUL,402</b>
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 hereif following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022

THE	WOMEN	'S	FOUNDATION	OF	COLORADO
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	990 (2 + X	2023) THE WOMEN'S FOUNDATION OF COLOR Balance Sheet	ADO	84-	1039305 Page <b>11</b>
r ai	נא	Check if Schedule O contains a response or note to any line in this Part X			
			(A)	<u> </u>	(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	56,639.	2	295,622.
	3	Pledges and grants receivable, net	386,618.	3	433,466.
	4	Accounts receivable, net	289,471.	4	380,502.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	78,302.	9	133,980.
		Land, buildings, and equipment: cost or other		_	
		basis. Complete Part VI of Schedule D 10a 67,680.			
	b	Less: accumulated depreciation 10b 57,214.	11,559.	10c	10,466.
	11	Investments - publicly traded securities	28,564,897.	11	28,600,332.
	12	Investments - other securities. See Part IV, line 11	660,505.	12	1,914,034.
	13	Investments - program-related. See Part IV, line 11		13	, - ,
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,375,302.	15	2,313,754.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	32,423,293.	16	34,082,156.
	17	Accounts payable and accrued expenses	680,762.		611,662.
	18	Grants payable	59,490.	18	62,412.
	19	Deferred revenue	100,000.	19	134,750.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
6	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	840,252.	26	808,824.
		Organizations that follow FASB ASC 958, check here			
ses		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	16,828,269.	27	16,479,590.
Bal	28	Net assets with donor restrictions	14,754,772.	28	16,793,742.
pu		Organizations that do not follow FASB ASC 958, check here			
Εu		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	31,583,041.	32	33,273,332.
~	33	Total liabilities and net assets/fund balances	32,423,293.	33	34,082,156.

Form 990 (2023)

	1990 (2023) THE WOMEN'S FOUNDATION OF COLORADO	84-1	039305	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,118		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,132		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,014		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,583		
5	Net unrealized gains (losses) on investments	5	2,704	4,4	<u>19.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	33,273	3,3	32.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of t	he organization		
		THE	I
Part I	Reason for F	ublic	С

Name of	Name of the organization Employer identification number							
	THE	WOMEN'S FO	UNDATION OF (	COLORA	ADO		8	4-1039305
Part	Reason for Public	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The org	anization is not a private found							
1	A church, convention of ch					1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in <b>s</b>	ection 170	(b)(1)(A)(ii	ii).		
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
	section 170(b)(1)(A)(iv). (Complete Part II.)							
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	'0(b)(1)(A)	(v).		
7 X	An organization that norma	Illy receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	i <b>x)</b> operate	ed in conju	unction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the 1	name, city	, and state of	the college	or
	university:							
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11 📃	An organization organized a	and operated exclus	ively to test for public sa	ety. See	section 50	09(a)(4).		
12	An organization organized a	and operated exclus	ively for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section !	509(a)(2).	See section	509(a)(3). (	Check the box on
-	lines 12a through 12d that	describes the type o	f supporting organizatior	and com	olete lines	12e, 12f, and	12g.	
a	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), t	pically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	ipporting
-	organization. You must o							
b	<b>Type II.</b> A supporting org	-				-		-
	control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported
г	organization(s). You mus							
c	Type III functionally inte						ly integrate	d with,
. г	its supported organizatio							
d	Type III non-functionally						-	
	that is not functionally int	• •	<b>v</b>				an attentiv	/eness
- Г	requirement (see instruct							
e	Check this box if the orga					турет, туре	п, туре п	
fΕ	functionally integrated, or nter the number of supported of			ig organiz	ation.			
	rovide the following information	•	d organization(s)					
<u> </u>	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount or	fmonetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	in your governi <b>Yes</b>	ng aocument?	support (see ir	nstructions)	support (see instructions)
				100				

#### the organization without charge 3621245. 6060843. 4 Total. Add lines 1 through 3 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) 6 Public support. Subtract line 5 from line 4.

Schedule A (Form 990) 2023

Section A. Public Support Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees received. (Do not

2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to

include any "unusual grants.")

Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4	3621245.	6060843.	5617907.	5839459.	5526591.	26666045.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	720,396.	554,196.	1173423.	820,394.	816,140.	4084549.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on		9,511.				9,511.		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)		1,333.	342.	827.	1,132.	3,634.		
11	Total support. Add lines 7 through 10						30763739.		
12	Gross receipts from related activities,	etc. (see instructio	ons)			12			
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3)			
	organization, check this box and stop	here		- 					
Se	ction C. Computation of Publi	c Support Per	centage						
14	Public support percentage for 2023 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	65.62 %		
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	<u>67.27 %</u>		
	33 1/3% support test - 2023. If the c					ore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization				X		
k	33 1/3% support test - 2022. If the c	organization did no	t check a box on li						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition					
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,		
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	<b>re.</b> Explain in Part '	VI how the organiz	ation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization				
k	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	k this box and <b>st</b>	t <b>op here.</b> Explain ir	n Part VI how the			
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990) 2023

(c) 2021

5617907.

5617907.

(d) 2022

5839459.

5526591.26666045.

(f) Total

6478296.

20187749.

(e) 2023

5839459. 5526591. 26666045.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

(b) 2020

6060843.

**(a)** 2019

3621245.

#### THE WOMEN'S FOUNDATION OF COLORADO 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.) Section A. Public Support

Section A. Fublic Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 20	023 (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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
<ul> <li>or expended on its behalf</li> <li>5 The value of services or facilities furnished by a governmental unit to the second second</li></ul>						
the organization without charge						
<ul><li>6 Total. Add lines 1 through 5</li><li>7a Amounts included on lines 1, 2, and</li></ul>						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1		1		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	023 (f) Total
<ul> <li>9 Amounts from line 6</li> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> </ul>						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<ul> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years If the Form 990 is for the	Le organization's fi	ret encond third	l	Vear as a section 5	1 01(c)(3) cre	
14 First 5 years. If the Form 990 is for the check this box and stop here	U U			-		jamzation,
Section C. Computation of Publi						<u></u>
15 Public support percentage for 2023 (			column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Invest						
17 Investment income percentage for 20			ne 13. column (f))		17	%
18 Investment income percentage from					18	%
<b>19a 33 1/3% support tests - 2023.</b> If the						
more than 33 1/3%, check this box a						
<b>b 33 1/3% support tests - 2022.</b> If the	-	•				1/3%, and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization			-		-	

1

2

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

#### Schedule A (Form 990) 2023 THE WOMEN'S FOUNDATION OF COLORADO

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	more s directo effecti organi suppo	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> e organization operate for the benefit of any supported organization other than the supported	1		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	superv	vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No, " describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		L
Sec	tion D	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			

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 on line 2, above, 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	

#### Section 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	vear (	see instructions).
•		year v	000 11104 4040110/1

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of e	each of its supported	d organizations.	Complete line 3 below.
---	--	------------------	--------------------	-----------------------	------------------	------------------------

с		] The organization supported a g	governmental entity.	Describe in Part VI how w	vou supported a governmenta	l entity (see instructions).
---	--	----------------------------------	----------------------	---------------------------	-----------------------------	------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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.*

	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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).

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

6

Schedule A (Form 990) 2023

# Schedule A (Form 990) 2023 THE WOMEN'S FOUNDATION OF COLORADO Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sche	edule A (Form 990) 2023 THE WOMEN'S F	OUNDATION OF C	С
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ır
Sect	tion D - Distributions		
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 organization	s
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	,
	(provide details in Part VI). See instructions.		_
9	Distributable amount for 2023 from Section C, line 6		_
10	Line 8 amount divided by line 9 amount		-
		(i)	
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	

_6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
<u>a</u>	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
C	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

DLORADO 84-1039305 Page 7 nizations (continued)

1

Current Year

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	THE V	NOMEN'S	FOUND	ATION	OF COI	LORADO	84-1039305 Page 8
Part VI	Part IV, Section A, lines 1,	2, 3b, 3c, ines 2 and	4b, 4c, 5a, 6, I 3; Part IV, Se	9a, 9b, 9c, 9 ection E, line	11a, 11b, a s 1c, 2a, 2b	nd 11c; Par 9, 3a, and 3	t IV, Section B, b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, dditional information.

## **Schedule A**

# Identification of Excess Contributions Included on Part II, Line 5

84-1039305

### 2023

# \*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
JUDI WAGNER	824,602.	209,327.
MARY CAULKINS	1,404,534.	789,259.
MERLE CHAMBERS FUND	1,260,350.	645,075.
THE ADITI FOUNDATION	1,800,000.	1,184,725.
THE COLORADO HEALTH FOUNDATION	4,265,185.	3,649,910.
Total Excess Contributions to Schedule A. Part II. Line 5		6,478,296.

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

Schedule B	
(Form 990)	

Department of the Treasury Internal Revenue Service

Organization type

Name of the organization

THE	WOMEN'S	FOUNDATION	OF	COLORADO	84-1039305
e (check one):					

Section:
X 501(c)( 3 ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
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

X 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), 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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

(Complete Part II for

(d)

Type of contribution

(a)

No.

	3 (Form 990) (2023) rganization	Emplo
THE WO	OMEN'S FOUNDATION OF COLORADO	84
Part I	Contributors (see instructions). Use duplicate copies of Part I	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
1		\$700,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
2		\$300,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
3		\$ <u>1,000,000.</u>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
4		\$\$
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
		\$

(b)

Name, address, and ZIP + 4

yer identification number

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person

Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

Person Payroll Noncash (Complete Part II for noncash contributions.)

> Person Payroll Noncash

(c)

**Total contributions** 

\$

(d) Type of contribution

X

X

X

X

-1039305

(a)

No.

from

Part I

ame of or	ganization	Er
	MEN'S FOUNDATION OF COLORADO	
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)
		\$

(b)

Description of noncash property given

Employer identification number

(d) Date received

84-1039305

Schedule B (Form 990) (2023)

(d)

Date received

(c)

FMV (or estimate)

(See instructions.)

\$

Schedule	B (Form 990) (2023)		Page <b>4</b>			
Name of o	rganization		Employer identification number			
THE W	OMEN'S FOUNDATION OF CO	LORADO	84-1039305			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in section through (e) and the following line entry. If charitable, etc., contributions of \$1,000 or less	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

S	CI	ΕD	)U	L	Ε	С

Department of the Treasury

Internal Revenue Service

(Form 990)

# Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

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

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

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

Name of orga	anization			Emp	ployer identification number
	THE WOM	EN'S FOUNDATION OF	F COLORADO		84-1039305
Part I-A	Complete if the org	anization is exempt under	section 501(c) o	r is a section 527 or	ganization.
		ation's direct and indirect political			
	campaign activity expendit				\$
3 Volunte	er hours for political campai	gn activities			
Part I-B	Complete if the org	anization is exempt under	section 501(c)(3	).	
1 Enter th	e amount of any excise tax	incurred by the organization under	section 4955		\$
2 Enter th	e amount of any excise tax	incurred by organization managers			
3 If the or	ganization incurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?		Yes 🗌 No
<b>4a</b> Was a c	correction made?				Yes 🗌 No
<b>b</b> If "Yes,'	' describe in Part IV.				
Part I-C	Complete if the org	anization is exempt under	section 501(c), e	except section 501(	c)(3).
1 Enter th	e amount directly expended	d by the filing organization for section	on 527 exempt function	on activities	\$
2 Enter th	e amount of the filing organ	ization's funds contributed to othe	r organizations for sec	ction 527	
exempt	function activities				\$
3 Total ex	empt function expenditures	. Add lines 1 and 2. Enter here and	I on Form 1120-POL,		
line 17b	)				\$
4 Did the		1120-POL for this year?			Yes No
		mployer identification number (EIN)			
		tion listed, enter the amount paid fi	-	-	
contribu	utions received that were pr	omptly and directly delivered to a s	eparate political organ	nization, such as a separa	te segregated fund or a
political	action committee (PAC). If	additional space is needed, provide	e information in Part IV	ν.	
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	delivered to a separate political organization.
					If none, enter -0

		If none, enter -0

2023 Open to Public Inspection

_		OMEN'S FOUNDATION OF COLORA		039305 Page 2						
Pa		n is exempt under section 501(c)(3) and f	iled Form 5768 (ele	ction under						
	section 501(h)).									
Α	Check 🔲 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,									
	expenses, and share of exces	s lobbying expenditures).								
BC	Check if the filing organization check	ed box A and "limited control" provisions apply.								
		oying Expenditures eans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals						
1a	Total lobbying expenditures to influence publ	ic opinion (grassroots lobbying)	86,586.							
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	91,196.							
с	Total lobbying expenditures (add lines 1a and	1 1b)	177,782.							
d			6 966 516							
е	Total exempt purpose expenditures (add line	s 1c and 1d)	7,044,298.							
f	Lobbying nontaxable amount. Enter the amount	unt from the following table in both columns.	502,215.							
	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	<u>.</u>							
	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% of	line 1f)	125,554.							
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.							
i	Subtract line 1f from line 1c. If zero or less, en	nter -0-	0.							

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

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)	(c) 2022	( <b>d</b> ) 2023	<b>(e)</b> Total						
<b>2a</b> Lobbying nontaxable amount	360,687.	360,839.	432,753.	502,215.	1,656,494.				
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					2,484,741.				
c Total lobbying expenditures	116,432.	109,145.	157,329.	177,782.	560,688.				
d Grassroots nontaxable amount	90,172.	90,210.	108,188.	125,554.	414,124.				
e Grassroots ceiling amount (150% of line 2d, column (e))					621,186.				
f Grassroots lobbying expenditures	43,608.	53,230.	76,135.	86,586.	259,559.				

Schedule C (Form 990) 2023

No No

Yes

# Schedule C (Form 990) 2023 THE WOMEN'S FOUNDATION OF COLORADO 84-10393 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
<ol> <li>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:         <ul> <li>Volunteers?</li> <li>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> </ul> </li> </ol>					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
<ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> </ul>					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912					
c 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?	. 504(-)(	-\			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(	b), or sec			
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the			1.00		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				2 10	
answered "Yes."		(D) Part I	II-A, IIIe	3, 15	
		1			
<ol> <li>Dues, assessments and similar amounts from members</li> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)</li> </ol>					
expenses for which the section 527(f) tax was paid).	di				
a Current year		2a			
b Carryover from last year					
c Total					
<b>0</b>					
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
expenditures next year?		4			
5 Taxable amount of lobbying and political expenditures. See instructions		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 a	nd 2 (see		
instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-A, LINE 1C:					
LOBBYING EXPENSES REPORTED ON SCHEDULE C, PART II-A, L	INE 10	CARE	MADE U	P	
OF ALLOCATED COSTS FROM SEVERAL OF THE ORGANIZATION'S	OPERAT	TIONAL	EXPEN	ISE	
CATEGORIES. THEREFORE, THE TOTAL LOBBYING EXPENSE REP	ORTED	ON SC	HEDULE	C,	
PART II-A, LINE 1C DOES NOT SHOW UP ON THE STATEMENT O	F FUNC	CTIONA	L		
EXPENSES ON FORM 990, PART IX, LINE 11D.					

SCHEDULE I	)
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(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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	THE WOMEN'S FOUNDA		84-1039305		
Par			ls or Ac		
	organization answered "Yes" on Form 990, Part IV, lin	e 6.			
		(a) Donor advised funds	(	b) Funds and other accounts	
1	Total number at end of year	70	2	21	
2	Aggregate value of contributions to (during year)	637,194	•	1,434,688.	
3	Aggregate value of grants from (during year)	1,884,232	•	924,504.	
4	Aggregate value at end of year	4,491,087	•	3,808,571.	
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor ad	vised fund	S	
	are the organization's property, subject to the organization's	exclusive legal control?		X Yes No	
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	se conferri	ng	
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 99	D, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recrea	tion or education)	of a histo	rically important land area	
	Protection of natural habitat	Preservation	of a certif	ied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	m of a cor ا		
	day of the tax year.			Held at the End of the Tax Year	
a				<u>2a</u>	
b				2b	
с	Number of conservation easements on a certified historic stru			2c	
d	Number of conservation easements included on line 2c acqu	- · · ·			
~	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	ne organiz	cation during the tax	
4	year Number of states where property subject to conservation eas	compart is located			
- 5	Does the organization have a written policy regarding the per				
5	violations, and enforcement of the conservation easements it			Yes No	
6	Staff and volunteer hours devoted to monitoring, inspecting,				
•					
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation eas	ements during the year	
		<b>.</b>		0, 1	
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170	0(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes No	
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial state	ments tha	t describes the	
_	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of		Other Si	milar Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95				
	of art, historical treasures, or other similar assets held for pub			ce of public	
	service, provide in Part XIII the text of the footnote to its finar				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance	of public service,	
	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 treating following amounte required to be reported under EASP A		biai gain, p	rovide	
-	the following amounts required to be reported under FASB A	-		¢	
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X				
U U	ASSUS INVIDUED IN FURI SSU, FAILA			Ψ	

		EN'S FOUNDA				84-10				
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	easures, or Ot	her Similai	r Assets	contin	ued)		
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that mak	e significant ι	use of its				
	collection items (check all that apply).									
а	Public exhibition	d	Loan or exc	change program						
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further t	ne organization's e	exempt purpos	se in Part	XIII.			
5	During the year, did the organization solicit o	r receive donations o	f art, historical trea	sures, or other sim	ilar assets					
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes	No		
Par	t IV Escrow and Custodial Arran	gements Complet	e if the organizatio	n answered "Yes"	on Form 990,	, Part IV, li	ne 9, or			
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contributio	ns or other assets	not included					
	on Form 990, Part X?						Yes	No		
b	If "Yes," explain the arrangement in Part XIII									
							Amount			
с	Beginning balance				1c					
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe						Yes	No		
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •					
Par		the organization ans	wered "Yes" on Fo	rm 990, Part IV, lin	e 10.					
	· · · · · · · · · · · · · · · · · · ·	(a) Current year	(b) Prior year	(c) Two years bac		/ears back	(e) Four	years back		
1a	Beginning of year balance	18,921,624.	19,490,371.	19,802,80	9. 15,0	62,746.	17,	345,972.		
	Contributions	264,717.	1,300,560.	1,00	0. 3					
	Net investment earnings, gains, and losses	2,377,957.	-1,133,961.		9. 5,3	42,587.	-1,	644,114.		
	Grants or scholarships	1,430,184.	695,837.	749,91	7. 7	57,983.				
	Other expenditures for facilities									
-	and programs			50,00	0. 1	11,787.		729,440.		
f	Administrative expenses	33,725.	39,509.	-		, 38,114.				
a	End of year balance	20,100,389.	18,921,624.			02,809.	15,	062,746.		
2	Provide the estimated percentage of the curr				,	,	,			
	Board designated or quasi-endowment	33.6200	%							
	Permanent endowment 51.8300	%								
	4.4.5500	%								
U	The percentages on lines 2a, 2b, and 2c sho									
30	Are there endowment funds not in the posse		tion that are held a	nd administered fo	or the					
ou	organization by:	ssion of the organiza					ſ	Yes No		
	(i) Unrelated organizations?						3a(i)	X		
	(ii) Related organizations?						3a(ii)	X		
h	If "Yes" on line 3a(ii), are the related organizations	tions listed as require	nd on Schodulo P2				3b			
1	Describe in Part XIII the intended uses of the						30			
Par	t VI Land, Buildings, and Equipm		ment lunus.							
	Complete if the organization answere		Part IV, line 11a, S	See Form 990. Par	t X. line 10.					
	Description of property	(a) Cost or of			) Accumulate	od l	(d) Book			
	Description of property	basis (investm	• •	(other)	depreciation		( <b>u</b> ) 500r	Value		
10	Land									
	Land									
	Buildings					-+				
	Leasehold improvements		F	57,455.	57,22	14		241.		
	Equipment			.0,225.	51,4.	<u></u>	1 (	241.		
	Other					<del></del>		),466.		
Iotal	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part 〉</u>	<u>X, line 10c, column</u>	<u>(B))</u>						
						Schedule	e (Form	n 990) 2023		

	FOUNDATION OF	COLORADO	84-1039305 Page <b>3</b>
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(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) PRIVATE EQUITY AND DEBT			
(B) FUNDS	1,914,034.	COST	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	1,914,034.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, lir	
	Description		(b) Book value
(1) INVESTMENT IN BUILDING			2,235,000.
(2) DEPOSITS			2,100.
(3) CASH SURRENDER VALUE OF L	IFE INSURANCE		76,654.
<u>(4)</u>			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	( <i>(</i> B))		2,313,754.
Part X Other Liabilities			· · · ·
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Pa	rt 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, line 25, co	/ <i>(</i> <b>B</b> ))		
column (o) must equal torm 000, 1 art A, IIIE 20, 00	······································		

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

	dule D (Form 990) 2023 THE WOMEN'S FOUNDATION OF					1039305	Page 4
Par	rt XI Reconciliation of Revenue per Audited Financial Stateme		n Reve	nue per	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.					070
1					1	8,734	1,872.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments		2,7	04,41			
b	Donated services and use of facilities	. 2b		283	3.		
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)	2d					
е	Add lines <b>2a</b> through <b>2d</b>					2,704	1,702.
3	Subtract line <b>2e</b> from line <b>1</b>				. 3	6,030	),170.
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		<u>88,35</u>	3.		
b	Other (Describe in Part XIII.)	. 4b					
	Add lines <b>4a</b> and <b>4b</b>				4c	88	3,353.
С	Add lines 4a and 4b				•		
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)				. 5	6,118	3,523.
5					. 5	6,118	3,523.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)	ents Wi			. 5	6,118 n	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents Wi	th Expe	enses pe	5 Fr Retur	6,118 n	3,523. 1,581.
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expe	enses pe	r Retur	6,118 n	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wi	th Expe	enses pe	r Retur	6,118 n	
5 Pai 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	th Expe	enses pe	5 er Retur	6,118 n	
5 Pai 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	ents Wi	th Expe	enses pe	5 er Retur	6,118 n	
5 Pai 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ents Wi	th Expe	enses pe	5 er Retur	6,118 n	1,581.
5 Pai 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	ents Wi 2a 2b 2c 2d	ith Expe	enses pe	5 er Retur	6,118 n 7,044	283.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	ents Wi 2a 2b 2c 2d	ith Expe	enses pe		6,118 n 7,044	1,581.
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other (Describe in Part XIII.)	ents Wi 2a 2b 2c 2d	ith Expe	enses pe		6,118 n 7,044	283.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	ents Wi	ith Expe	enses pe		6,118 n 7,044	283.
5 Pai 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	ents Wi 2a 2b 2c 2d	ith Expe	28		6,118 n 7,044	283.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wi 2a 2b 2c 2d 4a 4b	ith Expe	enses pe 28: 88,35:		6,118 n 7,044 7,044 88	<u>283.</u> 1,298.
5 Pai 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Statem</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	ents Wi 2a 2b 2c 2d 4a 4b	ith Expe	28: 28: 88,35:		6,118 n 7,044 7,044 88	<u>283.</u> 1,298.

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:

THE FOUNDATION'S ENDOWMENT (THE ENDOWMENT) CONSISTS OF NINE INDIVIDUAL

FUNDS ESTABLISHED AND RESTRICTED BY DONORS TO PROVIDE ANNUAL FUNDING FOR

SPECIFIC ACTIVITIES. THE ENDOWMENT ALSO INCLUDES CERTAIN NET ASSETS

WITHOUT DONOR RESTRICTIONS DESIGNATED FOR ENDOWMENT BY THE BOARD OF

TRUSTEES.

PART X, LINE 2:

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH,

DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE

# FINANCIAL STATEMENTS. THE ENTITIES WOULD RECOGNIZE FUTURE ACCRUED INTEREST

Schedule D (Form 990) 2023         THE WOMEN'S FOUNDATION OF COLORADO           Part XIII         Supplemental Information (continued)	84-1039305 Page 5
AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABI	LITIES IN
INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURF	RED.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 154	5-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	202	3	
Department of the Treasury		Attach to Form 990	or Fori	n 990	-EZ.			Open to P	ublic	
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and t	ne latest information	n.		Inspection		
Iame of the organization         Employer identification number           THE WOMEN'S FOUNDATION OF COLORADO         84-1039305										
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations itations blicitations on have a written o red in Form 990, Pa ) highest paid indiv	f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trus undraising services?		י 🗌	<b>/es</b>	No	
(i) Name and addres	s of individual	(ii) Activity	fund have c or cor	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. <b>(i</b> )	y) to (or reta	ined by)	
			Yes	No						
Total										
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is (	exempt from	registration		

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

84-1039305 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 ANNUAL LUNCHEON	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
1	1 Gross receipts	880,208.			880,208
	2 Less: Contributions	812,066.			812,066
3	3 Gross income (line 1 minus line 2)	. 68,142.			68,142
4	4 Cash prizes				
	5 Noncash prizes				
6	6 Rent/facility costs	18,265.			18,265
7	7 Food and beverages				
	8 Entertainment	80,700.			80,700
9	9 Other direct expenses	187,102.			187,102
1.00	<b>10</b> Direct expense summary. Add lines 4 throu	ugh 9 in column (d)			286,067
11		n line 3, column (d)			-217,925
11 art	Net income summary. Subtract line 10 from     Gaming. Complete if the organization     \$15,000 on Form 990-EZ, line 6a.	n line 3, column (d)	n 990, Part IV, line 19, or r (b) Pull tabs/instant		(d) Total gaming (add
11 art	t III Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n line 3, column (d) n answered "Yes" on Form (a) Bingo	1 990, Part IV, line 19, or r	eported more than	-217,925 (d) Total gaming (add col. (a) through col. (d
11	t III Gaming. Complete if the organization	n line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
11 art	t III Gaming. Complete if the organizatio \$15,000 on Form 990-EZ, line 6a.	n line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
11 art	<b>t III</b> Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. <b>1</b> Gross revenue	n line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (add
11 art	till       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         1 Gross revenue       1         2 Cash prizes       1	n line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (ad
11 art 2 3 4	<ul> <li>t III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>	n line 3, column (d) n answered "Yes" on Form (a) Bingo	n 990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	(d) Total gaming (ad
11 art 1 2 3 4	till       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         1 Gross revenue       1         2 Cash prizes       1         3 Noncash prizes       1	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (ad
11 art 1 2 3 4 5	<ul> <li>t III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>	n line 3, column (d) n answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (ad
11 art 1 2 3 4 5 6	<ul> <li>till Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>1 Gross revenue</li></ul>	n line 3, column (d) n answered "Yes" on Form (a) Bingo	b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (ad
11 art 1 2 3 4 5 6 7	till       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         1 Gross revenue       1         2 Cash prizes       1         3 Noncash prizes       1         4 Rent/facility costs       1         5 Other direct expenses       1         6 Volunteer labor       1	n line 3, column (d) n answered "Yes" on Form (a) Bingo 	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (ad col. (a) through col. (
111 art 2 3 4 5 6 7 8	<ul> <li>till Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.</li> <li>Gross revenue</li></ul>	n line 3, column (d) n answered "Yes" on Form (a) Bingo  	1990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (ad col. (a) through col. (

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

332082 09-13-23

Scł	hedule G (Form 990) 2023 THE WOMEN'S FOUNDATION OF COLORADO 84-3	103930	5 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s 🗌 No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	_
	to administer charitable gaming?	Ye	s 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
i	a The organization's facility	13a	%
I	<b>b</b> An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗌 Ye	s 🗌 No
1	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Coming manager companyation the		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
i	${f a}$ Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	. 🗌 Ye	s 🛄 No
I	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D	organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ut III - Bassa	0.05.105
	<b>art IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lines	9, 90, 100,

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Part IV	Supplemental Information (continued)

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Attach to Form				Open to Public
		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization THE WOMEN	'S FOUNDA	TION OF COL	ORADO				Employer identification number $84 - 1039305$
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	tance?						
Part II Grants and Other Assistance to I	Domestic Organiz	zations and Domestic	c Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
9 TO 5 NATIONAL ASSOCIATION 207 EAST BUFFALO STREET, SUITE 211 MILWAUKEE, WI 53202	34-1246311	501(C)(3)	51,000.	0.			COMMUNITY ENGAGEMENT
ACTION IS SAFER/WESTERN COLORADO ALLIANCE (FISCAL SPONSOR) - 2481 COMMERCE BLVD - GRAND JUNCTION, CO 81505	84-0837218	501(C)(3)	35,350.	0.			COMMUNITY ENGAGEMENT
ADAM'S PURPOSE 4628 ANDES WAY DENVER, CO 80249	84-3747706		19,500.	0.			COMMUNITY INVESTMENTS & GRANTS
AFRICA DEVELOPMENT 1031 33RD STREET, SUITE 174 DENVER, CO 80205	38-3909756	501(C)(3)	10,000.	0.			DONOR-DRIVEN GRANTMAKING
ALIANZA NORCO 3220 MESA VERDE STREET FORT COLLINS, CO 80525	83-2325518	501(C)(3)	60,320.	0.			COMMUNITY INVESTMENTS & GRANTS
AMERICAN FRIENDS OF BEAN VOYAGE 2874 RESERVE VIEW BLVD, BLDG2-APT 2 LAKELAND, FL 33810	83-3945930	501(C)(3)	10,000.	0.			DONOR-DRIVEN GRANTMAKING
2 Enter total number of section 501(c)(3) ar	•	5	e line 1 table			•	
3 Enter total number of other organizations	s listed in the line <sup>-</sup>	1 table					

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

# Schedule I (Form 990) THE WOMEN'S FOUNDATION OF COLORADO Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMIGOS DE SANTA CRUZ							
2226 EASTLAKE AVENUE E, #319							
SEATTLE, WA 98102	91-2155843	501(C)(3)	11,000.	0.			DONOR-DRIVEN GRANTMAKING
,			,	- •			
ANTONITO TOGETHER							
789 N SHERMAN STREET, SUITE 250							COMMUNITY INVESTMENTS &
DENVER, CO 80203	84-1493585	501(C)(3)	20,000.	0.			GRANTS
BMS FOUNDATION							
3320 34TH AVENUE PLACE							COMMUNITY INVESTMENTS &
GREELEY, CO 80634	82-1363127	501(C)(3)	15,000.	0.			GRANTS
BRIGHT PINK							
2045 W GRAND AVENUENUE, SUITE B #54							
CHICAGO, IL 60612	51-0619889	501(C)(3)	15,000.	0.			DONOR-DRIVEN GRANTMAKING
CASA DE PAZ							
P. O. BOX 111351							COMMUNITY INVESTMENTS &
AURORA, CO 80042	81-2239384	501(C)(3)	18,000.	0.			GRANTS
CENTER FOR COMMUNITY WEALTH							
BUILDING - 2900 N DOWNING STREET							
#1B - DENVER, CO 80205	85-2257483	501(C)(3)	60,820.	0.			COMMUNITY ENGAGEMENT
	00 1107 100	501(0)(0)		<b>0.</b>			
CENTRO DE LA FAMILIA							
1645 S MURRAY BLVD							
COLORADO SPRINGS, CO 80916	84-1435999	501(C)(3)	60,670.	0.			COMMUNITY ENGAGEMENT
,			,				
CHILDREN'S MUSEUM OF DENVER							
2121 CHILDREN'S MUSEUM DRIVE							
DENVER, CO 80211	84-0658142	501(C)(3)	15,000.	0.			DONOR-DRIVEN GRANTMAKING
CHINOOK FUND INC.							
1031 33RD STREET, SUITE 237							
DENVER, CO 80205	84-1076325	501(C)(3)	26,000.	0.			DONOR-DRIVEN GRANTMAKING

		TION OF COL		. (2.1			4-1039305 Page
Part II         Continuation of Grants and Other A           (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLAYTON EARLY LEARNING 3801 MARTIN LUTHER KING BLVD DENVER, CO 80205	84-0432238	501(C)(3)	46,800.	0.			ADVOCACY
CLEO PARKER ROBINSON 7995 E MISSISSIPPI AVENUE UNIT B10 DENVER, CO 80247	83-0586140	501(C)(3)	100,000.	0.			DONOR-DRIVEN GRANTMAKING
CLINTON FOUNDATION 1633 BROADWAY, 5TH FLOOR NEW YORK, NY 10019	31-1580204	501(C)(3)	10,000.	0.			DONOR-DRIVEN GRANTMAKING
COBALT FOUNDATION P. O. BOX 22485 DENVER, CO 80222	84-6050191	501(C)(3)	49,000.	0.			DONOR-DRIVEN GRANTMAKING
COLLABORATIVE HEALING INITIATIVE WITHIN COMMUNITIES - 10115 E COLFAX AVENUE - AURORA, CO 80010	82-1803800	501(C)(3)	69,570.	0.			COMMUNITY INVESTMENTS & GRANTS
COLORADO BLACK WOMEN 3066 BIRCH ST DENVER, CO 80207	31-1697945	501(C)(3)	11,500.	0.			COMMUNITY INVESTMENTS & GRANTS
COLORADO CHILDREN'S CAMPAIGN 1580 LINCOLN ST #420 DENVER, CO 80203	74-2374672	501(C)(3)	46,200.	0.			ADVOCACY
COLORADO DOULA PROJECT 3262 STUART ST UNIT 2 DENVER, CO 80212	81-0900536	501(C)(3)	7,500.	0.			DONOR-DRIVEN GRANTMAKING
COLORADO DRAGON BOAT 3000 YOUNGFIELD STREET, STE 140 WHEAT RIDGE, CO 80215	84-1601703	501(C)(3)	18,000.	0.			COMMUNITY INVESTMENTS & GRANTS

Schedule I (Form 990)         THE         WOMEN           Part II         Continuation of Grants and Other         August 100 (Section 100 (S		TION OF COL		vernmente (Sob	dula L (Earm 000) Br		34-1039305 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO FISCAL INSTITUTE 1905 SHERMAN STREET, SUITE 225 DENVER, CO 80203	46-1281109	501(C)(3)	46,200.	0.			DONOR-DRIVEN GRANTMAKING
COLORADO IMMIGRANT RIGHTS COALITION - 2525 W ALAMEDA AVENUE - DENVER, CO 80219	47-1533736	501(C)(3)	15,000.	0.			DONOR-DRIVEN GRANTMAKING
COLORADO JOBS WITH JUSTICE 1600 DOWNING ST STE 100 DENVER, CO 80218	52-2082139		18,000.	0.			COMMUNITY INVESTMENTS &
COLORADO MUSIC FESTIVAL 200 E BASELINE RD LAFAYETTE, CO 80026	84-0735716		25,000.	0.			DONOR-DRIVEN GRANTMAKING
COLORADO NONPROFIT DEVELOPMENT CENTER - GRAND VALLEY RESIDENT TEAM - P. O. BOX 18770 - DENVER, CO 80218	84-1493585	501(C)(3)	20,000.	0.			COMMUNITY INVESTMENTS & GRANTS
COLORADO ORGANIZATION FOR LATINA OPPORTUNITY - P. O. BOX 40991 - DENVER, CO 80204	84-1569021	501(C)(3)	10,000.	0.			COMMUNITY ENGAGEMENT
COLORADO STATE UNIVERSITY P. O. BOX 1870 FORT COLLINS, CO 80522	23-7098397	501(C)(3)	19,000.	0.			DONOR-DRIVEN GRANTMAKING
COLORADO WOMEN'S EMPLOYMENT AND EDUCATION, INC. – 1175 OSAGE STREET, SUITE 300 – DENVER, CO 80204	74-2202303	501(C)(3)	55,710.	0.			COMMUNITY INVESTMENTS & GRANTS
CONSERVATION COLORADO 303 E 17TH AVENUE, SUITE 400 DENVER, CO 80203	84-0614285	501(C)(3)	100,000.	0.			DONOR-DRIVEN GRANTMAKING

# Schedule I (Form 990) THE WOMEN'S FOUNDATION OF COLORADO Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONVIVIR COLORADO							
5135 PERTH COURT							COMMUNITY INVESTMENTS &
DENVER, CO 80249	85-1163753	501(C)(3)	18,000.	0.			GRANTS
CULTIVANDO							
P. O. BOX 1040	04 1400004	F01 ( a) ( a)	10 550				COMMUNITY INVESTMENTS &
COMMERCE CITY, CO 80022	84-1499624	501(C)(3)	10,750.	0.			GRANTS
DELTA SIGMA THETA SORORITY							
P. O. BOX 7432							COMMUNITY INVESTMENTS &
DENVER, CO 80207	84-1319279	501(C)(3)	11,500.	0.			GRANTS
DENVER INDIAN FAMILY RESOURCE							
CENTER - 1633 FILLMORE ST, STE GL2							
- DENVER, CO 80206	84-1568837	501(C)(3)	59,570.	0.			COMMUNITY ENGAGEMENT
ECOCYCLE							
P. O. BOX 19006							
BOULDER, CO 80308-2006	84-0730811	501(C)(3)	25,000.	0.			DONOR-DRIVEN GRANTMAKING
	01 0700011	301(0)(3)	23,000.	<b>.</b>			
EL COMITE DE LONGMONT							
455 KIMBARK STREET							
LONGMONT, CO 80501	84-0867626	501(C)(3)	20,000.	0.			DONOR-DRIVEN GRANTMAKING
EL GRUPO VIDA							
3443 S GALENA STREET, SUITE 120							COMMUNITY INVESTMENTS &
DENVER, CO 80231	20-1082607	501(C)(3)	10,000.	0.			GRANTS
EL MOVIMIENTO SIGUE							
6 MERRITT COURT							
PUEBLO, CO 81006	85-2276248	501(C)(3)	10,100.	0.			COMMUNITY ENGAGEMENT
	00 22/0240		10,100.				
FIDELITY CHARITABLE GIFT FUND							
P. O. BOX 770001							
CINCINNATI , OH 45277	11-0303001	501(C)(3)	369,603.	0.			DONOR-DRIVEN GRANTMAKING

		TION OF COL					4-1039305 Page 1
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FOOD TO POWER 917 E MORENO AVENUE STE 130 COLORADO SPRINGS, CO 80903	46-3665741	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENTS & GRANTS
FULL CIRCLE OF LAKE COUNTY P. O. BOX 662 LEADVILLE, CO 80461	84-1386727	501(C)(3)	59,770.	0.			COMMUNITY ENGAGEMENT
GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE, SUITE A BOULDER, CO 80301	84-1612422	501(C)(3)	15,000.	0.			DONOR-DRIVEN GRANTMAKING
GLOBAL LIVINGSTON INSTITUTE 1031 33RD STREET, SUITE 235 DENVER, CO 80205	45-4683531	501(C)(3)	10,000.	0.			DONOR-DRIVEN GRANTMAKING
GRUPO FOLKLORICO DEL PUEBLO, INC. 120 LAKE AVENUENUE PUEBLO, CO 81004	84-1572976	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENTS & GRANTS
HASEYA ADVOCATE PROGRAM 5350 TOMAH DRIVE, SUITE 2500 COLORADO SPRINGS, CO 80918	20-3369356	501(C)(3)	31,750.	0.			COMMUNITY INVESTMENTS & GRANTS
HERBAL GARDENS WELLNESS P. O. BOX 59 WESTCLIFFE, CO 81252	46-2243616	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENTS & GRANTS
HISPANIC WOMEN OF WELD COUNTY P. O. BOX 516 GREELEY, CO 80632	84-1350213	501(C)(3)	10,000.	0.			COMMUNITY INVESTMENTS & GRANTS
INTEGRATED COMMUNITY P. O. BOX 880587 STEAMBOAT SPRINGS, CO 80488	46-1325467	501(C)(3)	15,000.	0.			COMMUNITY INVESTMENTS & GRANTS

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(a) Name and address of organization or government       (b) EIN       (c) IFC section if applicable       (d) Amount of cash grant       (f) Method of valuation (xo, appraish, other)       (g) Description of non-cash assistance       (g) Description of non-cash assistance <t< th=""><th>Schedule I (Form 990) THE WOMEN</th><th></th><th>TION OF COL mestic Organizations</th><th></th><th>vernments (Sche</th><th>edule I (Form 990), Pa</th><th></th><th>34-1039305 Page</th></t<>	Schedule I (Form 990) THE WOMEN		TION OF COL mestic Organizations		vernments (Sche	edule I (Form 990), Pa		34-1039305 Page
2840 FAIRFAX STREET, SUITE 260         81-3757873         501(C)(3)         11,500         0.         COMMUNITY INVESTMENTS IN PRANTS           LATINA SAFENOUSE P. 0. BOX 111/4         32-0298603         501(C)(3)         23,500.         0.         PRANTS           DENVER, CO 80219         32-0298603         501(C)(3)         23,500.         0.         PRANTS           LATINA SAFENOUSE P. 0. BOX 111/4         32-0298603         501(C)(3)         23,500.         0.         PRANTS           LATINA CULTURAL ARTS 2645 W 77H AVENUE DENVER, CO 80204         81-1705392         501(C)(3)         468,186.         0.         PONOR-DRIVEN GRANTMAKI PRANTS           LATINO CULTURAL ARTS CENTER 2645 W 77H AVENUE DENVER, CO 80204         81-1705392         501(C)(3)         9,607.         0.         PONOR-DRIVEN GRANTMAKI PRANTS           MEMA BED DOLLA SERVICES 15200 B GIRARD AVENUENUE, SUITE 310 PENVER, CO 8014         88-0761760         501(C)(3)         26,500.         0.         PONOR-DRIVEN GRANTMAKI PRANTS           MESSEM OF CONTEMPORARY ART DENVER 1465 DELGAMY STREET DENVER, CO 80202         84-1366092         501(C)(3)         26,500.         0.         PONOR-DRIVEN GRANTMAKI PRANTS           NEN ERA COLORADO P. O. BOX 151153         26-1389272         501(C)(3)         40,000.         0.         PONOR DRIVEN GRANTMAKI PRANTS           NORTH RANGE BEHAVIORAL HEAL7H	(a) Name and address of		(c) IRC section	(d) Amount of	<b>(e)</b> Amount of noncash	<b>(f)</b> Method of valuation (book, FMV,	(g) Description of	
DENVER, CO 80207 81-3757873 \$01(C)(3) 11,500. 0. PRANTS LATINA SAFEHOUSE P. O. BOX 11174 DENVER, CO 80219 32-029803 501(C)(3) 23,500. 0. PRANTS LATINO CULTURAL ARTS 2454 W 77H AVENUE DENVER, CO 80204 81-1705392 501(C)(3) 468,186. 0. PONOR-DRIVEN GRANTMAKI 2454 W 77H AVENUE DENVER, CO 80204 81-1705392 501(C)(3) 9,607. 0. PONOR-DRIVEN GRANTMAKI DENVER, CO 80204 81-1705392 501(C)(3) 9,607. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80204 81-1705392 501(C)(3) 9,607. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80204 81-1705392 501(C)(3) 26,500. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80204 81-1705392 501(C)(3) 26,500. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80204 81-1705392 501(C)(3) 26,500. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80204 81-160592 501(C)(3) 26,500. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80202 84-1366092 501(C)(3) 30,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80202 84-1366092 501(C)(3) 30,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80202 84-1366092 501(C)(3) 40,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80218 26-1389272 501(C)(3) 40,000. 0. PONOR DRIVEN GRANTMAKI 1300 N 17 AVENUE BENVER, CO 80218 84-0622660 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI 1300 N1 7 AVENUE RERELEY. CO 80511 84-0622660 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 8022 CONTENTOR P. 0. DOX 151153 DENVER, CO 80218 84-0622660 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DONOR DRIVEN GRANTMAKI DENVER, CO 80218 84-0622660 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80218 84-0622660 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80218 84-0622660 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80218 84-0622660 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DONOR DRIVEN FOR DRIVEN GRANTMAKI DRIVENCE CO 80218 84-0622660 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DONOR DRIVEN GRANTMAKI DONOR DRIVEN GRANTMAKI DRIVENTE COMUNITY INVES	KIDS ABOVE EVERYTHING							
DENVER, CO 80207 81-3757873 501(C)(3) 11,500. 0. PRANTS LATINA SAFEROUSE P. O. BOX 11174 DENVER, CO 80219 32-0298603 501(C)(3) 23,500. 0. PRANTS LATINO CULTURAL ARTS 22-0298603 501(C)(3) 23,500. 0. PRANTS LATINO CULTURAL ARTS 22645 W7H AVENUE DENVER, CO 80204 81-1705392 501(C)(3) 468,186. 0. PONOR-DRIVEN GRANTMAKI DENVER, CO 80204 81-1705392 501(C)(3) 9,607. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80204 81-1705392 501(C)(3) 9,607. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80204 81-1705392 501(C)(3) 9,607. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80204 81-1705392 501(C)(3) 26,500. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80204 81-1705392 501(C)(3) 26,500. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80204 81-166092 501(C)(3) 26,500. 0. PONOR DRIVEN GRANTMAKI MUSEUM OF CONTENFORARY ART DENVER LATS COMMUNITY INVESTMENTS I DENVER, CO 80202 84-1366092 501(C)(3) 30,000. 0. PONOR DRIVEN GRANTMAKI NEW ERA COLORADO P. O. BOX 13153 DENVER, CO 80218 26-1389272 501(C)(3) 40,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80218 84-1366092 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80218 84-1366092 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80218 84-1366092 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80218 84-1366092 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80218 84-166092 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80218 84-0622660 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80218 84-0622660 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DENVER, CO 80218 84-0622660 501(C)(3) 12,000. 0. PONOR DRIVEN GRANTMAKI DONOR DRIVEN CO BOLACCOM	2840 FAIRFAX STREET, SUITE 260							COMMUNITY INVESTMENTS &
P. O. BOX 11174     32-029803     501(C)(3)     23,500.     0.     COMMUNITY INVESTMENTS I BRANTS       LATINO CULTURAL ARTS 2645 W 7TH AVENUE     81-1705392     501(C)(3)     468,186.     0.     DONOR-DRIVEN GRANTMARINE DENVER, CO 80204       LATINO CULTURAL ARTS CENTER 2645 W 7TH AVENUE     81-1705392     501(C)(3)     468,186.     0.     DONOR-DRIVEN GRANTMARINE DENVER, CO 80204       MAMA BIRD DOULA SERVICES 15200 E GIRARD AVENUENUE, SUITE 310 ARRORA, CO 80014     88-0761760     501(C)(3)     26,500.     0.     BRANTS       MUSEDUO FO CONTEMPORARY ART DENVER HUSS DELONZY STREET DENVER, CO 80202     84-1366092     501(C)(3)     30,000.     0.     DONOR-DRIVEN GRANTMARIN BRANTS       NEN ERA COLORADO F. O. BOX 181153     26-1389272     501(C)(3)     40,000.     0.     DONOR-DRIVEN GRANTMARIN BRANTS       NORTH BANGE BERAVICAL HEALTH 1300 N 17 AVENUE RELEIF, CO 80511     84-0622660     501(C)(3)     12,000.     0.     DONOR DRIVEN GRANTMARIN DONOR DRIVEN GRANTMARKIN		81-3757873	501(C)(3)	11,500.	0.			GRANTS
P. 0. BOX 11174       32-029803       501(c)(3)       23,500       0.       COMMUNITY INVESTMENTS I BRANTS         DERVER, C0 80219       32-029803       501(c)(3)       23,500       0.       BRANTS         LATINO CULTURAL ARTS 2645 W 7TH AVENUE       E1-1705392       501(c)(3)       468,186.       0.       DONOR-DRIVEN GRANTMARI         LATINO CULTURAL ARTS CENTER 2645 W 7TH AVENUE       E1-1705392       501(c)(3)       9,607.       0.       DONOR-DRIVEN GRANTMARI         LATINO CULTURAL ARTS CENTER 2645 W 7TH AVENUE       E1-1705392       501(c)(3)       9,607.       0.       DONOR-DRIVEN GRANTMARI         LATINO CULTURAL ARTS CENTER 2645 W 7TH AVENUE       E1-1705392       501(c)(3)       9,607.       0.       DONOR-DRIVEN GRANTMARI         LATINO CULTURAL ARTS CENTER 2645 W 7TH AVENUE       E1-1705392       501(c)(3)       9,607.       0.       DONOR-DRIVEN GRANTMARI         LATINO CULTURAL ARTS CENTER 2645 W 7TH AVENUE       E1-1705392       501(c)(3)       9,607.       0.       DONOR-DRIVEN GRANTMARI         LATINO CULTURAL ARTS CENTER 2645 W 7TH AVENUE       E1-1705392       501(c)(3)       26,500.       0.       COMMUNITY INVESTMENTS IN         LASEUD AGO CO SOLIA       E1-1705392       501(c)(3)       30,000.       0.       DONOR-DRIVEN GRANTMARI	LATINA SAFEHOUSE							
DENVER, CO 80219         32-029803         501(C)(3)         23,500.         0.         SRANTS           LATINO CULTURAL ARTS 2645 W 7TH AVENUE         81-1705392         501(C)(3)         468,186.         0.         DONOR-DRIVEN GRANTMARINE DONOR-DRIVEN GRANTMARINE 2645 W 7TH AVENUE         DONOR-DRIVEN GRANTMARINE 27000 W 7TH AVENUE </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>COMMUNITY INVESTMENTS &amp;</td>								COMMUNITY INVESTMENTS &
2645 W 7TH AVENUE DERVER, CO 8020481-1705392501(C)(3)468,186.0.DONOR-DRIVEN GRANTMARI DONOR-DRIVEN GRANTMARI DONOR-DRIVEN GRANTMARILATINO CULTURAL ARTS CENTER 2645 W 7TH AVENUE DERVER, CO 8020481-1705392501(C)(3)9,607.0.DONOR-DRIVEN GRANTMARI DONOR-DRIVEN GRANTMARIMAMA BIRD DOULA SERVICES 15200 E GIRARD AVENUENUE, SUITE 310 AURORA, CO 8001488-0761760501(C)(3)26,500.0.COMMUNITY INVESTMENTS IN GRANTSMUSEUN OF CONTEMPORARY ART DENVER 1485 DELGANY STREET DENVER, CO 8021284-1366092501(C)(3)30,000.0.DONOR-DRIVEN GRANTMARI DONOR-DRIVEN GRANTMARI DONOR-DRIVEN GRANTMARI DONOR-DRIVEN GRANTMARI DONOR-DRIVEN GRANTMARINORTH RANGE BEHAVIORAL HEALTH 1300 N 17 AVENUE GREELEY, CO 8063184-0622660501(C)(3)12,000.0.DONOR-DRIVEN GRANTMARI DONOR-DRIVEN GR		32-0298603	501(C)(3)	23,500.	0.			
2645 W 7TH AVENUE       81-1705392       501(C)(3)       468,186.       0.       DONOR-DRIVEN GRANTMARI         LATINO CULTURAL ARTS CENTER       81-1705392       501(C)(3)       9,607.       0.       DONOR-DRIVEN GRANTMARI         Z645 W 7TH AVENUE       81-1705392       501(C)(3)       9,607.       0.       DONOR-DRIVEN GRANTMARI         Z645 W 7TH AVENUE       81-1705392       501(C)(3)       9,607.       0.       DONOR-DRIVEN GRANTMARI         MAMA BIRD DOULA SERVICES       15200 E GIRARD AVENUENUE, SUITE 310       88-0761760       501(C)(3)       26,500.       0.       GRANTS         MUSEUM OF CONTEMPORARY ART DENVER       88-0761760       501(C)(3)       26,500.       0.       DONOR-DRIVEN GRANTMARI         NUSEUM OF CONTEMPORARY ART DENVER       84-1366092       501(C)(3)       30,000.       0.       DONOR-DRIVEN GRANTMARI         NEW ERA COLORADO       P. O. BOX 181153       26-1389272       501(C)(3)       40,000.       0.       DONOR-DRIVEN GRANTMARI         1300 N 17 AVENUE       84-0622660       501(C)(3)       12,000.       0.       DONOR-DRIVEN GRANTMARI         1300 N 17 AVENUE       84-0622660       501(C)(3)       12,000.       0.       DONOR-DRIVEN GRANTMARI         1300 N 17 AVENUE       84-0622660       501(C)(3)       1								
DENVER, CO 80204         81-1705392         501(C)(3)         468,186.         0.         DONOR-DRIVEN GRANTMAKI           LATINO CULTURAL ARTS CENTER         2645 M 7TH AVENUE         81-1705392         501(C)(3)         9,607.         0.         DONOR-DRIVEN GRANTMAKI           2645 M 7TH AVENUE         81-1705392         501(C)(3)         9,607.         0.         DONOR-DRIVEN GRANTMAKI           MAMA BIRD DOULA SERVICES         15200 E GIRARD AVENUENUE, SUITE 310         88-0761760         501(C)(3)         26,500.         0.         COMMUNITY INVESTMENTS INTRESE           MUSEUM OF CONTEMPORARY ART DENVER         88-0761760         501(C)(3)         26,500.         0.         DONOR-DRIVEN GRANTMAKI           NUSEUM OF CONTEMPORARY ART DENVER         88-0761760         501(C)(3)         30,000.         0.         DONOR-DRIVEN GRANTMAKI           NUSEUM OF CONTEMPORARY ART DENVER         88-0761760         501(C)(3)         30,000.         0.         DONOR-DRIVEN GRANTMAKI           NUSEUM OF CONTEMPORARY ART DENVER         84-1366092         501(C)(3)         30,000.         0.         DONOR-DRIVEN GRANTMAKI           NEW ERA COLORADO         26-1389272         501(C)(3)         40,000.         0.         ADVOCACY           NORTH RANGE BEHAVIORAL HEALTH         84-0622660         501(C)(3)         12,000.								
LATINO CULTURAL ARTS CENTER 2645 W 7TH AVENUE DENVER, CO 80204 81-1705392 501(C)(3) 9,607. 0. DONOR-DRIVEN GRANTMARII MAMA BIRD DOULA SERVICES 15200 E GIRARD AVENUENUE, SUITE 310 AUGRA, CO 80014 88-0761760 501(C)(3) 26,500. 0. COMMUNITY INVESTMENTS / AUGRA, CO 80014 88-0761760 501(C)(3) 26,500. 0. COMMUNITY INVESTMENTS / AUGRA, CO 80202 84-1366092 501(C)(3) 30,000. 0. DONOR-DRIVEN GRANTMARII DONOR-DRIVEN GRANTMARII DO		81-1705392	501(C)(3)	468 186	0			DONOR-DRIVEN GRANTMAKING
2645 W 7TH AVENUE81-1705392501(C)(3)9,607.0.DONOR-DRIVEN GRANTMAKIDENVER, CO 8020481-1705392501(C)(3)9,607.0.DONOR-DRIVEN GRANTMAKIMAMA BIRD DOULA SERVICES15200 E GIRARD AVENUENUE, SUITE 310 AURORA, CO 8001488-0761760501(C)(3)26,500.0.GRANTSMUSEUM OF CONTEMPORARY ART DENVER 1485 DELGANY STREET DENVER, CO 8020284-1366092501(C)(3)30,000.0.DONOR-DRIVEN GRANTMAKINEW ERA COLORADO P. O. BOX 181153 DENVER, CO 8021826-1389272501(C)(3)40,000.0.ADVOCACYNORTH RANGE BEHAVIORAL HEALTH 1300 N 17 AVENUE GREELEY, CO 8063184-0622660501(C)(3)12,000.0.DONOR-DRIVEN GRANTMAKIONWARD A LEGACY FOUNDATION P. O. BOX 26					- •			
DENVER, CO 80204       81-1705392 \$01(C)(3)       9,607.       0.       DONOR-DRIVEN GRANTMAKING         MAMA BIRD DOULA SERVICES       15200 E GIRARD AVENUENUE, SUITE 310       88-0761760       \$01(C)(3)       26,500.       0.       COMMUNITY INVESTMENTS of GRANTS         MUSEUM OF CONTEMPORARY ART DENVER       88-0761760       \$01(C)(3)       26,500.       0.       GRANTS         MUSEUM OF CONTEMPORARY ART DENVER       84-1366092       \$01(C)(3)       30,000.       0.       DONOR-DRIVEN GRANTMAKING         NEW ERA COLORADO       84-1366092       \$01(C)(3)       40,000.       0.       ADVOCACY         NORTH RANGE BEHAVIORAL HEALTH       26-1389272       \$01(C)(3)       12,000.       0.       DONOR-DRIVEN GRANTMAKING         NORTH RANGE BEHAVIORAL HEALTH       84-0622660       \$01(C)(3)       12,000.       0.       DONOR-DRIVEN GRANTMAKING         ONWARD A LEGACY FOUNDATION       P. O. BOX 26       COMMUNITY INVESTMENTS of COMMUNITY INV	LATINO CULTURAL ARTS CENTER							
MAMA BIRD DOULA SERVICES         Community investments a           15200 E GIRARD AVENUENUE, SUITE 310         88-0761760         501(C)(3)         26,500.         0.         BRANTS           AURORA, CO 80014         88-0761760         501(C)(3)         26,500.         0.         BRANTS           MUSEUM OF CONTEMPORARY ART DENVER         1485         DELGANY STREET         DENVER, CO 80202         84-1366092         501(C)(3)         30,000.         0.         DONOR-DRIVEN GRANTMAKII           NEW ERA COLORADO         P. O. BOX 181153         DENVER, CO 80218         26-1389272         501(C)(3)         40,000.         0.         ADVOCACY           NORTH RANGE BEHAVIORAL HEALTH         1300 N 17 AVENUE         84-0622660         501(C)(3)         12,000.         0.         DONOR-DRIVEN GRANTMAKII           ONWARD A LEGACY FOUNDATION         P. O. BOX 26         COMMUNITY INVESTMENTS 6         COMMUNITY INVESTMENTS 6	2645 W 7TH AVENUE							
15200 E GIRARD AVENUENUE, SUITE 310       88-0761760       501(C)(3)       26,500.       0.       COMMUNITY INVESTMENTS a SRATS         MUSEUM OF CONTEMPORARY ART DENVER       84-1366092       501(C)(3)       26,500.       0.       DONOR-DRIVEN GRANTMAKIN         MUSEUM OF CONTEMPORARY ART DENVER       84-1366092       501(C)(3)       30,000.       0.       DONOR-DRIVEN GRANTMAKIN         NEW ERA COLORADO       84-1389272       501(C)(3)       40,000.       0.       DONOR-DRIVEN GRANTMAKIN         NORTH RANGE BEHAVIORAL HEALTH       26-1389272       501(C)(3)       40,000.       0.       DONOR-DRIVEN GRANTMAKIN         NORTH RANGE BEHAVIORAL HEALTH       84-0622660       501(C)(3)       12,000.       0.       DONOR-DRIVEN GRANTMAKIN         ONWARD A LEGACY FOUNDATION       P. O. BOX 26       COMMUNITY INVESTMENTS 4       COMMUNITY INVESTMENTS 4	DENVER, CO 80204	81-1705392	501(C)(3)	9,607.	0.			DONOR-DRIVEN GRANTMAKING
15200 E GIRARD AVENUENUE, SUITE 310 AURORA, CO 8001488-0761760501(C)(3)26,500.0.COMMUNITY INVESTMENTS A SRATSMUSEUM OF CONTEMPORARY ART DENVER 1485 DELGANY STREET DENVER, CO 8020284-1366092501(C)(3)30,000.0.DONOR-DRIVEN GRANTMAKIN DONOR-DRIVEN GRANTMAKIN DONOR-DRIVEN GRANTMAKIN DENVER, CO 8021826-1389272501(C)(3)40,000.0.DONOR-DRIVEN GRANTMAKIN DONOR-DRIVEN GRANTMAKIN DONOR-DRIVEN GRANTMAKIN DENVER, CO 80218NORTH RANGE BEHAVIORAL HEALTH 1300 N 17 AVENUE GREELEY, CO 8063184-0622660501(C)(3)12,000.0.DONOR-DRIVEN GRANTMAKIN DONOR-DRIVEN GRANTMAKIN DON	MAMA BIRD DOULA SERVICES							
AURORA, CO 80014       88-0761760       501(C)(3)       26,500.       0.       GRANTS         MUSEUM OF CONTEMPORARY ART DENVER       84-1366092       501(C)(3)       30,000.       0.       DONOR-DRIVEN GRANTMAKIN         MUSEUM OF CONTEMPORARY ART DENVER       84-1366092       501(C)(3)       30,000.       0.       DONOR-DRIVEN GRANTMAKIN         NEW ERA COLORADO       84-1389272       501(C)(3)       40,000.       0.       ADVOCACY         P. O. BOX 181153       26-1389272       501(C)(3)       40,000.       0.       ADVOCACY         NORTH RANGE BEHAVIORAL HEALTH       1300 N 17 AVENUE       84-0622660       501(C)(3)       12,000.       0.       DONOR-DRIVEN GRANTMAKIN         ONWARD A LEGACY FOUNDATION       P. O. BOX 26       COMMUNITY INVESTMENTS of COMMUNITY INVESTMENTS								COMMINITY INVESTMENTS &
MUSEUM OF CONTEMPORARY ART DENVER 1485 DELGANY STREET DENVER, CO 80202 84-1366092 501(C)(3) 30,000. 0. DONOR-DRIVEN GRANTMAKIN NEW ERA COLORADO P. O. BOX 181153 DENVER, CO 80218 26-1389272 501(C)(3) 40,000. 0. ADVOCACY NORTH RANGE BEHAVIORAL HEALTH 1300 N 17 AVENUE GREELEY, CO 80631 84-0622660 501(C)(3) 12,000. 0. DONOR-DRIVEN GRANTMAKIN ONWARD A LEGACY FOUNDATION P. O. BOX 26 COMMUNITY INVESTMENTS 6	-	88-0761760	501(C)(3)	26 500	0			
1485 DELGANY STREET DENVER, CO 8020284-1366092501(C)(3)30,000.0.DONOR-DRIVEN GRANTMAKIN DONOR-DRIVEN GRANTMAKIN ADVOCACYNEW ERA COLORADO P. O. BOX 181153 DENVER, CO 8021826-1389272501(C)(3)40,000.0.ADVOCACYNORTH RANGE BEHAVIORAL HEALTH 1300 N 17 AVENUE GREELEY, CO 8063126-1389272501(C)(3)12,000.0.DONOR-DRIVEN GRANTMAKIN DONOR-DRIVEN GRANTMAKIN DONOR-DRIVEN GRANTMAKIN P. O. BOX 26								
DENVER, CO 80202 84-1366092 501(C)(3) 30,000. 0. DONOR-DRIVEN GRANTMAKIN NEW ERA COLORADO P. O. BOX 181153 DENVER, CO 80218 26-1389272 501(C)(3) 40,000. 0. ADVOCACY NORTH RANGE BEHAVIORAL HEALTH 1300 N 17 AVENUE GREELEY, CO 80631 84-0622660 501(C)(3) 12,000. 0. DONOR-DRIVEN GRANTMAKIN ONWARD A LEGACY FOUNDATION P. O. BOX 26 COMMUNITY INVESTMENTS A	MUSEUM OF CONTEMPORARY ART DENVER							
NEW ERA COLORADO P. O. BOX 181153 DENVER, CO 80218 26-1389272 501(C)(3) 40,000. 0. ADVOCACY NORTH RANGE BEHAVIORAL HEALTH 1300 N 17 AVENUE GREELEY, CO 80631 84-0622660 501(C)(3) 12,000. 0. DONOR-DRIVEN GRANTMAKIN ONWARD A LEGACY FOUNDATION P. O. BOX 26 COMMUNITY INVESTMENTS 6	1485 DELGANY STREET							
P. O. BOX 181153 DENVER, CO 80218 26-1389272 501(C)(3) 40,000. 0. ADVOCACY NORTH RANGE BEHAVIORAL HEALTH 1300 N 17 AVENUE GREELEY, CO 80631 84-0622660 501(C)(3) 12,000. 0. DONOR-DRIVEN GRANTMAKIN ONWARD A LEGACY FOUNDATION P. O. BOX 26 COMMUNITY INVESTMENTS OF	DENVER, CO 80202	84-1366092	501(C)(3)	30,000.	0.			DONOR-DRIVEN GRANTMAKING
P. O. BOX 181153 DENVER, CO 80218 26-1389272 501(C)(3) 40,000. 0. ADVOCACY NORTH RANGE BEHAVIORAL HEALTH 1300 N 17 AVENUE GREELEY, CO 80631 84-0622660 501(C)(3) 12,000. 0. DONOR-DRIVEN GRANTMAKIN ONWARD A LEGACY FOUNDATION P. O. BOX 26 COMMUNITY INVESTMENTS OF								
DENVER, CO 80218 26-1389272 501(C)(3) 40,000. 0. ADVOCACY NORTH RANGE BEHAVIORAL HEALTH 1300 N 17 AVENUE GREELEY, CO 80631 84-0622660 501(C)(3) 12,000. 0. DONOR-DRIVEN GRANTMAKIN ONWARD A LEGACY FOUNDATION P. O. BOX 26 COMMUNITY INVESTMENTS OF								
NORTH RANGE BEHAVIORAL HEALTH 1300 N 17 AVENUE GREELEY, CO 80631 84-0622660 501(C)(3) 12,000. 0. DONOR-DRIVEN GRANTMAKIN ONWARD A LEGACY FOUNDATION P. O. BOX 26 COMMUNITY INVESTMENTS O		06 1000000	F01 ( a) ( a)	40.000	0			
1300 N 17 AVENUE GREELEY, CO 80631 84-0622660 501(C)(3) 12,000. 0. 0. DONOR-DRIVEN GRANTMAKIN DNWARD A LEGACY FOUNDATION P. O. BOX 26 COMMUNITY INVESTMENTS OF	DENVER, CO 80218	26-1389272	501(C)(3)	40,000.	0.			ADVOCACY
1300 N 17 AVENUE       84-0622660 501(C)(3)       12,000.       0.       DONOR-DRIVEN GRANTMAKIN         ONWARD A LEGACY FOUNDATION       P. O. BOX 26       COMMUNITY INVESTMENTS A	NORTH RANGE BEHAVIORAL HEALTH							
GREELEY, CO 80631       84-0622660       501(C)(3)       12,000.       0.       DONOR-DRIVEN GRANTMAKING         ONWARD A LEGACY FOUNDATION       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       .       . <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
P. O. BOX 26 COMMUNITY INVESTMENTS a		84-0622660	501(C)(3)	12,000.	0.			DONOR-DRIVEN GRANTMAKING
P. O. BOX 26 COMMUNITY INVESTMENTS a								
	CORTEZ, CO 81321	26-0045741	501(C)(3)	15,000.	0.			GRANTS

#### Schedule I (Form 990) THE WOMEN'S FOUNDATION OF COLORADO

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUT BOULDER COUNTY							
P. O. BOX 1018							
BOULDER, CO 80306	84-1467314	501(C)(3)	80,000.	٥.			DONOR-DRIVEN GRANTMAKING
PEER COACH ACADEMY COLORADO							
411 S CASCADE #100							COMMUNITY INVESTMENTS &
COLORADO SPRINGS, CO 80903	81-3460352	501(C)(3)	10,000.	0.			GRANTS
PEOPLE AND POLLINATORS ACTION NETWORK - P. O. BOX 355 - NIWOT,							
CO 80544	47-2260229	501(C)(3)	10,000.	0.			DONOR-DRIVEN GRANTMAKING
PLANET WOMAN 9720 COPPERTOP LOOP NE SUITE 104							
BAINBRIDGE ISLAND, WA 98110	27-0726824	501(C)(3)	15,000.	0.			DONOR-DRIVEN GRANTMAKING
POLITE TUMOR 349 N WASHINGTON STREET							
DENVER, CO 80203	81-4814298	501(C)(3)	30,000.	0.			DONOR-DRIVEN GRANTMAKING
POSADA							
501 BELMONT AVENUE							
PUEBLO, CO 81004	74-2473501	501(C)(3)	56,010.	0.			COMMUNITY ENGAGEMENT
PROJECT PROTECT FOOD SYSTEMS							
NETWORKS - P. O. BOX 1867 -							COMMUNITY INVESTMENTS &
ARVADA, CO 80001	83-3496361	501(C)(3)	10,000.	0.			GRANTS
PROJECT RESTART, INC							
1903 S GRANT STREET							
DENVER, CO 80210	83-2638309	501(C)(3)	10,000.	0.			DONOR-DRIVEN GRANTMAKING
REALIZE IMPACT							
P. O. BOX 11548	46 2504720	F(1/C)(2)	40 500	٥.			DONOR DELIVEN CRANINA VING
BAINBRIDGE ISLAND, WA 98110	46-3594732	DOT(C)(D)	40,500.	U.			DONOR-DRIVEN GRANTMAKING

# Schedule I (Form 990) THE WOMEN'S FOUNDATION OF COLORADO Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Schedule I (Form 990)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RED LIGHT RESOURCES INTERNATIONAL P. O. BOX 270668 LOUISVILLE, CO 80027	47-1559119	501(C)(3)	10,000.	0.			DONOR-DRIVEN GRANTMAKING
REDLINE CONTEMPORARY ART CENTER 2350 ARAPAHOE STREET							
DENVER, CO 80205	26-0317963	501(C)(3)	20,000.	0.			DONOR-DRIVEN GRANTMAKING
RISE 5280 18957 E RANDOLPH PL DENVER, CO 80249	83-1241959	501(C)(3)	18,000.	0.			COMMUNITY INVESTMENTS & GRANTS
ROCKY MOUNTAIN EMPLOYEE OWNERSHIP CENTER – 3000 LAWRENCE STREET #21 – DENVER, CO 80205	45-2465671	501(C)(3)	6,250.	0.			DONOR-DRIVEN GRANTMAKING
ROCKY MOUNTAIN INSTI 2490 JUNCTION PL STE 200 BOULDER, CO 80301	74-2244146	501(C)(3)	10,000.	0.			DONOR-DRIVEN GRANTMAKING
ROCKY MOUNTAIN PLANNED PARENTHOOD INC. – 7155 E 38TH AVENUENUE – DENVER, CO 80207	84-0404253	501(C)(3)	26,500.	0.			DONOR-DRIVEN GRANTMAKING
ROCKY MOUNTAIN PUBLIC MEDIA 2101 ARAPAHOE STREET DENVER, CO 80205	84-0510785	501(C)(3)	7,500.	0.			COMMUNITY ENGAGEMENT
ROSHNI 10918 E CRESTRIDGE CIR ENGLEWOOD, CO 80111	81-4357226	501(C)(3)	18,000.	0.			COMMUNITY INVESTMENTS & GRANTS
S.A.C.R.ED ECO-CENTER P. O. BOX 13921 DENVER, CO 80201	88-0796495	501(C)(3)	11,500.	0.			COMMUNITY INVESTMENTS & GRANTS

84-1039305 Page 1

# Schedule I (Form 990) THE WOMEN'S FOUNDATION OF COLORADO

84-1039305 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAFEHOUSE PROGRESSIVE							
835 NORTH STREET							
BOULDER, CO 80304	74-2145368	501(C)(3)	8,500.	0.			DONOR-DRIVEN GRANTMAKING
· · ·			,				
SAME CAF							
2023 E COLFAX AVENUE							
DENVER, CO 80206	20-4765519	501(C)(3)	10,000.	0.			DONOR-DRIVEN GRANTMAKING
SAN LUIS VALLEY AREA HEALTH							
EDUCATION CENTER - P. O. BOX 1657							COMMUNITY INVESTMENTS &
- ALAMOSA, CO 81101	84-0775551	501(C)(3)	10,000.	0.			GRANTS
SAN LUIS VALLEY IMMIGRATION							
P O BOX 1534	=		10.100				
ALAMOSA, CO 81101	74-3064080	501(C)(3)	10,100.	0.			COMMUNITY ENGAGEMENT
SOUTHWEST ENERGY EFF							
2334 N BROADWAY, STE A							
BOULDER, CO 80304	84-1593046	501(C)(3)	45,000.	0.			DONOR-DRIVEN GRANTMAKING
	04 1353040	501(0)(3)	43,000.				DONOR DRIVEN CREMINATING
THE BELL POLICY CENTER							
303 E 17TH AVENUE, SUITE 400							
DENVER, CO 80203	84-1550841	501(C)(3)	35,900.	0.			ADVOCACY
			,				
THE CENTER FOR AFRICA AMERICAN							
HEALTH - 3350 HUDSON STREET -							
DENVER, CO 80207	84-1477546	501(C)(3)	100,000.	0.			DONOR-DRIVEN GRANTMAKING
THE COLORADO CENTER ON LAW AND							
POLICY - 789 SHERMAN ST. #300 -							
DENVER, CO 80203	84-1264154	501(C)(3)	42,500.	0.			ADVOCACY
THE COMPOUND OF COMPASSION							
3819 S QUINTERO CIRCLE	00 4601001	F01 ( g) ( 2 )	10.000				COMMUNITY INVESTMENTS &
AURORA, CO 80013	82-4631021	DUT(C)(3)	18,000.	٥.			GRANTS

		TION OF COL					4-1039305 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GATHERING PLACE							
1535 HIGH ST							
DENVER, CO 80218	84-1021059	501(C)(3)	65,710.	0.			DONOR-DRIVEN GRANTMAKING
			,				
THE HADANOU COLLECTIVE - ASIAN							
GIRLS IGNITE - P. O. BOX 300579 -							COMMUNITY INVESTMENTS &
DENVER, CO 80203	47-5606568	501(C)(3)	11,500.	٥.			GRANTS
THE INITIATIVE							
6825 E TENNEESSEE AVENUE, #475	04 1000050	501 ( 2) ( 2)	50 550				
DENVER, CO 80224	84-1068953	501(C)(3)	59,570.	0.			COMMUNITY ENGAGEMENT
THE SENIOR HUB							
10190 BANNOCK ST STE 105							
NORTHGLENN, CO 80260	74-2412032	501(C)(3)	30,000.	Ο.			COMMUNITY ENGAGEMENT
,			,				
THE VILLAGE INSTITUTE							
1440 ELMIRA STREET							
DENVER, CO 80010	86-3160394	501(C)(3)	10,000.	0.			DONOR-DRIVEN GRANTMAKING
TRIBAL ADAPTIVE							
1718 MARIPOSA DRIVE	01 4056260	501 ( 2) ( 2)	0.7.000				COMMUNITY INVESTMENTS &
DURANGO , CO 81301	81-4076368	501(C)(3)	27,922.	0.			GRANTS
TU CASA, INC.							
P. O. BOX 473							
ALAMOSA, CO 81101	74-2227742	501(C)(3)	15,100.	Ο.			COMMUNITY ENGAGEMENT
UJYALO FOUNDATION							
3424 S JERICHO CT							COMMUNITY INVESTMENTS &
AURORA, CO 80013	46-2715690	501(C)(3)	31,750.	0.			GRANTS
UNITE TO LIGHT							
1117 STATE STREET #19							
SANTA BARBARA, CA 93101	27-2942180	501(C)(3)	7,500.	Ο.			DONOR-DRIVEN GRANTMAKING

8	4 –	10	39	31	05	Page 1
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		TION OF COL					4-1039305 Page
Part II Continuation of Grants and Other	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED FOR A NEW ECONOMY							
7190 COLORADO BLVD, STE 400							COMMUNITY INVESTMENTS &
DENVER, CO 80022	26-0019190	501(C)(3)	10,000.	0.			GRANTS
UNIVERSITY OF COLORADO - JOHNSON	20 0019190	501(0)(5)	10,000.	0.			SKANTS
DEPRESSION CENTER - 13001 E 17TH							
PL, MS A065							
ATTN: ALLISON KREBS - AURORA, CO	84-6049811	501(C)(3)	25,000.	0.			DONOR-DRIVEN GRANTMAKING
UNIVERSITY OF COLORADO -DIAMOND	04 0049011	501(0)(5)	23,000.	0.			DONOR DRIVEN GRANIMARING
BREAST CANCER RESEARCH FUND -							
13001 E 17TH PL, MS A065							
ATTN: ALLISON KREBS - AURORA, CO	84-6049811	501(C)(3)	30,000.	0.			DONOR-DRIVEN GRANTMAKING
	04 0049011	501(0)(5)	50,000.	0.			
VERMONT DAY SCHOOL							
6701 SHELBURNE RD							
SHELBURNE, VT 05482	47-2399104	501(C)(3)	10,000.	0.			DONOR-DRIVEN GRANTMAKING
			, -				
VOCES UNIDAS FOR JUSTICE							
2519 AIRPORT ROAD							
COLORADO SPRINGS, CO 80910	27-1888868	501(C)(3)	27,500.	0.			COMMUNITY ENGAGEMENT
,			, ,				
WESTERN COLORADO ALLIANCE - ACTION							
IS SAFER - 2481 COMMERCE BLVD -							COMMUNITY INVESTMENTS &
GRAND JUNCTION, CO 81505	84-0837218	501(C)(3)	10,000.	0.			GRANTS
WESTERN COLORADO MIGRANT AND RURAL							
COALITION - P. O. BOX 581 - DELTA,							COMMUNITY INVESTMENTS &
CO 81416	84-1121554	501(C)(3)	15,000.	0.			GRANTS
WESTERN RESOURCE ADVOCATES							
2260 BASELINE ROAD, SUITE 200							
BOULDER, CO 80302	84-1113831	501(C)(3)	20,000.	0.			DONOR-DRIVEN GRANTMAKING
YOUTH EMPOWERMENT AGENCY							
18955 ROBINS DR							COMMUNITY INVESTMENTS &
DENVER, CO 80249	30-0803887	501(C)(3)	10,000.	Ο.			GRANTS

Schedule I (Form 990)         THE WOMEN'S FOUNDATION OF COLORADO           Part II         Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							84-1039305 Page	
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	ırt II.)	1	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
YOUTH SEEN 1495 HALE PKWY, STE 101							COMMUNITY INVESTMENTS &	
DENVER, CO 80206	82-2882960	501(C)(3)	10,000.	0.			GRANTS	
THIOPIAN COMMUNITY DEVELOPMENT COUNCIL- AFRICAN COMMUNITY CENTER 925 S NIAGARA STREET - DENVER,								
co 80224	52-1308986	501(C)(3)	10,000.	0.			DONOR-DRIVEN GRANTMAKING	
BLUFF LAKE NATURE CENTER 4760 OAKLAND ST., SUITE 200								
DENVER, CO 80239	84-1305302	501(C)(3)	25,000.	0.			DONOR-DRIVEN GRANTMAKING	
DENVER FILM SOCIETY								
2510 E COLFAX AVENUENUE DENVER, CO 80206	84-0771070	501(C)(3)	11,500.	0.			COMMUNITY INVESTMENTS & GRANTS	
			,					

#### Schedule I (Form 990) 2023

#### 2023 THE WOMEN'S FOUNDATION OF COLORADO

84-1039305

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	e 2; Part III, column	(b); and any other ad	ditional information.	

PART I, LINE 2:

THE FOUNDATION REQUESTS AN APPLICATION AND FINAL REPORT FOR EACH PROJECT

FUNDED. IN ADDITION, THE FOUNDATION MIGHT PERFORM A SITE VISIT, MAKES

PERIODIC CALLS AND ENGAGES IN EMAIL CORRESPONDENCE REGARDING UPDATES TO

ENSURE GRANT FUNDS ARE USED PROPERLY. BY REQUIRING RIGOROUS REPORTING AND

MAKING A PERSONAL CONNECTION WITH EACH GRANTEE, THE FOUNDATION ENSURES

FUNDS ARE BEING USED FOR PROPER PURPOSES. THE FOUNDATION USES A MODIFIED

VERSION OF THE COLORADO COMMON GRANT APPLICATION AND REPORT THAT CLOSELY

#### ALIGNS WITH THE STRATEGIC FUNDING AREAS AND ALLOWS THE FOUNDATION TO GATHER

Schedule I	(Form 990)

# Part IV Supplemental Information

SPECIFIC AND TIMELY INFORMATION ON PROGRAMS AND ORGANIZATIONS.

SCH	IEDULE J	Comper	nsation Information	OMB 1	lo. 1545-00	147
(For	m 990)	-	tors, Trustees, Key Employees, and Highest	2	ດວາ	)
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 23.	2	023	
Depart	ment of the Treasury		Attach to Form 990.		n to Pub	
Interna	I Revenue Service		90 for instructions and the latest information.		pection	
Nam	e of the organizatior			Employer identifica		mber
De			ATION OF COLORADO	84-10393	05	
Pa		Regarding Compensation			1	T
	o				Yes	No
			y of the following to or for a person listed on Form	990,		
		· · · ·	elevant information regarding these items.			
	First-class or c		Housing allowance or residence for persor			
	Travel for com		Payments for business use of personal res			
		ation and gross-up payments	Health or social club dues or initiation fees Personal services (such as maid, chauffeu			
	Discretionary s	pending account	Personal services (such as maid, chauneu	r, cher)		
h	If any of the bayes	n line 1e are checked did the organization	on follow a written policy regarding payment or			
	,	<i>,</i> <b>, , ,</b>	above? If "No," complete Part III to explain	1	h	
			ng or allowing expenses incurred by all directors,	······		
			regarding the items checked on line 1a?	2	,	
	trustees, and onice	s, including the OLO/Executive Director,			-	
3	Indicate which if an	v of the following the organization used t	to establish the compensation of the organization's			
			any boxes for methods used by a related organization	on to		
		tion of the CEO/Executive Director, but e	, , ,			
	X Compensation		Written employment contract			
		ompensation consultant	X Compensation survey or study			
		her organizations	X Approval by the board or compensation co	ommittee		
		nor organizationo				
4	During the year, did	any person listed on Form 990, Part VII,	Section A, line 1a, with respect to the filing			
	organization or a re	ated organization:				
а	Receive a severanc	e payment or change-of-control payment?	)	4	a X	
b	Participate in or rec	eive payment from a supplemental nonqu	alified retirement plan?		b	X
с	Participate in or rec	eive payment from an equity-based comp	ensation arrangement?		c	X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the a	applicable amounts for each item in Part III.			
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organization	ons must complete lines 5-9.			
5	For persons listed o	n Form 990, Part VII, Section A, line 1a, d	lid the organization pay or accrue any compensation	n		
	contingent on the re					
а	The organization?			<u>5</u>	a	X
b	Any related organiz	ation?			b	X
		r 5b, describe in Part III.				
			lid the organization pay or accrue any compensation	n 🔰		
	contingent on the n					
					a	X
				6	b	X
		r 6b, describe in Part III.				
			lid the organization provide any nonfixed payments			77
					<b>'</b>	X
			crued pursuant to a contract that was subject to th			
					3	X
		d the organization also follow the rebuttal				
	Regulations section					
For F	Paperwork Reducti	on Act Notice, see the Instructions for I	Form 990.	Schedule J (F	orm 990	) 2023

LHA 332111 11-06-23

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LAUREN CASTEEL	(i)	268,084.	0.	0.	10,822.	5,650.	284,556.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) LISA CHRISTIE	(i)	150,147.	0.	70,700.	22,138.	9,567.	252,552.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN DOBEY- CHIEF	(i)	114,917.	0.	95,900.	9,196.	776.	220,789.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	168,530.	0.	34,200.	12,158.	597.	215,485.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	163,455.	0.	34,200.	8,105.	5,672.	211,432.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
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	ii)							
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	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PART I, LINE 4A:

## JOHN DOBEY, FORMER CHIEF FINANCIAL OFFICER, RECEIVED A SEVERANCE PAYMENT OF

\$95,900.

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

# THE WOMEN'S FOUNDATION OF COLORADO

(a) Check if applicable(b) Number of contributions or items contributed(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g(d) Method of determining noncash contribution amou1Art - Works of art	nts					
2       Art - Historical treasures						
2       Art - Historical treasures						
3 Art - Fractional interests						
4       Books and publications						
5     Clothing and household goods       6     Cars and other vehicles       7     Boats and planes       8     Intellectual property       9     Securities - Publicly traded       10     Securities - Closely held stock						
6     Cars and other vehicles						
7       Boats and planes						
8       Intellectual property         9       Securities - Publicly traded         10       Securities - Closely held stock						
9       Securities - Publicly traded       X       15       198,878. SALES PRICE         10       Securities - Closely held stock						
10 Securities - Closely held stock						
11 Securities - Partnership, LLC, or						
trust interests						
12     Securities - Miscellaneous						
13 Qualified conservation contribution -						
Historic structures     14     Qualified conservation contribution - Other     14						
15     Real estate - Residential						
Real estate - Commercial						
16     Real estate - Commercial       17     Real estate - Other						
18 Collectibles						
19     Food inventory       20     Drugs and medical supplies						
24 Archeological artifacts						
25 Other ()						
26 Other ()						
27 Other ()						
28       Other       (       )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         <th></th>						
	0					
Ye	<u> </u>					
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it	5 110					
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for						
	X					
exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II.						
$\mathbf{A}_{\mathbf{A}}$						
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	<b>v</b>					
contributions?	X					
<b>b</b> If "Yes," describe in Part II.						
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.						

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

Schedule M (Form 990) 2023



Employer identification number

84-1039305

Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Dort

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE M, PART I, COLUMN (B):

# THE FOUNDATION IS REPORTING THE TOTAL NUMBER OF CONTRIBUTORS IN PART I,

COLUMN (B).

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

THE WOMEN'S FOUNDATION OF COLORADO

Employer identification number 84 - 1039305

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

FAMILIES.

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

COMMUNITY ENGAGEMENT - TO INSPIRE AND MOTIVATE INDIVIDUALS TO JOIN THE

MOVEMENT TO STRENGTHEN THE COMMUNITY BY IMPROVING ECONOMIC

OPPORTUNITIES AND OUTCOMES FOR COLORADO WOMEN AND THEIR FAMILIES, THE

WOMEN'S FOUNDATION OF COLORADO GATHERS AND SHARES RESEARCH TO INFORM

OUR PROGRAMMATIC AND POLICY WORK, CONNECTS WITH COMMUNITY MEMBERS AT

ITS ANNUAL LUNCHEON AND COMMUNITY EDUCATION EVENTS THROUGHOUT THE

STATE.

EXPENSES \$ 1,334,762. INCLUDING GRANTS OF \$ 654,431. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL BE COMPRISED OF THE CHAIR OF THE BOARD, THECHAIR-ELECT, THE IMMEDIATE-PAST CHAIR, THE SECRETARY AND THE TREASURER OF THE FOUNDATION. THE CHAIR OF THE BOARD MAY APPOINT OTHER MEMBERS OF THE BOARD TO BE MEMBERS OF THE EXECUTIVE COMMITTEE AS APPROPRIATE. THEEXECUTIVE COMMITTEE SHALL BE STAFFED BY THE PRESIDENT AND CEO. THE CHAIR OF THE BOARD SHALL SERVE AS THE CHAIRPERSON OF THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE MAY MEET TO CONDUCT BUSINESS BETWEEN MEETINGS OF THE BOARD. A MAJORITY OF THE MEMBERS OF THE EXECUTIVE COMMITTEE SHALL CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS AT ANY MEETING OF THE EXECUTIVE COMMITTEE, AND THE VOTE OF A MAJORITY OF THE EXECUTIVE COMMITTEE MEMBERS PRESENT IN PERSON AT A MEETING AT WHICH A OUORUM IS PRESENT SHALL THE ACT OF THE EXECUTIVE COMMITTEE, EXCEPT AS PROVIDED BELOW. EXCEPT AS BE Schedule O (Form 990) 2023 For Paperwork Beduction Act Notice, see the Instructions for Form 990 or 990-F7. LHA 332211 11-14-23

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization THE WOMEN'S FOUNDATION OF COLORADO	Employer identification number 84-1039305
OTHERWISE LIMITED BY THESE BYLAWS OR BY LAW, THE EXECUTIVE	COMMITTEE SHALL
BE RESPONSIBLE FOR OVERSEEING THE IMPLEMENTATION OF THE PO	LICIES AND
PRIORITIES OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL ALS	O HAVE THE
AUTHORITY TO TAKE EMERGENCY ACTION ON BEHALF OF THE BOARD	IF THE EXECUTIVE
COMMITTEE DETERMINES THAT SUCH ACTION IS NECESSARY TO PROT	ECT THE INTEGRITY
OR FINANCIAL INTERESTS OF THE FOUNDATION OR IS OTHERWISE I	N THE BEST
INTERESTS OF THE FOUNDATION AND THAT IT IS IMPOSSIBLE OR I	MPRACTICAL FOR
THE FULL BOARD TO CONSIDER AND DECIDE UPON THE MATTER IN A	TIMELY MANNER.
SUCH ACTION REQUIRES AN AFFIRMATIVE VOTE OF A MAJORITY OF	THE EXECUTIVE
COMMITTEE MEMBERSHIP. WHEN THE EXECUTIVE COMMITTEE TAKES S	UCH EMERGENCY
ACTION ON BEHALF OF THE FULL BOARD, IT SHALL PROMPTLY NOTI	FY ALL MEMBERS OF
THE BOARD AND PROVIDE A REPORT ON THAT ACTION AND THE RATI	ONALE FOR IT AT
THE NEXT MEETING OF THE BOARD.	

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

THE WOMEN'S FOUNDATION OF COLORADO PLACES INITIAL RESPONSIBILITY FOR REVIEW OF THE FORM 990 WITH THE AUDIT AND FINANCE COMMITTEE AS DESIGNATED IN THE AUDIT AND FINANCE COMMITTEE CHARTER. THE FORM 990 IS THEN DISTRIBUTED TO THE FULL BOARD FOR REVIEW IN ADVANCE OF ITS REGULARLY SCHEDULED BOARD MEETING. PRIOR TO, AND AT THE BOARD MEETING, THE BOARD MEMBERS ARE PROVIDED AN OPPORTUNITY TO ASK ANY QUESTIONS REGARDING THE FORM 990 AND THE FINANCIAL STATEMENTS PRIOR TO APPROVAL BY THE BOARD.

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

THE WOMEN'S FOUNDATION OF COLORADO DISTRIBUTES ITS CONFLICT OF INTEREST POLICY TO ALL EMPLOYEES AND BOARD MEMBERS. EACH BOARD MEMBER AND EMPLOYEES IS ALSO PROVIDED A CONFLCIT OF INTEREST STATEMENT, WHICH AFFORDS THE

INDIVIDUAL AN OPPORTUNITY TO DISCLOSE ANY RELATIONSHIPS, POSITIONS, OR 332212 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization THE WOMEN'S FOUNDATION OF COLORADO	Employer identification number 84-1039305
CIRCUMSTANCES WHICH COULD POTENTIALLY CONSTITUTE A CONFLIC	T OF INTEREST AS
DEFINED IN THE FOUNDATION'S CONFLICT OF INTEREST POLICY.	FOR EACH
EMPLOYEE, A SIGNED FORM IS OBTAINED, AND RETAINED IN THE E	MPLOYEE'S
PERSONNEL FILE. FOR EACH BOARD MEMBER A SIGNED FORM IS RE	TAINED IN A FILE
LOCATED AT THE WOMEN'S FOUNDATION OF COLORADO OFFICE ALONG	WITH OTHER BOARD
MEMBER INFORMATION. IT IS THE RESPONSIBILITY OF THE CHIEF	FINANCIAL
OFFICER TO VERIFY THAT ALL EMPLOYEES AND BOARD MEMBERS HAV	E SIGNED CONFLICT
OF INTEREST STATEMENT ON FILE. WHENEVER A POTENTIAL CONFL	ICT EXISTS, THE
BOARD MEMBERS DETERMINES THE APPROPRIATE RESPONSE.	

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

THE EXECUTIVE COMMITTEE OF THE BOARD IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE PRESIDENT AND CEO AND THE PRESIDENT AND CEO IS RESPONSIBLE FOR DETERMINING THE BASE COMPENSATION OF KEY EMPLOYEES. THE DETERMINATION OF BASE SALARY OF THE PRESIDENT AND CEO AND KEY EMPLOYEES TAKES INTO ACCOUNT MARKET RATES AS DETERMINED BY ANNUAL SALARY SURVEYS, OTHER RECOGNIZED PUBLISHED SALARY DATA, OR BLEND AS DEEMED APPROPRIATE.

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

THE WOMEN'S FOUNDATION OF COLORADO MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANICAL STATEMENTS AVAILABLE TO THE PUBLIC AS FOLLOWS: POSTING THE INFORMATION ON ITS WEBSITE AT WWW.WFCO.ORG; PROVIDING COPIES UPON WRITTEN REQUEST.

FORM 990, PART VII:

AMOUNTS REPORTED ON FORM 990, PART VII REFLECT THREE PREVIOUS YEARS OF

COMBINED COMPENSATION ADJUSTMENTS THAT WERE MADE IN ACCORDANCE WITH OUR

COMMITMENT TO PAY EQUITY.

Name of the organization						Emp	Page ployer identification number 84–1039305
-	THE	WOMEN'S	FOUNDATION	OF COL	ORADO		84-1039305