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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

| OMB No. 1545-0047            |
|------------------------------|
| 2016                         |
|                              |
| Open to Public<br>Inspection |
| Inspection                   |

| Α             | For the             | e 2016 calendar year, or tax year beginning                          | and                                     | ending        | _                         |                                 |  |  |
|---------------|---------------------|--|---|---------------|---------------------------|---------------------------------|--|--|
| В             | Check if applicable | C Name of organization   |   |               | D Employer identi         | fication number                 |  |  |
|               | Addre<br>chang      |  | , Inc.                                  |               |                           |                                 |  |  |
|               | Name<br>chang       | Doing business as  |   |               | 84-10                     | 39305                           |  |  |
|               | Initial<br>return   | Number and street (or P.O. box if mail is not delive                 | ered to street address)                 | Room/suite    | E Telephone numb          | per                             |  |  |
|               | Final<br>return     |  | ′                                       |               |                           | 85-2960                         |  |  |
|               | termin<br>ated      | City or town, state or province, country, and 2                      | IP or foreign postal code               |               | G Gross receipts \$       | 2,575,917.                      |  |  |
|               | Amen-<br>return     | Denver, CO 80208   |   |               | H(a) Is this a group      | return                          |  |  |
|               | Application         | F Name and address of principal officer: Laurer                      | n Y. Casteel                            |               | for subordinate           | es? Yes X No                    |  |  |
|               | pendi               | same as C above  |   |               | H(b) Are all subordinates | s included? Yes No              |  |  |
| T             | Tax-ex              | empt status: X 501(c)(3) 501(c) ( )◀                                 | (insert no.) 4947(a)(1)                 | or 527        | If "No," attach           | a list. (see instructions)      |  |  |
| J             | Websi               | e: > www.wfco.org  |   |               | H(c) Group exempt         | ion number 🕨                    |  |  |
|               |                     | <u> </u>   | ociation Other >                        | <b>L</b> Year | of formation: 1986        | M State of legal domicile; CO   |  |  |
| P             | art I               | Summary  |   |               |                           |                                 |  |  |
| ø             | 1                   | Briefly describe the organization's mission or most s                | significant activities: See Pa          | rt III, 1     | ine 1.                    |                                 |  |  |
| Governance    |                     |  |   |               |                           |                                 |  |  |
| ern           | 2                   | Check this box 🕨 📖 if the organization discon                        | tinued its operations or dispo          | sed of more   | than 25% of its net       | assets.                         |  |  |
| ŏ             | 3                   | Number of voting members of the governing body (                     | , |               | 3                         | 28                              |  |  |
| ∞<br>⊗        | "                   | Number of independent voting members of the gov                      |   |               |                           |                                 |  |  |
| es            |                     | Total number of individuals employed in calendar ye                  |   |               |                           | 19                              |  |  |
| Activities    |                     | Total number of volunteers (estimate if necessary) .                 |   |               |                           | 197                             |  |  |
| Act           | 7 a                 | Total unrelated business revenue from Part VIII, col                 | umn (C), line 12                        |               | 78                        | 0.                              |  |  |
| _             | b                   | Net unrelated business taxable income from Form 9                    | 90-T, line 34                           |               | 7I                        | 0.                              |  |  |
|               |                     |  |   |               | Prior Year                | Current Year                    |  |  |
| ě             | 8                   | Contributions and grants (Part VIII, line 1h)                        |   |               | 1,516,947                 | <del> </del>                    |  |  |
| Revenue       | 9                   | Program service revenue (Part VIII, line 2g)                         |   | 0             | *                         |                                 |  |  |
| Rev           | 10                  | Investment income (Part VIII, column (A), lines 3, 4,                |   | 264,391       | +                         |                                 |  |  |
| _             | 11                  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c,               | 9c, 10c, and 11e)                       |               | 0                         | •                               |  |  |
|               |                     | Total revenue - add lines 8 through 11 (must equal F                 |   |               | 1,781,338                 | <del> </del>                    |  |  |
|               |                     | Grants and similar amounts paid (Part IX, column (A                  |   |               | 1,230,116                 | <u> </u>                        |  |  |
|               |                     | Benefits paid to or for members (Part IX, column (A)                 |   |               | 0                         | *                               |  |  |
| es            | 15                  | Salaries, other compensation, employee benefits (P                   |   |               | 960,176                   | <del> </del>                    |  |  |
| Expenses      | 16a                 | Professional fundraising fees (Part IX, column (A), lir              |   |               | 0.                        |                                 |  |  |
| Ϋ́            | b                   | Total fundraising expenses (Part IX, column (D), line                |   |               |                           |                                 |  |  |
| _             | 1/                  | Other expenses (Part IX, column (A), lines 11a-11d,                  |   |               | 729,593                   |                                 |  |  |
|               |                     | Total expenses. Add lines 13-17 (must equal Part IX                  |   |               | 2,919,885                 |                                 |  |  |
|               | 19                  | Revenue less expenses. Subtract line 18 from line 1                  | 2                                       |               | -1,138,547                | <del>-</del>                    |  |  |
| Net Assets or |                     |  |   | Be            | ginning of Current Year   |                                 |  |  |
| SSE           | 20                  | Total assets (Part X, line 16)                                       |   |               | 20,705,410                | <del> </del>                    |  |  |
| let /         | 21                  | Total liabilities (Part X, line 26)                                  |   |               | 234,124                   | <del>-</del>                    |  |  |
|               | 22<br>art II        | Net assets or fund balances. Subtract line 21 from I Signature Block | ine 20                                  |               | 20,471,286                | 20,062,649.                     |  |  |
|               |                     | Ities of perjury, I declare that I have examined this return, i      | acludina accompanyina schedule          | e and etatem  | ents, and to the hest of  | my knowledge and helief it is   |  |  |
|               | -                   | t, and complete. Declaration of preparer (other than officer         |   |               |                           | iny knowicage and belief, it is |  |  |
| - u           | , 001100            | and complete. Beclaration of property (early than ember              | , to buoou on an information of wi      | non propuror  | nas any knowledge:        |                                 |  |  |
| Sig           | ın                  | Signature of officer   |   |               | Date                      |                                 |  |  |
| He            |                     | John Dobey, VP of Finance & Admini                                   | stration                                |               |                           |                                 |  |  |
| 110           | 16                  | Type or print name and title   | 201401011                               |               |                           |                                 |  |  |
| _             |                     | ,  | Preparer's signature                    |               | Date Check                | PTIN                            |  |  |
| Pai           | d                   |  | aurie Anderson                          | lo            | 8/14/17 if self-empl      | Oved P01416697                  |  |  |
|               | parer               | Firm's name Kundinger, Corder & Engle                                |   | <u> </u>      | Firm's EIN                | 5)00                            |  |  |
|               | Only                | Firm's address 475 Lincoln Street, Suite                             |   |               |                           | -                               |  |  |
|               | ,                   | Denver, CO 80203   |   |               | Phone no 30               | 3-534-5953                      |  |  |
| Ma            | v the II            | RS discuss this return with the preparer shown above                 | re? (see instructions)                  |               | 1                         | X Yes No                        |  |  |
|               | , 11                | property of the above  | (555                                    |               |                           |                                 |  |  |

|    | 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?  Yes X No   |
|    | If "Yes," describe these new services on Schedule O.   |
| 3  | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.                            |
| 4  | Describe the organization's program service accomplishments for each of its three largest program 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 \$1,009,590. including grants of \$ 720,422. ) (Revenue \$   |
|    | See Schedule O   |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
| 4b | (Code:) (Expenses \$   |
|    | See Schedule O   |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
| 4c | (Code: ) (Expenses \$ 385,180. including grants of \$ 13,200.) (Revenue \$   |
|    | See Schedule O   |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
|    |  |
| 4d | Other program services (Describe in Schedule O.)   |
|    | (Expenses \$ 117,305. including grants of \$ 56,875.) (Revenue \$ )  Total program service expenses ▶ 1,738,561.   |

## Form 990 (2016) The Women's Foundate Part IV Checklist of Required Schedules

|     |  |          | Yes | No |
|-----|--|----------|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A         | 1        | х   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2        | Х   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for            | _        |     |    |
| Ū   | public office? If "Yes," complete Schedule C, Part I   | 3        |     | х  |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect           | Ŭ        |     |    |
| •   | during the tax year? If "Yes," complete Schedule C, Part II  | 4        | х   |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or               | <u> </u> |     |    |
| Ŭ   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5        |     | х  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                  | Ť        |     |    |
| ٠   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I               | 6        | х   |    |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,                                  | Ť        |     |    |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                       | 7        |     | х  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> |          |     |    |
| •   | Schedule D, Part III   | 8        |     | х  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for              |          |     |    |
|     | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?                  |          |     |    |
|     | If "Yes," complete Schedule D, Part IV   | 9        |     | Х  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent              |          |     |    |
|     | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10       | Х   |    |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X           |          |     |    |
|     | as applicable.   |          |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,                |          |     |    |
|     | Part VI  | 11a      | Х   |    |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total                |          |     |    |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b      |     | Х  |
| С   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total                 |          |     |    |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c      |     | Х  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in               |          |     |    |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d      | Х   |    |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                      | 11e      |     | Х  |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses                    |          |     |    |
|     | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X                     | 11f      |     | Х  |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                        |          |     |    |
|     | Schedule D, Parts XI and XII   | 12a      | Х   |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?                                  |          |     |    |
|     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                      | 12b      |     | Х  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13       |     | Х  |
| 14a | , 1 , , ,  | 14a      |     | Х  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,                    |          |     |    |
|     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000                 |          |     | _  |
|     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b      |     | Х  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any                  |          |     |    |
|     | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15       |     | Х  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to                   |          |     |    |
|     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16       |     | Х  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,                    |          |     |    |
|     | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   | 17       |     | Х  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines               |          | 77  |    |
| 40  | 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,"                     |          |     | v  |
|     | complete Schedule G, Part III  | 19       |     | Х  |

# Form 990 (2016) The Women's Foundation of C Part IV Checklist of Required Schedules (continued)

|             |   |     | Yes | No  |
|-------------|---|-----|-----|-----|
| <b>2</b> 0a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                                     | 20a |     | Х   |
| b           | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                    | 20b |     |     |
| 21          | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                     |     |     |     |
|             | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                               | 21  | Х   |     |
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                   |     |     |     |
|             | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | Х   |
| 23          | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |     |     |     |
|             | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |     |     |     |
|             | Schedule J  | 23  | Х   |     |
| 24a         | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |     |     |     |
|             | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |     |     |     |
|             | Schedule K. If "No", go to line 25a   | 24a |     | Х   |
| b           | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b |     |     |
| 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 |     | Х   |
| 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 |     | Х   |
| 26          | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or           |     |     |     |
|             | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"          |     |     |     |
|             | complete Schedule L, Part II  | 26  |     | Х   |
| 27          | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |     |     |     |
|             | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member             |     |     |     |
|             | of any of these persons? If "Yes," complete Schedule L, Part III  | 27  |     | Х   |
| 28          | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |     |     |     |
|             | instructions for applicable filing thresholds, conditions, and exceptions):   |     |     |     |
|             | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a |     | Х   |
|             | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b |     | Х   |
| С           | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |     |     |     |
|             | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |     | Х   |
| 29          | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29  | Х   |     |
| 30          | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     | l   |     |     |
|             | contributions? If "Yes," complete Schedule M  | 30  |     | Х   |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations?  | l   |     |     |
|             | If "Yes," complete Schedule N, Part I   | 31  |     | Х   |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |     |     | , , |
|             | Schedule N, Part II   | 32  |     | Х   |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |     |     |     |
| •           | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33  |     | Х   |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |     |     |     |
|             | Part V, line 1  | 34  |     | X   |
|             | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | Х   |
| b           | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       | 05. |     |     |
| 00          | 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?      |     |     | •   |
| 07          | 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                |     |     | x   |
| 20          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37  |     |     |
| 38          | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  | 000 | v   |     |
|             | Note. All Form 990 filers are required to complete Schedule O   | 38  | X   |     |

## Form 990 (2016) The Women's Foundation of Colorado, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

| . u.    | Check if Schedule O contains a response or note to any line in this Part V  |     |     |     |
|---------|---|-----|-----|-----|
|         |   |     | Yes | No  |
| 1a      | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11   |     | 103 | 140 |
|         | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b  | -   |     |     |
|         | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  | -   |     |     |
| _       | (gambling) winnings to prize winners?   | 1c  | х   |     |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |     |     |     |
|         | filed for the calendar year ending with or within the year covered by this return 2a 19   |     |     |     |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b  | х   |     |
|         | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)   |     |     |     |
| За      | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | За  |     | х   |
|         | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  | 3b  |     |     |
|         | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a   |     |     |     |
|         | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a  |     | х   |
| b       | If "Yes," enter the name of the foreign country: ►  |     |     |     |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |     |     |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |     | Х   |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b  |     | Х   |
| С       | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  | 5с  |     |     |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   |     |     |     |
|         | any contributions that were not tax deductible as charitable contributions?   | 6a  |     | Х   |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |     |     |     |
|         | were not tax deductible?  | 6b  |     |     |
| 7       | Organizations that may receive deductible contributions under section 170(c).   |     |     |     |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                       | 7a  | Х   |     |
|         | 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 required   |     |     |     |
|         | to file Form 8282?  | 7с  |     | Х   |
|         | If "Yes," indicate the number of Forms 8282 filed during the year   | -   |     |     |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e  |     | X   |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f  |     | Х   |
| g       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g  |     |     |
| _       | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h  |     |     |
| 8       | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |     |     |     |
| ^       | sponsoring organization have excess business holdings at any time during the year?  | 8   |     |     |
| 9       | Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 49662   | 9a  |     |     |
|         | Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? |     |     |     |
| ъ<br>10 | Section 501(c)(7) organizations. Enter:   | 9b  |     |     |
|         | Initiation fees and capital contributions included on Part VIII, line 12  |     |     |     |
|         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  | -   |     |     |
| 11      | Section 501(c)(12) organizations. Enter:  | 1   |     |     |
|         | Gross income from members or shareholders   |     |     |     |
|         | Gross income from other sources (Do not net amounts due or paid to other sources against  | 1   |     |     |
| -       | amounts due or received from them.)   |     |     |     |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a |     |     |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |     |     |     |
| 13      | Section 501(c)(29) qualified nonprofit health insurance issuers.  |     |     |     |
| 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  |     |     |     |
| С       | Enter the amount of reserves on hand  |     |     |     |
|         | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a |     | Х   |

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

Form 990 (2016)

The Women's Foundation of Colorado, Inc.

84-1039305

Page

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

|     | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.   |         |      |    |
|-----|--|---------|------|----|
|     | Check if Schedule O contains a response or note to any line in this Part VI  |         |      | Х  |
| Sec | tion A. Governing Body and Management  |         |      |    |
|     |  |         | Yes  | No |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year 1a   |         |      |    |
|     | If there are material differences in voting rights among members of the governing body, or if the governing  |         |      |    |
|     | body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  |         |      |    |
| b   | Enter the number of voting members included in line 1a, above, who are independent 1b 28   |         |      |    |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |         |      |    |
|     | officer, director, trustee, or key employee?   | 2       |      | х  |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision  |         |      |    |
|     | of officers, directors, or trustees, or key employees to a management company or other person?   | 3       |      | х  |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4       |      | Х  |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets?   | 5       |      | Х  |
| 6   | Did the organization have members or stockholders?   | 6       |      | Х  |
| 7a  | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or   |         |      |    |
|     | more members of the governing body?  | 7a      |      | х  |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or   |         |      |    |
|     | persons other than the governing body?   | 7b      |      | х  |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |         |      |    |
| а   | The governing body?  | 8a      | Х    |    |
|     | Each committee with authority to act on behalf of the governing body?  | 8b      | Х    |    |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the   |         |      |    |
|     | organization's mailing address? If "Yes," provide the names and addresses in Schedule O  | 9       |      | х  |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)   |         |      |    |
|     |  |         | Yes  | No |
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a     |      | Х  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,   |         |      |    |
|     | and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b     |      |    |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a     | Х    |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |         |      |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | Х    |    |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b     | Х    |    |
| С   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |         |      |    |
|     | in Schedule O how this was done  | 12c     | X    |    |
| 13  | Did the organization have a written whistleblower policy?  | 13      | X    |    |
| 14  | Did the organization have a written document retention and destruction policy?   | 14      | X    |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent   |         |      |    |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |         |      |    |
| а   | The organization's CEO, Executive Director, or top management official   | 15a     | Х    |    |
| b   | Other officers or key employees of the organization  | 15b     | Х    |    |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |         |      |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a  |         |      |    |
|     | taxable entity during the year?  | 16a     |      | Х  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation   |         |      |    |
|     | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's   |         |      |    |
|     | exempt status with respect to such arrangements?   | 16b     |      |    |
| Sec | tion C. Disclosure   |         |      |    |
| 17  | List the states with which a copy of this Form 990 is required to be filed None  |         |      |    |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are considered as a section of the sec | availab | le   |    |
|     | for public inspection. Indicate how you made these available. Check all that apply.  |         |      |    |
|     | Own website     Another's website     Upon request     Other (explain in Schedule O)   |         |      |    |
| 19  | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | d finan | cial |    |
|     | statements available to the public during the tax year.  |         |      |    |
| 20  | State the name, address, and telephone number of the person who possesses the organization's books and records:  |         |      |    |
|     | John Dobey - 303-285-2960  |         |      |    |

1901 East Asbury Avenue, Denver, CO 80208

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)                    | (B)  | l                              | A1 1120               |         | C)           | про                          | , iou  | (D)                                    | (E)  | (F)  |
|------------------------|--|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| Name and Title         | Average<br>hours per<br>week   | box                            | , unle                | ss pe   | more<br>rson | than<br>is bot<br>or/trus    | h an   | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other  |
|                        | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) Patti Klinge       | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Chair            |  | Х                              |                       | Х       |              |                              |        | 0.                                     | 0.   | 0.   |
| (2) Patty Powell       | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Secretary              |  | Х                              |                       | Х       |              |                              |        | 0.                                     | 0.   | 0.   |
| (3) Stephanie Bruno    | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Vice Chair/Treasurer   |  | Х                              |                       | Х       |              |                              |        | 0.                                     | 0.   | 0.   |
| (4) Dolores Atencio    | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (5) Brooke Bell        | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (6) Susan Campbell     | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (7) Jennifer Colosimo  | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (8) Susie Davis        | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (9) Kim Desmond        | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (10) Colleen Dougherty | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (11) Kelley Duke       | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (12) Kami Guildner     | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (13) Nancy Hartley     | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (14) John Ikard        | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (15) Katie Kellen      | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (16) Anahita Kemp      | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| (17) Brook Kramer      | 1.00   |                                |                       |         |              |                              |        |  |  |  |
| Board Member           |  | Х                              |                       |         |              |                              |        | 0.                                     | 0.   | 0.   |
| 632007 11-11-16        |  |                                |                       |         |              |                              |        | •                                      | -  | Form <b>990</b> (2016)   |

632007 11-11-16 Form **990** (2016)

84-1039305

| (A)<br>Name and title  | hours per (do not che                                      |                 | Pos<br>heck    | sition<br>more than one<br>erson is both an |          |  | (D) Reportable compensation | (E) Reportable compensation                    |   | (F) Estimated amount of |                         |  |   |
|--|--|-----------------|----------------|---|----------|--|-----------------------------|--|---|-------------------------|-------------------------|--|---|
|  | week (list any hours for related organizations below line) | tee or director | er ar ustee ar | Officer Officer                             |          | Highest compensated that the compensated the compensated that the compensated the compensated that the compensated the compensated that the compensated that the compensated the compensated the compensated the compensated the compensated the | Ĺ                           | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC |                         | com<br>fr<br>org<br>and | other<br>pensa<br>om th<br>aniza<br>d rela<br>anizat | ation<br>ne<br>tion<br>ted                    |
| (18) Adrienne Mansanares   | 1.00   |                 | _              |   |          | 1 0  |                             |  |   |                         |                         |  |   |
| Board Member   |  | Х               |                |   | <u> </u> |  |                             | 0.   |   | 0.                      |                         |  | 0.  |
| (19) Patricia Orman  | 1.00   | ١               |                |   |          |  |                             |  |   |                         |                         |  | •   |
| Board Member   | 1 00   | Х               |                |   | <u> </u> |  |                             | 0.   |   | 0.                      |                         |  | 0.  |
| (20) Laurie Oswald<br>Board Member   | 1.00   | x               |                |   |          |  |                             | 0.   |   | 0.                      |                         |  | 0.  |
| (21) Kim Patmore   | 1.00   | _               |                |   |          |  |                             | 0.   |   |                         |                         |  | <u> </u>                                      |
| Board Member   | 1.00   | x               |                |   |          |  |                             | 0.   |   | 0.                      |                         |  | 0.  |
| (22) Natalie Lynn Rekstad  | 1.00   |                 |                |   |          |  |                             |  |   | Ť                       |                         |  |   |
| Board Member   | -  | х               |                |   |          |  |                             | 0.   |   | 0.                      |                         |  | 0.  |
| (23) Kathy Tobey   | 1.00   |                 |                |   |          |  |                             |  |   |                         |                         |  |   |
| Board Member   |  | х               |                |   |          |  |                             | 0.   |   | 0.                      |                         |  | 0.  |
| (24) Elaine Torres   | 1.00   |                 |                |   |          |  |                             |  |   |                         |                         |  |   |
| Board Member   |  | Х               |                |   |          |  |                             | 0.   |   | 0.                      |                         |  | 0.  |
| (25) Meredith Vaughan  | 1.00   |                 |                |   |          |  |                             |  |   |                         |                         |  |   |
| Board Member   | 1 00   | Х               |                |   | _        | _  |                             | 0.   |   | 0.                      |                         |  | 0.  |
| (26) Joyce Vigil   | 1.00   | x               |                |   |          |  |                             | 0.   |   | 0.                      |                         |  | 0   |
| Board Member   |  |                 |                |   | <u> </u> | <u> </u>   |                             | 0.   |   |                         |                         |  | 0.  |
| 1b Sub-total 0. 0. 0. c Total from continuation sheets to Part VII, Section A 359,701. 0.      |  |                 |                |   | 32,636.  |  |                             |  |   |                         |                         |  |   |
| d Total (add lines 1b and 1c)  |  |                 |                |   |          |  |                             | 359,701.                                       |   | 0.                      |                         |  | ,636.   |
| Total number of individuals (including but n   |  |                 |                |   |          |  | no re                       | ,  | ,000 of reportable                              |                         |                         |  | <u>,                                     </u> |
| compensation from the organization   |  |                 |                |   |          |  |                             |  | •   |                         |                         |  | 2   |
|  |  |                 |                |   |          |  |                             |  |   |                         |                         | Yes  | No  |
| 3 Did the organization list any former officer,  |  |                 |                |   |          |  |                             |  |   |                         |                         |  |   |
| line 1a? If "Yes," complete Schedule J for s   |  |                 |                |   |          |  |                             |  |   |                         | 3                       |  | X   |
| 4 For any individual listed on line 1a, is the su  | •  |                 |                |   |          |  |                             | •  | •   |                         |                         |  |   |
| and related organizations greater than \$150   |  |                 |                |   |          |  |                             |  |   |                         | 4                       | Х  |   |
| 5 Did any person listed on line 1a receive or a<br>rendered to the organization? If "Yes," com |  |                 |                |   |          |  |                             |  |   |                         | 5                       |  | х   |
| Section B. Independent Contractors   | piete ochedur  | 001             | 01 30          | JCII  | pers     | SOIT   |                             |  |   |                         |                         |  | 1   |
| 1 Complete this table for your five highest co   | mpensated inc  | depe            | ende           | ent c                                       | conti    | racto  | ors t                       | that received more than                        | \$100.000 of comp                               | ensa                    | ation f                 | rom  |   |
| the organization. Report compensation for  |  |                 |                |   |          |  |                             |  |   |                         |                         |  |   |
| (A)  |  |                 |                |   |          |  |                             | (B)  |   |                         | (C                      |  |   |
| Name and business  | address  | NO              | NE             |   |          |  |                             | Description of s                               | ervices   | С                       | ompei                   | nsatio   | on  |
|  |  |                 |                |   |          |  |                             |  |   |                         |                         |  |   |
|  |  |                 |                |   |          |  | $\dashv$                    |  |   |                         |                         |  |   |
|  |  |                 |                |   |          |  |                             |  |   |                         |                         |  |   |
|  |  |                 |                |   |          |  | $\dashv$                    |  |   |                         |                         |  |   |
|  |  |                 |                |   |          |  |                             |  |   |                         |                         |  |   |
|  |  |                 |                |   |          |  |                             |  |   |                         |                         |  |   |
|  |  |                 |                |   |          |  |                             |  |   |                         |                         |  |   |
|  |  |                 |                |   |          |  | T                           |  |   |                         |                         |  |   |
|  |  |                 |                |   |          |  |                             |  |   |                         |                         |  |   |
| 2 Total number of independent contractors (i   |  | ot li           | mite           | d to  |          |  | sted                        | d above) who received m                        | nore than                                       |                         |                         |  |   |
| \$100,000 of compensation from the organic<br>See Part VII, Section A Continu                  |  | t o             |                |   |          | 0  |                             |  |   |                         | Form (                  | 990  | (2016)  |
| see rait vii, section A contint  | racion snee  | LD              |                |   |          |  |                             |  |   |                         | rorm :                  | JJU  | (2016)  |

| Average   Position   | Form 990 The Women's 1           |   |                                |                       |         |              |                              |        |                         | 84-103930               | 5                   |
|--|----------------------------------|---|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------|-------------------------|---------------------|
| Name and title   |                                  |   | mplo                           | yee                   |         |              | ligh                         | est    |                         |                         |                     |
| Week   (ist any hours for related organizations with plants of the constitution of t |                                  | Average<br>hours  | (cl                            |                       | Pos     | ition        |                              | ıly)   | Reportable compensation | Reportable compensation | Estimated amount of |
| No.   No.  |                                  | week<br>(list any<br>hours for<br>related<br>organizations<br>below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization        | organizations           | compensation        |
| 28) Gaye Woods   |                                  | 1.00  | -                              |                       |         |              |                              |        |                         |                         |                     |
| Name   |                                  |   | Х                              |                       |         |              |                              |        | 0.                      | 0.                      |                     |
| resident & CEO   | .28) Gaye Woods<br>Board Member  | 1.00  | x                              |                       |         |              |                              |        | 0.                      | 0.                      |                     |
| resident & CEO   | 29) Lauren Casteel               | 40.00   |                                |                       |         |              |                              |        |                         |                         |                     |
| 30) John Dobey P of Finance and Administration 10  | President & CEO                  |   | 1                              |                       | x       |              |                              |        | 183,962.                | 0.                      | 16,92               |
| To of Pinance and Administration   | (30) John Dobey                  | 40.00   |                                |                       |         |              |                              |        |                         |                         | ,                   |
| 31) Louise Myrland   | /P of Finance and Administration |   | 1                              |                       | х       |              |                              |        | 74,959.                 | 0.                      | 6,76                |
|  | (31) Louise Myrland              | 40.00   |                                |                       |         |              |                              |        |                         |                         |                     |
|  | TP of Community Initiatives      |   |                                |                       |         |              | Х                            |        | 100,780.                | 0.                      | 8,95                |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              | L_     |                         |                         |                     |
|  |                                  |   |                                |                       |         |              |                              |        |                         |                         |                     |
| otal to Part VII, Section A, line 1c 359,701. 32,63  |                                  | <u>I</u>  |                                | <u> </u>              |         |              |                              |        |                         |                         | 32,63               |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII ... (B) (**D)** Revenue excluded (C) Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b 759,434. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 1f 1,000,025. g Noncash contributions included in lines 1a-1f: \$ 1,759,459 h Total. Add lines 1a-1f ..... **Business Code** Program Service Revenue 2 a f All other program service revenue ..... g Total. Add lines 2a-2f Investment income (including dividends, interest, and 396,109. 396,109. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 139,743 assets other than inventory b Less: cost or other basis and sales expenses ...... 139,743. c Gain or (loss) 139,743. 139,743. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 759,434. of contributions reported on line 1c). See Part IV, line 18 a 280,606 Other 280,606. b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities .... **10 a** Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold \_\_\_\_\_ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b **d** All other revenue

2,295,311.

0.

535,852.

e Total. Add lines 11a-11d **Total revenue.** See instructions.

### Part IX Statement of Functional Expenses

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

|          | Check if Schedule O contains a respon-   | se or note to any line in    | this Part IX                              |                                     |   |
|----------|--|------------------------------|---|-------------------------------------|---|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | (C) Management and general expenses | <b>(D)</b><br>Fundraising<br>expenses   |
| 1        | Grants and other assistance to domestic organizations  |                              |   |                                     |   |
|          | and domestic governments. See Part IV, line 21   | 934,514.                     | 934,514.                                  |                                     |   |
| 2        | Grants and other assistance to domestic  |                              |   |                                     |   |
|          | individuals. See Part IV, line 22  | 4,500.                       | 4,500.                                    |                                     |   |
| 3        | Grants and other assistance to foreign   |                              |   |                                     |   |
|          | organizations, foreign governments, and foreign  |                              |   |                                     |   |
|          | individuals. See Part IV, lines 15 and 16  |                              |   |                                     |   |
| 4        | Benefits paid to or for members  |                              |   |                                     |   |
| 5        | Compensation of current officers, directors,   |                              |   |                                     |   |
|          | trustees, and key employees  | 282,607.                     | 118,660.                                  | 103,680.                            | 60,267.                                 |
| 6        | Compensation not included above, to disqualified   |                              |   |                                     |   |
|          | persons (as defined under section 4958(f)(1)) and  |                              |   |                                     |   |
|          | persons described in section 4958(c)(3)(B)   |                              | 252 171                                   | 107 106                             |   |
| 7        | Other salaries and wages   | 696,232.                     | 369,451.                                  | 137,406.                            | 189,375.                                |
| 8        | Pension plan accruals and contributions (include   |                              |   |                                     |   |
| _        | section 401(k) and 403(b) employer contributions)  | 00.004                       | 25.045                                    | 10.005                              | 04 450                                  |
| 9        | Other employee benefits  | 82,294.                      | 37,917.                                   | 19,925.                             | 24,452.                                 |
| 10       | Payroll taxes  | 72,757.                      | 36,265.                                   | 17,783.                             | 18,709.                                 |
| 11       | Fees for services (non-employees):   |                              |   |                                     |   |
|          | Management   |                              |   |                                     |   |
| b        | Legal  |                              |   | +                                   |   |
|          | Accounting   |                              |   | +                                   |   |
|          | Lobbying   |                              |   |                                     |   |
|          | Professional fundraising services. See Part IV, line 17  | 25 000                       |   | 25 000                              |   |
| f        | Investment management fees   | 25,000.                      |   | 25,000.                             |   |
| g        | Other. (If line 11g amount exceeds 10% of line 25,   | 303,988.                     | 122,165.                                  | 74,698.                             | 107,125.                                |
| 40       | column (A) amount, list line 11g expenses on Sch 0.)   | 54.                          | 122,103.                                  | 74,050.                             | 54.                                     |
| 12<br>13 | Advertising and promotion  | 114,452.                     | 29,542.                                   | 15,144.                             | 69,766.                                 |
| 14       | Office expenses Information technology   | 26,449.                      | 9,669.                                    | 1,288.                              | 15,492.                                 |
| 15       | Royalties  | 20,225.                      | ,,,,,,,                                   | 1,200.                              |   |
| 16       | Occupancy  | 53,496.                      | 23,198.                                   | 10,142.                             | 20,156.                                 |
| 17       | Travel   | 12,036.                      | 6,705.                                    | 318.                                | 5,013.                                  |
| 18       | Payments of travel or entertainment expenses   |                              | 7   |                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|          | for any federal, state, or local public officials  |                              |   |                                     |   |
| 19       | Conferences, conventions, and meetings   | 7,880.                       | 3,519.                                    | 1,940.                              | 2,421.                                  |
| 20       | Interest   | , -                          | ,   | , -                                 | , -                                     |
| 21       | Payments to affiliates   |                              |   |                                     |   |
| 22       | Depreciation, depletion, and amortization  | 40,502.                      | 20,087.                                   | 9,957.                              | 10,458.                                 |
| 23       | Insurance  | 41,190.                      | 12,919.                                   | 6,341.                              | 21,930.                                 |
| 24       | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) |                              |   |                                     |   |
| а        | Bad Debt   | 59,992.                      |   | 59,992.                             |   |
| b        | Other  | 30,104.                      | 4,605.                                    | 18,777.                             | 6,722.                                  |
| С        | In-kind Supplies   | 24,400.                      |   |                                     | 24,400.                                 |
| d        | Bank/interest charges  | 14,604.                      |   | 13,270.                             | 1,334.                                  |
| е        | All other expenses   | 9,930.                       | 4,845.                                    | 830.                                | 4,255.                                  |
| 25       | <b>Total functional expenses</b> . Add lines 1 through 24e   | 2,836,981.                   | 1,738,561.                                | 516,491.                            | 581,929.                                |
| 26       | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                              |   |                                     |   |
|          | Check here X if following SOP 98-2 (ASC 958-720)   |                              |   |                                     | Form <b>990</b> (2016)                  |

## Form 990 (2016) Part X Balance Sheet

| Pal           | Tλ  | Balance Sneet  |                |                             |                                 |            |                           |
|---------------|-----|--|----------------|-----------------------------|---------------------------------|------------|---------------------------|
|               |     | Check if Schedule O contains a response or not       | te to ar       | ny line in this Part X      |                                 |            |                           |
|               |     |  |                |                             | <b>(A)</b><br>Beginning of year |            | <b>(B)</b><br>End of year |
|               | 1   | Cash - non-interest-bearing                          |                |                             | 195.                            | 1          | 5.                        |
|               | 2   | Savings and temporary cash investments               | 689,889.       | 2                           | 315,002.                        |            |                           |
|               | 3   | Pledges and grants receivable, net                   |                |                             | 984,411.                        | 3          | 777,713.                  |
|               | 4   | Accounts receivable, net                             |                |                             | 4                               |            |                           |
|               | 5   | Loans and other receivables from current and for     |                |                             |                                 |            |                           |
|               |     | trustees, key employees, and highest compensation    | ated er        | mployees. Complete          |                                 |            |                           |
|               |     | Part II of Schedule L                                |                |                             |                                 | 5          |                           |
|               | 6   | Loans and other receivables from other disquali      | fied pe        | ersons (as defined under    |                                 |            |                           |
|               |     | section 4958(f)(1)), persons described in section    | 1 4958         | (c)(3)(B), and contributing |                                 |            |                           |
|               |     | employers and sponsoring organizations of sec        | tion 50        | 1(c)(9) voluntary           |                                 |            |                           |
| ţ             |     | employees' beneficiary organizations (see instr).    |                | 6                           |                                 |            |                           |
| Assets        | 7   | Notes and loans receivable, net                      |                |                             |                                 | 7          |                           |
| Ä             | 8   | Inventories for sale or use                          |                |                             |                                 | 8          |                           |
|               | 9   | Prepaid expenses and deferred charges                |                |                             | 32,361.                         | 9          | 37,982.                   |
|               | 10a | Land, buildings, and equipment: cost or other        |                |                             |                                 |            |                           |
|               |     | basis. Complete Part VI of Schedule D                | 10a            | 59,171.                     |                                 |            |                           |
|               | b   | Less: accumulated depreciation                       | 10b            | 32,708.                     | 56,113.                         | 10c        | 26,463.                   |
|               | 11  | Investments - publicly traded securities             |                |                             | 17,442,441.                     | 11         | 17,577,019.               |
|               | 12  | Investments - other securities. See Part IV, line    |                |                             |                                 | 12         |                           |
|               | 13  | Investments - program-related. See Part IV, line     |                |                             |                                 | 13         |                           |
|               | 14  | Intangible assets                                    |                |                             | 14                              |            |                           |
|               | 15  | Other assets. See Part IV, line 11                   |                | 1,500,000.                  | 15                              | 1,500,000. |                           |
|               | 16  | Total assets. Add lines 1 through 15 (must equ       |                |                             | 20,705,410.                     | 16         | 20,234,184.               |
|               | 17  | Accounts payable and accrued expenses                |                |                             | 182,624.                        | 17         | 161,535.                  |
|               | 18  | Grants payable                                       |                |                             | 51,500.                         | 18         | 10,000.                   |
|               | 19  | Deferred revenue                                     |                |                             |                                 | 19         |                           |
|               | 20  | Tax-exempt bond liabilities                          |                |                             |                                 | 20         |                           |
|               | 21  | Escrow or custodial account liability. Complete      |                |                             |                                 | 21         |                           |
| S             | 22  | Loans and other payables to current and former       | roffice        | rs, directors, trustees,    |                                 |            |                           |
| Liabilities   |     | key employees, highest compensated employee          | es, and        | disqualified persons.       |                                 |            |                           |
| ap            |     | Complete Part II of Schedule L                       |                |                             |                                 | 22         |                           |
| _             | 23  | Secured mortgages and notes payable to unrela        |                | l l                         |                                 | 23         |                           |
|               | 24  | Unsecured notes and loans payable to unrelate        | d third        | parties                     |                                 | 24         |                           |
|               | 25  | Other liabilities (including federal income tax, pa  | yables         | to related third            |                                 |            |                           |
|               |     | parties, and other liabilities not included on lines | 17-24          | ). Complete Part X of       |                                 |            |                           |
|               |     | Schedule D   |                |                             |                                 | 25         |                           |
|               | 26  | 9  |                |                             | 234,124.                        | 26         | 171,535.                  |
|               |     | Organizations that follow SFAS 117 (ASC 958          | 3), che        | ck here 🕨 🗓 and             |                                 |            |                           |
| es            |     | complete lines 27 through 29, and lines 33 an        |                |                             |                                 |            |                           |
| anc           | 27  | Unrestricted net assets                              |                |                             | 6,172,273.                      | 27         | 6,330,504.                |
| Fund Balances | 28  | Temporarily restricted net assets                    | ·····          | 3,933,370.                  | 28                              | 3,366,502. |                           |
| pu            | 29  | Permanently restricted net assets                    | 10,365,643.    | 29                          | 10,365,643.                     |            |                           |
| 昰             |     | Organizations that do not follow SFAS 117 (A         | 8), check here |                             |                                 |            |                           |
| Ď             |     | and complete lines 30 through 34.                    |                |                             |                                 |            |                           |
| sets          | 30  | Capital stock or trust principal, or current funds   |                | 30                          |                                 |            |                           |
| As            | 31  | Paid-in or capital surplus, or land, building, or ed |                |                             |                                 | 31         |                           |
| Net Assets or | 32  | Retained earnings, endowment, accumulated in         |                | _                           |                                 | 32         |                           |
| _             | 33  | Total net assets or fund balances                    |                |                             | 20,471,286.                     | 33         | 20,062,649.               |
|               | 34  | Total liabilities and net assets/fund balances       |                |                             | 20,705,410.                     | 34         | 20,234,184.               |

| 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       |     | 2  | ,295, | ,311.                                   |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2       |     | 2  | ,836, | 981.                                    |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3       |     | -  | -541, | 670.                                    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                             | 4       |     | 20 | 471,  | 286.                                    |
| 5  | Net unrealized gains (losses) on investments  | 5       |     |    | 133,  | 033,                                    |
| 6  | Donated services and use of facilities  | 6       |     |    |       |   |
| 7  | Investment expenses   | 7       |     |    |       |   |
| 8  | Prior period adjustments  | 8       |     |    |       |   |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9       |     |    |       | 0.                                      |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,                    |         |     |    |       |   |
|    | column (B))   | 10      |     | 20 | ,062, | 649.                                    |
| Pa | rt XII Financial Statements and Reporting   |         |     |    |       |   |
|    | Check if Schedule O contains a response or note to any line in this Part XII  |         |     |    |       | Х                                       |
|    |   |         |     |    | Yes   | No                                      |
| 1  | Accounting method used to prepare the Form 990: Cash X Accrual Other  |         |     |    |       |   |
|    | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | Ο.      |     |    |       |   |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |         | L   | 2a |       | Х                                       |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | d on a  |     |    |       |   |
|    | separate basis, consolidated basis, or both:  |         |     |    |       |   |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |         |     |    |       |   |
| b  | Were the organization's financial statements audited by an independent accountant?                                    |         | L   | 2b | Х     |   |
|    | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat       |         |     |    |       |   |
|    | consolidated basis, or both:  |         |     |    |       |   |
|    | Separate basis Consolidated basis Both consolidated and separate basis  |         |     |    |       |   |
| С  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the    | e audit | ,   |    |       |   |
|    | review, or compilation of its financial statements and selection of an independent accountant?                        |         | L   | 2c | Х     |   |
|    | If the organization changed either its oversight process or selection process during the tax year, explain in Sch     | edule C | ).  |    |       | 1                                       |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si    | ngle Au | dit |    |       |   |
|    | Act and OMB Circular A-133?   |         | L   | 3а |       | Х                                       |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired au | dit |    |       |   |
|    | or audits, explain why in Schedule O and describe any steps taken to undergo such audits                              |         |     | 3b |       |   |

Form **990** (2016)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number The Women's Foundation of Colorado, Inc. 84-1039305 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec      | ction A. Public Support  |                        |                    |                    |                    |               |                      |
|----------|--|------------------------|--------------------|--------------------|--------------------|---------------|----------------------|
| Cale     | ndar year (or fiscal year beginning in) 🕨  | (a) 2012               | <b>(b)</b> 2013    | (c) 2014           | (d) 2015           | (e) 2016      | (f) Total            |
| 1        | Gifts, grants, contributions, and  |                        |                    |                    |                    |               |                      |
|          | membership fees received. (Do not  |                        |                    |                    |                    |               |                      |
|          | include any "unusual grants.")   | 2,049,980.             | 1,680,047.         | 2,005,792.         | 1,516,947.         | 1,759,459.    | 9,012,225.           |
| 2        | Tax revenues levied for the organ-   |                        |                    |                    |                    |               |                      |
|          | ization's benefit and either paid to   |                        |                    |                    |                    |               |                      |
|          | or expended on its behalf  |                        |                    |                    |                    |               |                      |
| 3        | The value of services or facilities  |                        |                    |                    |                    |               |                      |
|          | furnished by a governmental unit to  |                        |                    |                    |                    |               |                      |
|          | the organization without charge  |                        |                    |                    |                    |               |                      |
| 4        | Total. Add lines 1 through 3   | 2,049,980.             | 1,680,047.         | 2,005,792.         | 1,516,947.         | 1,759,459.    | 9,012,225.           |
| 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)   |                        |                    |                    |                    |               | 244,509.             |
|          | Public support. Subtract line 5 from line 4.   |                        |                    |                    |                    |               | 8,767,716.           |
|          | etion B. Total Support   |                        | #3.0040            |                    | ( D 00 ( F         | ( ) 00/0      |                      |
|          | ndar year (or fiscal year beginning in)  | (a) 2012               | <b>(b)</b> 2013    | (c) 2014           | (d) 2015           | (e) 2016      | (f) Total            |
|          | Amounts from line 4  | 2,049,980.             | 1,680,047.         | 2,005,792.         | 1,516,947.         | 1,759,459.    | 9,012,225.           |
| 8        | Gross income from interest,  |                        |                    |                    |                    |               |                      |
|          | dividends, payments received on  |                        |                    |                    |                    |               |                      |
|          | securities loans, rents, royalties   | 461 047                | E20 E22            | 652 244            | 472 201            | 306 100       | 2 512 222            |
| _        | and income from similar sources  | 461,047.               | 529,532.           | 653,344.           | 472,301.           | 396,109.      | 2,512,333.           |
| 9        | Net income from unrelated business   |                        |                    |                    |                    |               |                      |
|          | activities, whether or not the   |                        |                    |                    |                    |               |                      |
| 40       | business is regularly carried on   |                        |                    |                    |                    |               |                      |
| 10       | Other income. Do not include gain  |                        |                    |                    |                    |               |                      |
|          | or loss from the sale of capital   |                        |                    |                    |                    |               |                      |
| 44       | assets (Explain in Part VI.)   |                        |                    |                    |                    |               | 11,524,558.          |
| 11<br>12 | Gross receipts from related activities,  | ote (soo instruction   | one)               |                    |                    | 12            | 1,716,444.           |
| 13       | First five years. If the Form 990 is for   | •                      |                    | fourth or fifth ta | v vear as a sectio |               | 1,710,111.           |
| .0       | organization, check this box and <b>stor</b>   |                        |                    |                    |                    | 11 30 1(0)(0) |                      |
| Sec      | ction C. Computation of Publ   |                        |                    |                    |                    |               |                      |
|          | Public support percentage for 2016 (   |                        |                    | olumn (f))         |                    | 14            | 76.08 %              |
| 15       | Public support percentage from 2015  |                        |                    |                    |                    | 15            | 72.85 %              |
|          | 33 1/3% support test - 2016. If the o  |                        |                    |                    |                    |               |                      |
|          | stop here. The organization qualifies  |                        |                    |                    |                    |               | $\triangleright$ $x$ |
| b        | 33 1/3% support test - 2015. If the o  |                        |                    |                    |                    |               | is box               |
|          | and <b>stop here.</b> The organization qual  | lifies as a publicly s | supported organiza | tion               |                    | ,             | ightharpoons         |
| 17a      | 10% -facts-and-circumstances tes   |                        |                    |                    |                    |               | or more,             |
|          | and if the organization meets the "fac   | ū                      |                    |                    |                    |               | •                    |
|          | meets the "facts-and-circumstances"  |                        |                    | -                  | -                  | _             |                      |
| b        | 10% -facts-and-circumstances tes   |                        |                    |                    |                    |               |                      |
|          | more, and if the organization meets the  | _                      |                    |                    |                    |               |                      |
|          | organization meets the "facts-and-circ   |                        | •                  |                    |                    |               | <b>&gt;</b>          |
| 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 |                        |                    |                    |                    |               |                      |

### 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.)

| Se   | ction A. Public Support   |                             |                       |                        |                     |                     |            |
|------|---|-----------------------------|-----------------------|------------------------|---------------------|---------------------|------------|
| Cale | endar year (or fiscal year beginning in) 🕨                                      | (a) 2012                    | <b>(b)</b> 2013       | (c) 2014               | (d) 2015            | (e) 2016            | (f) Total  |
| 1    | Gifts, grants, contributions, and   |                             |                       |                        |                     |                     |            |
|      | membership fees received. (Do not   |                             |                       |                        |                     |                     |            |
|      | include any "unusual grants.")  |                             |                       |                        |                     |                     |            |
| 2    | Gross receipts from admissions,   |                             |                       |                        |                     |                     |            |
|      | merchandise sold or services per-   |                             |                       |                        |                     |                     |            |
|      | formed, or facilities furnished in  |                             |                       |                        |                     |                     |            |
|      | any activity that is related to the organization's tax-exempt purpose           |                             |                       |                        |                     |                     |            |
| 3    | Gross receipts from activities that   |                             |                       |                        |                     |                     |            |
|      | are not an unrelated trade or bus-  |                             |                       |                        |                     |                     |            |
|      | iness under section 513   |                             |                       |                        |                     |                     |            |
| 4    |   |                             |                       |                        |                     |                     |            |
|      | ization's benefit and either paid to  |                             |                       |                        |                     |                     |            |
|      | or expended on its behalf   |                             |                       |                        |                     |                     |            |
| 5    | The value of services or facilities   |                             |                       |                        |                     |                     |            |
| ٠    | furnished by a governmental unit to   |                             |                       |                        |                     |                     |            |
|      | the organization without charge   |                             |                       |                        |                     |                     |            |
| 6    | Total. Add lines 1 through 5  |                             |                       |                        |                     |                     |            |
|      | Amounts included on lines 1, 2, and   |                             |                       |                        |                     |                     |            |
| / 6  | , ,   |                             |                       |                        |                     |                     |            |
| ,    | 3 received from disqualified persons 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  |                             |                       |                        |                     |                     |            |
|      | Add lines 7a and 7b   |                             |                       |                        |                     |                     |            |
|      | Public support. (Subtract line 7c from line 6.)                                 |                             |                       |                        |                     |                     |            |
|      | ·   | ( ) 0040                    | (1) 0040              | ( ) 004.4              | ( 1) 0045           | ( ) 0040            | (0 T       |
|      | endar year (or fiscal year beginning in)  | (a) 2012                    | <b>(b)</b> 2013       | (c) 2014               | (d) 2015            | <b>(e)</b> 2016     | (f) Total  |
|      | Amounts from line 6  Gross income from interest,                                |                             |                       |                        |                     |                     |            |
| 10   | dividends, payments received on   |                             |                       |                        |                     |                     |            |
|      | securities loans, rents, royalties  |                             |                       |                        |                     |                     |            |
|      | and income from similar sources   |                             |                       |                        |                     |                     |            |
| t    | Unrelated business taxable income   |                             |                       |                        |                     |                     |            |
|      | (less section 511 taxes) from businesses  |                             |                       |                        |                     |                     |            |
|      | acquired after June 30, 1975  |                             |                       |                        |                     |                     |            |
|      | Add lines 10a and 10b   |                             |                       |                        |                     |                     |            |
| 11   | Net income from unrelated business activities not included in line 10b,         |                             |                       |                        |                     |                     |            |
|      | whether or not the business is  |                             |                       |                        |                     |                     |            |
|      | regularly carried on  |                             |                       |                        |                     |                     |            |
| 12   | Other income. Do not include gain or loss from the sale of capital              |                             |                       |                        |                     |                     |            |
|      | assets (Explain in Part VI.)  |                             |                       |                        |                     |                     |            |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)                                  |                             |                       |                        |                     |                     |            |
| 14   | First five years. If the Form 990 is for  | the organization's          | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz | zation,    |
|      | check this box and stop here  |                             |                       |                        |                     |                     | <u></u> ▶∟ |
|      | ction C. Computation of Publ  |                             |                       |                        |                     |                     |            |
| 15   | Public support percentage for 2016 (  | line 8, column (f) d        | ivided by line 13, o  | column (f))            |                     | 15                  | %          |
|      | Public support percentage from 2015   |                             |                       |                        |                     | 16                  | %          |
| Se   | ction D. Computation of Inve  | stment Incom                | e Percentage          |                        |                     |                     |            |
| 17   | Investment income percentage for 20   | <b>)16</b> (line 10c, colur | mn (f) divided by lir | ne 13, column (f))     |                     | 17                  | %          |
| 18   |   |                             |                       |                        |                     | 18                  | %          |
| 19   | a 33 1/3% support tests - 2016. If the  | organization did r          | not check the box     | on line 14, and line   | e 15 is more than 3 | 33 1/3%, and line 1 | 17 is not  |
|      | more than 33 1/3%, check this box a   | nd <b>stop here.</b> The    | organization qual     | ifies as a publicly    | supported organiz   | ation               | ▶□         |
| ŀ    | 33 1/3% support tests - 2015. If the  |                             |                       |                        |                     |                     | and        |
|      | line 18 is not more than 33 1/3%, che   |                             |                       |                        |                     |                     |            |
| 20   | Private foundation. If the organization   |                             |                       |                        |                     |                     |            |

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

|         | Yes   | No |
|---------|-------|----|
|         |       |    |
| 1       |       |    |
|         |       |    |
| 2       |       |    |
|         |       |    |
| 3a      |       |    |
|         |       |    |
| 3b      |       |    |
|         |       |    |
| 3c      |       |    |
| 4a      |       |    |
|         |       |    |
| 4b      |       |    |
| 1.5     |       |    |
|         |       |    |
| 4c      |       |    |
|         |       |    |
|         |       |    |
| 5a      |       |    |
| 5b      |       |    |
| 5c      |       |    |
|         |       |    |
| 6       |       |    |
|         |       |    |
| 7       |       |    |
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| ð       |       |    |
| 9a      |       |    |
| Ja      |       |    |
| 9b      |       |    |
|         |       |    |
| 9с      |       |    |
|         |       |    |
| 10a     |       |    |
| 4       |       |    |
| <br>10b | 00 E7 |    |

| Pa  | rt IV   Supporting Organizations <sub>(continued)</sub>   |          |     |          |
|-----|---|----------|-----|----------|
|     | , s s (common,  |          | Yes | No       |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |          |     |          |
|     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                    |          |     |          |
|     | below, the governing body of a supported organization?  | 11a      |     |          |
| b   |   | 11b      |     |          |
|     |   | 11c      |     |          |
|     | tion B. Type I Supporting Organizations   |          |     |          |
|     |   |          | Yes | No       |
| 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to                             |          | 103 | 110      |
| •   | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the              |          |     |          |
|     | tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or            |          |     |          |
|     | controlled the organization's activities. If the organization had more than one supported organization,                         |          |     |          |
|     |   |          |     |          |
|     | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                       | _        |     |          |
| •   | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                          | 1        |     |          |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported                             |          |     |          |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                      |          |     |          |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                     |          |     |          |
|     | supervised, or controlled the supporting organization.  | 2        | Ш   | <u> </u> |
| Sec | tion C. Type II Supporting Organizations  |          |     |          |
|     |   |          | Yes | No       |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                |          |     |          |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                   |          |     |          |
|     | or management of the supporting organization was vested in the same persons that controlled or managed                          |          |     |          |
|     | the supported organization(s).  | 1        |     | <u> </u> |
| Sec | tion D. All Type III Supporting Organizations   |          |     | _        |
|     | -   |          | Yes | No       |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                  |          |     |          |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax           |          |     |          |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the          |          |     |          |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?                | 1        |     | <u> </u> |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported                |          |     |          |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how              |          |     |          |
|     | the organization maintained a close and continuous working relationship with the supported organization(s).                     | 2        |     |          |
| 3   | By reason of the relationship described in (2), did the organization's supported organizations have a                           |          |     |          |
|     | significant voice in the organization's investment policies and in directing the use of the organization's                      |          |     |          |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                    |          |     |          |
|     | supported organizations played in this regard.  | 3        |     |          |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations   |          |     |          |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). |          |     |          |
| а   | The organization satisfied the Activities Test. Complete line 2 below.  |          |     |          |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.                                   |          |     |          |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru         | ıctions) | ).  |          |
| 2   | Activities Test. Answer (a) and (b) below.  |          | Yes | No       |
| а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of              |          |     |          |
|     | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                      |          |     |          |
|     | those supported organizations and explain how these activities directly furthered their exempt purposes,                        |          |     |          |
|     | how the organization was responsive to those supported organizations, and how the organization determined                       |          |     |          |
|     | that these activities constituted substantially all of its activities.  | 2a       |     |          |
| b   |   |          |     |          |
|     | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the             |          |     |          |
|     | reasons for the organization's position that its supported organization(s) would have engaged in these                          |          |     |          |
|     | activities but for the organization's involvement.  | 2b       |     |          |
| 3   | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>   |          |     |          |
| а   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                     |          |     |          |
| u   | trustees of each of the supported organizations? <i>Provide details in Part VI.</i>   | 3a       |     |          |
| h   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each             | Ju       |     |          |
|     | of its supported organizations? If "Yes " describe in <b>Part VI</b> , the role played by the organization in this regard       | 3h       |     |          |

| Pa   | Type III Non-Functionally Integrated 509(a)(3) Supporting   | g Orga    | anizations                   |                                |  |  |
|------|---|-----------|------------------------------|--------------------------------|--|--|
| 1    | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions |           |                              |                                |  |  |
|      | other Type III non-functionally integrated supporting organizations must co   | mplete 9  | Sections A through E.        |                                |  |  |
| Sect | ion A - Adjusted Net Income   |           | (A) Prior Year               | (B) Current Year<br>(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<br>(optional) |  |  |
| 1    | Aggregate fair market value of all non-exempt-use assets (see   |           |                              |                                |  |  |
|      | instructions for short tax year or assets held for part of year):   |           |                              |                                |  |  |
| а    | Average monthly value of securities   | 1a        |                              |                                |  |  |
| b    | Average monthly cash balances   | 1b        |                              |                                |  |  |
| С    | Fair market value of other non-exempt-use assets  | 1c        |                              |                                |  |  |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d        |                              |                                |  |  |
| е    | Discount claimed for blockage or other  |           |                              |                                |  |  |
|      | factors (explain in detail in <b>Part VI</b> ):   |           |                              |                                |  |  |
| _2   | Acquisition indebtedness applicable to non-exempt-use assets  | 2         |                              |                                |  |  |
| _3   | Subtract line 2 from line 1d  | 3         |                              |                                |  |  |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,  |           |                              |                                |  |  |
|      | see instructions)   | 4         |                              |                                |  |  |
| _5   | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5         |                              |                                |  |  |
| _6_  | Multiply line 5 by .035   | 6         |                              |                                |  |  |
| _7_  | Recoveries of prior-year distributions  | 7         |                              |                                |  |  |
| 8    | Minimum Asset Amount (add line 7 to line 6)   | 8         |                              |                                |  |  |
| Sect | ion C - Distributable Amount  |           |                              | Current Year                   |  |  |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)   | 1         |                              |                                |  |  |
| 2    | Enter 85% of line 1   | 2         |                              |                                |  |  |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)  | 3         |                              |                                |  |  |
| 4    | Enter greater of line 2 or line 3   | 4         |                              |                                |  |  |
| 5    | Income tax imposed in prior year  | 5         |                              |                                |  |  |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to  |           |                              |                                |  |  |
|      | emergency temporary reduction (see instructions)  | 6         |                              |                                |  |  |
| 7    | Check here if the current year is the organization's first as a non-functionall   | y integra | ated Type III supporting org | anization (see                 |  |  |
|      | instructions).  |           |                              |                                |  |  |

Schedule A (Form 990 or 990-EZ) 2016

| ıaı   | Type in item i anotheriany integrated ese                           | (a)(s) Supporting Orga        | anizations (continued)                 |   |
|-------|---|-------------------------------|--|---|
|       | on D - Distributions  | Current Year                  |  |   |
|       | Amounts paid to supported organizations to accomplish exe           | <u> </u>                      |  |   |
| 2     | Amounts paid to perform activity that directly furthers exemp       |                               |  |   |
|       | organizations, in excess of income from activity                    |                               |  |   |
|       | 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)           |                               |  |   |
| 6     | Other distributions (describe in <b>Part VI</b> ). See instructions |                               |  |   |
| 7     | Total annual distributions. Add lines 1 through 6                   |                               |  |   |
| 8     | Distributions to attentive supported organizations to which the     | ne organization is responsive | 9                                      |   |
|       | (provide details in <b>Part VI</b> ). See instructions              |                               |  |   |
| 9     | Distributable amount for 2016 from Section C, line 6                |                               |  |   |
| 10    | Line 8 amount divided by Line 9 amount                              |                               |  |   |
| Secti | on E - Distribution Allocations (see instructions)                  | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2016 | (iii)<br>Distributable<br>Amount for 2016 |
| 1     | Distributable amount for 2016 from Section C, line 6                |                               |  |   |
| 2     | Underdistributions, if any, for years prior to 2016 (reason-        |                               |  |   |
|       | able cause required- explain in Part VI). See instructions          |                               |  |   |
| 3     | Excess distributions carryover, if any, to 2016:                    |                               |  |   |
| а     |   |                               |  |   |
| b     |   |                               |  |   |
| С     | From 2013   |                               |  |   |
| d     | From 2014   |                               |  |   |
| е     | From 2015   |                               |  |   |
| f     | Total of lines 3a through e   |                               |  |   |
| g     | Applied to underdistributions of prior years                        |                               |  |   |
| h     | Applied to 2016 distributable amount                                |                               |  |   |
| i     | Carryover from 2011 not applied (see instructions)                  |                               |  |   |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                   |                               |  |   |
| 4     | Distributions for 2016 from Section D,                              |                               |  |   |
|       | line 7: \$  |                               |  |   |
| а     | Applied to underdistributions of prior years                        |                               |  |   |
| b     | Applied to 2016 distributable amount                                |                               |  |   |
| С     | Remainder. Subtract lines 4a and 4b from 4                          |                               |  |   |
| 5     | Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h            |                               |  |   |
|       | and 4b from line 1. For result greater than zero, explain in        |                               |  |   |
|       | Part VI. See instructions   |                               |  |   |
| 7     | Excess distributions carryover to 2017. Add lines 3j and 4c         |                               |  |   |
| 8     | Breakdown of line 7:  |                               |  |   |
| a     |   |                               |  |   |
|       | Excess from 2013  |                               |  |   |
|       | Excess from 2014  |                               |  |   |
|       | Excess from 2015  |                               |  |   |
|       | Excess from 2016  |                               |  |   |
| _     |   |                               |  |   |

Schedule A (Form 990 or 990-EZ) 2016

| Schedule A | (Form 990 or 990-EZ) 2016 The Women's Foundation of Colorado, Inc.  | 84-1039305  | Page 8 |
|------------|---|---|--------|
| Part VI    | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.) | es 1 and 2; Part IV, Section<br>rt V, Section B, line 1e; F | on C,  |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

The Women's Foundation of Colorado, Inc.

84-1039305

| Organization type (check one): |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|
| Filers o                       | f:   | Section:   |  |  |  |  |
| Form 99                        | 00 or 990-EZ   | X 501(c)( 3 ) (enter number) organization  |  |  |  |  |
|                                |  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |  |  |  |  |
|                                |  | 527 political organization   |  |  |  |  |
| Form 99                        | 00-PF  | 501(c)(3) exempt private foundation  |  |  |  |  |
|                                |  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |
|                                |  | 501(c)(3) taxable private foundation   |  |  |  |  |
|                                |  | covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.   |  |  |  |  |
| General                        | l Rule   |  |  |  |  |  |
|                                | -  | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.   |  |  |  |  |
| Special                        | Rules  |  |  |  |  |  |
| X                              | sections 509(a)(1) a any one contributo  | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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, 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, II, and III. |  |  |  |  |  |
|                                | year, contributions is checked, enter h purpose. Don't con   | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \text{ |  |  |  |  |
|                                | · ·  | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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   |  |  |  |  |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

The Women's Foundation of Colorado, Inc.

84-1039305

| Part I     | Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. |                         |   |  |  |  |  |
|------------|--|-------------------------|---|--|--|--|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d)<br>Type of contribution   |  |  |  |  |
| 1          |  | \$\$                    | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d)<br>Type of contribution   |  |  |  |  |
| 2          |  | \$\$                    | Person X Payroll  |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d)<br>Type of contribution   |  |  |  |  |
| 3          |  | \$\$                    | Person X Payroll  |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d)<br>Type of contribution   |  |  |  |  |
| 4          |  | \$\$                    | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d)<br>Type of contribution   |  |  |  |  |
| 5          |  | \$ 36,250.              | Person X Payroll Noncash  (Complete Part II for noncash contributions.) |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions | (d)<br>Type of contribution   |  |  |  |  |
|            |  | \$                      | Person Payroll Noncash (Complete Part II for noncash contributions.)    |  |  |  |  |

Name of organization

Employer identification number

The Women's Foundation of Colorado, Inc.

84-1039305

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions) Part I

| Name of orga              | nization  |  |  | Employer identification number             |  |  |  |  |
|---------------------------|---|--|--|--|--|--|--|--|
| The Women                 | 's Foundation of Colorado, Inc.   |  |  | 84-1039305                                 |  |  |  |  |
| Part III                  | Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou.  Use duplicate copies of Part III if addition | columns <b>(a)</b> through <b>(e) and</b> the follo<br>s, charitable, etc., contributions of \$1,000 c | wing line entry. For organization        | , or (10) that total more than \$1,000 for |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) D                                    | escription of how gift is held             |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |
|                           |   | (e) Transfer of gi   | ft                                       |  |  |  |  |  |
|                           | Transferee's name, address, a   | nd ZIP + 4   | Relationship of transferor to transferee |  |  |  |  |  |
| -                         |   |  |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) D                                    | escription of how gift is held             |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |
|                           |   | (e) Transfer of gi   | <u> </u>                                 |  |  |  |  |  |
|                           | Transferee's name, address, a   | transferor to transferee   |  |  |  |  |  |  |
| -                         |   | <del></del>  |  |  |  |  |  |  |
| -                         |   |  |  |  |  |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift   | (c) Use of gift  | (d) D                                    | escription of how gift is held             |  |  |  |  |
| -                         |   |  |  |  |  |  |  |  |
| _                         |   |  |  |  |  |  |  |  |
|                           | (e) Transfer of gift  |  |  |  |  |  |  |  |
|                           | Transferee's name, address, at  | nd ZIP + 4   | Relationship of                          | transferor to transferee                   |  |  |  |  |
| -                         |   |  |  |  |  |  |  |  |
| (a) No.                   | (b) Purpose of gift   | (c) Use of gift  | (4) D                                    | escription of how gift is held             |  |  |  |  |
| Part I                    | (S) I di pode di giit   | (0) 000 01 giit  | (4) 5                                    | soonpaon of now gire to note               |  |  |  |  |
|                           |   |  |  |  |  |  |  |  |
|                           | (e) Transfer of gift  |  |  |  |  |  |  |  |
|                           | Transferee's name, address, a   |  |  | transferor to transferee                   |  |  |  |  |
| -                         | ,,  |  |  |  |  |  |  |  |
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| ı                         |   |  |  |  |  |  |  |  |

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **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.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016

Open to Public Inspection

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

| Tax) (see separate instructions), then   |   |  |   |   |
|--|---|--|---|---|
| • Section 501(c)(4), (5), or (6) organiza  | tions: Complete Part III.   |  | l F   |   |
| Name of organization   |   | _  | Empi  | loyer identification number   |
|  | s Foundation of Colorado<br>ganization is exempt und  |  | Varie a coation 527 a   | 84-1039305  |
| Part I-A Complete II the org   | janization is exempt und  | ier section soric  | j or is a section 327 o   | nyanization.  |
| <ol> <li>Provide a description of the organiz</li> <li>Political campaign activity expendit</li> <li>Volunteer hours for political campai</li> </ol>   | ures  |  | <b></b> ► \$  |   |
| Part I-B Complete if the org   | ganization is exempt und  | ler section 501(c  | )(3).   |   |
| 1 Enter the amount of any excise tax   |   |  |   |   |
| 2 Enter the amount of any excise tax   | incurred by organization manag  | ers under section 495  | <b>⊳</b> \$   |   |
| 3 If the organization incurred a section   | n 4955 tax, did it file Form 4720   | for this year?   |   | Yes No  |
| 4a Was a correction made?  |   |  |   | Yes No  |
| <b>b</b> If "Yes," describe in Part IV.  |   |  |   |   |
| 1 Enter the amount directly expended   | janization is exempt und  |  | •   | (c)(3).   |
| <ul> <li>2 Enter the amount of the filing organ exempt function activities</li> <li>3 Total exempt function expenditures line 17b</li> <li>4 Did the filing organization file Form</li> <li>5 Enter the names, addresses and er made payments. For each organization contributions received that were propolitical action committee (PAC). If</li> </ul> | s. Add lines 1 and 2. Enter here a  1120-POL for this year?  nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to | and on Form 1120-PO<br>IN) of all section 527 p<br>id from the filing organ<br>a separate political or | L,  bolitical organizations to which ization's funds. Also enter the ganization, such as a separate | Yes No th the filing organization he amount of political  |
| <b>(a)</b> Name  | (b) Address   | (c) EIN  | (d) Amount paid from filing organization's funds. If none, enter -0                                 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0 |
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| Schedule C (Form 990 or 990-EZ) 2016  | The Women's Fou                          | ndation of Colorad   | lo Inc                                   | 84-103  | 9305 Dogo <b>2</b>          |
|---|--|--|--|---|-----------------------------|
| Part II-A Complete if the org section 501(h)).                                  | ganization is ex                         | empt under section   | on 501(c)(3) and fil                     |   |                             |
|   | ation belongs to an a                    | ffiliated group (and list in   | n Part IV each affiliated                | group member's nam                            | ne. address. EIN.           |
|   | re of excess lobbyin                     | * · ·  |  | 9   | ,,                          |
| B Check ▶ ☐ if the filing organiza  | ation checked box A                      | and "limited control" pro  | ovisions apply.                          |   |                             |
|   | its on Lobbying Exp<br>ditures" means am | enditures<br>ounts paid or incurred.   | )  | <b>(a)</b> Filing<br>organization's<br>totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to infl  | uence public opinio                      | n (grass roots lobbying)   |  | 7,644.  |                             |
| <b>b</b> Total lobbying expenditures to infl                                    |  |  |  | 82,465.                                       |                             |
| c Total lobbying expenditures (add  |  |  |  | 90,109.                                       |                             |
| d Other exempt purpose expenditur   |  |  |  | 2,721,872.                                    |                             |
| e Total exempt purpose expenditure  | es (add lines 1c and                     | 1d)  |  | 2,811,981.                                    |                             |
| f Lobbying nontaxable amount. Ent   |  |  |  | 290,599.                                      |                             |
| If the amount on line 1e, column (a)  | or (b) is: The lo                        | obbying nontaxable am  | ount is:                                 |   |                             |
| Not over \$500,000  | 20% (                                    | of the amount on line 1e   |  |   |                             |
| Over \$500,000 but not over \$1,00  | 0,000 \$100,                             | 000 plus 15% of the exc  | cess over \$500,000.                     |   |                             |
| Over \$1,000,000 but not over \$1,5   | 500,000 \$175,                           | 000 plus 10% of the exc  | cess over \$1,000,000.                   |   |                             |
| Over \$1,500,000 but not over \$17  | ,000,000 \$225,                          | 000 plus 5% of the exce  | ess over \$1,500,000.                    |   |                             |
| Over \$17,000,000   | \$1,00                                   | 0,000.   |  |   |                             |
|   |  |  |  |   |                             |
| <b>g</b> Grassroots nontaxable amount (el                                       | nter 25% of line 1f)                     |  |  | 72,650.                                       |                             |
| h Subtract line 1g from line 1a. If ze  | •  |  |  | 0.  |                             |
| i Subtract line 1f from line 1c. If zer   |  |  |  | 0.  |                             |
| j If there is an amount other than ze   | ero on either line 1h                    | or line 1i, did the organiz  | ation file Form 4720                     | _   |                             |
| reporting section 4911 tax for this   | •  |  |  | L   | Yes No                      |
| (Some organizations t   | hat made a section<br>See the sepa       | veraging Period Under<br>501(h) election do not<br>arate instructions for li | have to complete all nes 2a through 2f.) | of the five columns b                         | elow.                       |
|   | Lobbying Exp                             | enditures During 4-Ye  | ar Averaging Period                      |   | 1                           |
| Calendar year (or fiscal year beginning in)                                     | (a) 2013                                 | <b>(b)</b> 2014  | <b>(c)</b> 2015                          | <b>(d)</b> 2016                               | (e) Total                   |
| 2a Lobbying nontaxable amount   | 251,87                                   | 3. 264,624.  | 295,994.                                 | 290,599.                                      | 1,103,090                   |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))                   |  |  |  |   | 1,654,635                   |
| c Total lobbying expenditures   | 114,81                                   | 5. 43,981.   | 49,560.                                  | 90,109.                                       | 298,465                     |
| d Grassroots nontaxable amount  | 62,96                                    | 8. 66,156.   | 73,999.                                  | 72,650.                                       | 275,773                     |
| <ul> <li>Grassroots ceiling amount<br/>(150% of line 2d, column (e))</li> </ul> |  |  |  |   | 413,660.                    |

33,689.

202.

49,815.

Schedule C (Form 990 or 990-EZ) 2016

91,350.

7,644.

f Grassroots lobbying expenditures

## Schedule C (Form 990 or 990-EZ) 2016 The Women's Foundation of Colorado, Inc. 84-1039305 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)).

|  | (a  | (a)  |  | (b)  |  |
|--|---|--|--|--|--|
| bbying activity.   | Yes   | N  | ю  | Amo  | ount   |
| uring the year, did the filing organization attempt to influence foreign, national, state or   |   |  |  |  |  |
| cal legislation, including any attempt to influence public opinion on a legislative matter   |   |  |  |  |  |
| referendum, through the use of:  |   |  |  |  |  |
| lunteers?  |   |  |  |  |  |
| id staff or management (include compensation in expenses reported on lines 1c through 1i)?   |   |  |  |  |  |
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| I-A Complete if the organization is exempt under section 501(c)(4), section  | on 501(c)   | (5).   | or se  | ction  |  |
| 501(c)(6).   |   |  |  |  |  |
|  |   |  |  | Yes  | N.   |
| ere substantially all (90% or more) dues received nondeductible by members?  |   |  | 1  |  |  |
| d the organization make only in-house lobbying expenditures of \$2,000 or less?  |   |  | 2  |  |  |
| d the organization agree to carry over lobbying and political campaign activity expenditures from the                                    | ne prior yea  | r?   | 3  |  |  |
|  |   |  | 1  |  |  |
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| •  |   |  | 2a   |  |  |
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| reverses amount varieted in section 6022/a\/1\/A\ notices of pandeductible cection 152/a\ dues   |   |  |  |  |  |
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|  |   |  |  |  |  |
| Supplemental Information the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part I   | I-A, lir   | nes 1 a  | and 2 (see   |  |
|  | ere substantially all (90% or more) dues received nondeductible by members?  In the organization make only in-house lobbying expenditures of \$2,000 or less?  In the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  In the section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political penses for which the section 527(f) tax was paid).  Internet year  Internet year  Interpretation agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure of nondeductible lobbying and penditure next year?  Interpretation agree to carryover to the reasonable estimate of nondeductible lobbying and penditure next year?  Interpretation and political expenditures (see instructions)  Interpretation and penditure and penditures (see instructions) | aid staff or management (include compensation in expenses reported on lines 1c through 1i)?  adia advertisements?  alilings to members, legislators, or the public?  abilications, or published or broadcast statements?  ants to other organizations for lobbying purposes?  rect contact with legislators, their staffs, government officials, or a legislative body?  alliles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  their activities?  tal. Add lines 1c through 1i  d the activities in line 1 cause the organization to be not described in section 501(c)(3)?  Yes," enter the amount of any tax incurred under section 4912  Yes, enter the amount of any tax incurred by organization managers under section 4912  He filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  I-A Complete if the organization is exempt under section 501(c)(4), section 501(c)  501(c)(6).  The organization make only in-house lobbying expenditures of \$2,000 or less?  If the organization agree to carry over lobbying and political campaign activity expenditures from the prior year of the organization is exempt under section 501(c)(4), section 501(c)  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."  The organization agree to carry over lobbying and political expenditures (do not include amounts of political penses for which the section 527(f) tax was paid).  The organization agree to carry over lobbying and political expenditures (do not include amounts of political penses for which the section 527(f) tax was paid).  The organization is exempt under section 162(e) dues arroyover from last year tax and the amount on line 2c exceeds the amount on line 3, what portion of the excess es the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  The organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | idistaff or management (include compensation in expenses reported on lines 1c through 1i)?  data advertisements?  alialings to members, legislators, or the public?  biblications, or published or broadcast statements?  ants to other organizations for lobbying purposes?  rect contact with legislators, their staffs, government officials, or a legislative body?  lillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  her activities?  tal. Add lines 1c through 1i  d the activities in line 1 cause the organization to be not described in section 501(c)(3)?  Yes," enter the amount of any tax incurred under section 4912  Yes," enter the amount of any tax incurred by organization managers under section 4912  the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  I-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),  501(c)(6).  Bere substantially all (90% or more) dues received nondeductible by members?  d the organization make only in-house lobbying expenditures of \$2,000 or less?  d the organization make only in-house lobbying and political campaign activity expenditures from the prior year?  I-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5),  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b answered "Yes."  less, assessments and similar amounts from members  scition 162(e) nondeductible lobbying and political expenditures (do not include amounts of political penses for which the section 527(f) tax was paid).  urrent year  urryover from last year  tal  ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess  ses the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  xable amount of lobbying and political expenditures (see instructions) | idistaff or management (include compensation in expenses reported on lines 1c through 1i)?  dia advertisements?  alialings to members, legislators, or the public?  biblications, or published or broadcast statements?  ants to other organizations for lobbying purposes?  rect contact with legislators, their staffs, government officials, or a legislative body?  lillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  her activities?  tal. Add lines 1c through 1i  d the activities in line 1 cause the organization to be not described in section 501(c)(3)?  Yes, "enter the amount of any tax incurred under section 4912  Yes, "enter the amount of any tax incurred by organization managers under section 4912  he filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  I-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  The organization make only in-house lobbying expenditures of \$2,000 or less?  d the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  1-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 162(e) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Paranswered "Yes."  les, assessments and similar amounts from members  2a the organization and similar amounts from members  2b (c) (nondeductible lobbying and political expenditures (do not include amounts of political penses for which the section 527(f) tax was paid).  2a arryover from last year  2a alter organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  2a benditure next year?  2b captegate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure next year?  3 notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ses the organization agree to carryover to | id staff or management (include compensation in expenses reported on lines 1c through 1i)? delia advertisements?  allings to members, legislators, or the public?  ants to other organizations for lobbying purposes?  rect contact with legislators, their staffs, government officials, or a legislative body?  alliles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  her activities?  tal. Add lines 1c through 1i  d the activities in line 1 cause the organization to be not described in section 501(c)(3)?  Yes, enter the amount of any tax incurred under section 4912  Yes, enter the amount of any tax incurred by organization managers under section 4912  Heh filing organization incurred a section 4912 tax, did if file Form 4720 for this year?  I-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yes  ere substantially all (90% or more) dues received nondeductible by members?  at the organization make only in-house lobbying expenditures of \$2,000 or less?  2 the organization make only in-house lobbying and political campaign activity expenditures from the prior year?  1 |

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

The Women's Foundation of Colorado, Inc.

**Employer identification number** 

84-1039305 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... 1 94,244 Aggregate value of contributions to (during year) 199,500, Aggregate value of grants from (during year) 3 Aggregate value at end of year 2,491,315. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII. the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

| Pa       | rt III   Organizations Maintaining C   | ollections of Ar              | t, Historical Tr        | easures, or Oth        | <u>ner Sir</u>     | nilar Asse     | e <b>ts</b> (contir | nued)      |
|----------|--|-------------------------------|-------------------------|------------------------|--------------------|----------------|---------------------|------------|
| 3        | Using the organization's acquisition, accession  | on, and other record          | s, check any of the     | following that are a   | significa          | ant use of its | collectio           | n items    |
|          | (check all that apply):  |                               |                         |                        |                    |                |                     |            |
| а        | Public exhibition  | d                             | Loan or excl            | hange programs         |                    |                |                     |            |
| b        | Scholarly research   | е                             | Other                   |                        |                    |                |                     |            |
| С        | Preservation for future generations  |                               |                         |                        |                    |                |                     |            |
| 4        | Provide a description of the organization's co   | llections and explain         | n how they further th   | he organization's ex   | empt pu            | ırpose in Pa   | rt XIII.            |            |
| 5        | During the year, did the organization solicit or                                       | receive donations             | of art, historical trea | sures, or other simil  | ar asset           | S              |                     |            |
|          | to be sold to raise funds rather than to be ma   | intained as part of t         | he organization's co    | ollection?             |                    |                | Yes                 | ☐ No       |
| Pa       | rt IV Escrow and Custodial Arrang  | <b>gements.</b> Comple        | ete if the organizatio  | n answered "Yes" o     | n Form             | 990, Part IV,  | line 9, or          |            |
|          | reported an amount on Form 990, Par  | t X, line 21.                 |                         |                        |                    |                |                     |            |
| 1a       | Is the organization an agent, trustee, custodia  | an or other intermed          | liary for contribution  | s or other assets no   | ot includ          | ed             | _                   |            |
|          | on Form 990, Part X?   |                               |                         |                        |                    | <u></u>        | Yes                 | ☐ No       |
| b        | If "Yes," explain the arrangement in Part XIII a                                       |                               |                         |                        |                    |                |                     |            |
|          |  |                               |                         |                        |                    |                | Amoun               | t          |
| С        | Beginning balance  |                               |                         |                        | 1                  | С              |                     |            |
|          | Additions during the year  |                               |                         |                        |                    | d              |                     |            |
| е        | Distributions during the year  |                               |                         |                        | <u>1</u>           | e              |                     |            |
| f        | Ending balance   |                               |                         |                        | <u>1</u>           | f              |                     |            |
| 2a       | Did the organization include an amount on Fo   | orm 990, Part X, line         | 21, for escrow or cu    | ustodial account lial  | oility?            | L              | Yes                 | L No       |
| <u>b</u> | If "Yes," explain the arrangement in Part XIII.  |                               |                         |                        |                    |                |                     |            |
| Pa       | rt V Endowment Funds. Complete if  | the organization an           | swered "Yes" on Fo      | orm 990, Part IV, line | 10.                |                |                     |            |
|          | <u> </u>   | (a) Current year              | (b) Prior year          | (c) Two years back     | (d) Thr            | ee years back  | (e) Four            | years back |
| 1a       | Beginning of year balance  | 14,899,925.                   | 16,109,070.             | 16,593,592             | . 1                | 5,755,129.     | . 14                | ,797,382.  |
| b        | Contributions  | 32,526.                       | 758,409.                | 968,426                |                    | 939,791.       | . 1                 | ,215,642.  |
| С        | <b>c</b> Net investment earnings, gains, and losses 606,54470,659. 526,882. 1,356,019. |                               |                         |                        |                    | . 1            | ,715,502.           |            |
| d        | Grants or scholarships   |                               |                         |                        |                    |                |                     |            |
| е        | Other expenditures for facilities  |                               |                         |                        |                    |                |                     |            |
|          | and programs   | 639,380.                      | 1,896,895.              | 1,979,830              | . :                | 1,457,347.     | . 1                 | ,973,397.  |
| f        | Administrative expenses  |                               |                         |                        |                    |                |                     |            |
| g        | End of year balance  | 14,899,615.                   | 14,899,925.             | 16,109,070             | . 1                | 5,593,592.     | . 15                | ,755,129.  |
| 2        | Provide the estimated percentage of the curr   | ent year end balanc           | e (line 1g, column (a   | a)) held as:           |                    |                |                     |            |
| а        | Board designated or quasi-endowment  | 15.62                         | _%                      |                        |                    |                |                     |            |
| b        | Permanent endowment  69.57   | <u></u> %                     |                         |                        |                    |                |                     |            |
| С        | Temporarily restricted endowment ▶   | 14.81 %                       |                         |                        |                    |                |                     |            |
|          | The percentages on lines 2a, 2b, and 2c shou   | uld equal 100%.               |                         |                        |                    |                |                     |            |
| За       | Are there endowment funds not in the posses  | ssion of the organiza         | ation that are held a   | nd administered for    | the org            | anization      |                     |            |
|          | by:  |                               |                         |                        |                    |                |                     | Yes No     |
|          | (i) unrelated organizations  |                               |                         |                        |                    |                | . 3a(i)             | Х          |
|          |  |                               |                         |                        |                    |                |                     | Х          |
| b        | If "Yes" on line 3a(ii), are the related organizate                                    | tions listed as requir        | ed on Schedule R?       |                        |                    |                | . 3b                |            |
| 4        | Describe in Part XIII the intended uses of the   |                               | wment funds.            |                        |                    |                |                     |            |
| Pa       | rt VI Land, Buildings, and Equipm  |                               |                         |                        |                    |                |                     |            |
|          | Complete if the organization answered  |                               |                         | See Form 990, Part 3   | X, line 10         | ).<br>         |                     |            |
|          | Description of property  | (a) Cost or of basis (investn | 1 ' '                   | 1 ' '                  | Accumu<br>epreciat | I              | (d) Boo             | k value    |
| 1a       | Land   |                               |                         |                        |                    |                |                     |            |
| b        |  |                               |                         |                        |                    |                |                     |            |
| С        | Leasehold improvements   |                               |                         |                        |                    |                |                     |            |
|          |  |                               |                         | 59,171.                |                    | 32,708.        |                     | 26,463.    |
|          | Other  |                               |                         |                        |                    |                |                     |            |
| Tota     | II. Add lines 1a through 1e. (Column (d) must ed                                       | qual Form 990, Part           | X, column (B), line 1   | 0c.)                   |                    | ▶              |                     | 26,463.    |

| Part VII                        | Investments - Other Securities.  |                                 |              |                 |                       |                         |
|---------------------------------|--|---------------------------------|--------------|-----------------|-----------------------|-------------------------|
| (a) Descrip                     | Complete if the organization answered "Yes oftion of security or category (including name of security) | on Form 990, Part (b) Book valu |              |                 |                       | nd of year market value |
| • • •                           |  | · · ·                           | e            | (c) Method of V | /aluation: Cost or e  | nd-of-year market value |
|                                 | al derivatives   |                                 |              |                 |                       |                         |
|                                 | -held equity interests   |                                 |              |                 |                       |                         |
| (3) Other                       |  |                                 |              |                 |                       |                         |
| (A)                             |  |                                 |              |                 |                       |                         |
| (B)                             |  |                                 |              |                 |                       |                         |
| (C)                             |  |                                 |              |                 |                       |                         |
| (D)                             |  |                                 |              |                 |                       |                         |
| (E)                             |  |                                 |              |                 |                       |                         |
| (F)                             |  |                                 |              |                 |                       |                         |
| (G)<br>(H)                      |  |                                 |              |                 |                       |                         |
|                                 | b) must equal Form 990, Part X, col. (B) line 12.)   |                                 |              |                 |                       |                         |
|                                 | Investments - Program Related.   |                                 |              |                 |                       |                         |
| i ait viii                      | -  | " on Form 000 Dort              | N/ line 11a  | Coo Form 000    | Dort V. line 10       |                         |
|                                 | Complete if the organization answered "Yes"  (a) Description of investment                             | (b) Book valu                   |              |                 |                       | nd-of-year market value |
| /4\                             | (a) Bosonphon of invostment  | (b) Book valu                   |              | (o) Method of   | raidation: Goot of C  | na or your market value |
| (1)                             |  |                                 |              |                 |                       |                         |
| (2)                             |  |                                 |              |                 |                       |                         |
| (3)                             |  |                                 |              |                 |                       |                         |
| (4)<br>(5)                      |  |                                 |              |                 |                       |                         |
| (6)                             |  |                                 |              |                 |                       |                         |
| (7)                             |  |                                 |              |                 |                       |                         |
| (8)                             |  |                                 |              |                 |                       |                         |
| (9)                             |  |                                 |              |                 |                       |                         |
|                                 | b) must equal Form 990, Part X, col. (B) line 13.)   |                                 |              |                 |                       |                         |
| Part IX                         | Other Assets.  |                                 |              |                 |                       |                         |
| · art bt                        | Complete if the organization answered "Yes   | on Form 990 Part                | IV line 11d  | d See Form 990  | Part X line 15        |                         |
|                                 |  | Description                     | 11, 1110     |                 | , r are 7, iii o ro.  | (b) Book value          |
| (1) Inv                         | vestment in building   |                                 |              |                 |                       | 1,500,000               |
| (2)                             | <u>-</u>   |                                 |              |                 |                       | , ,                     |
| (3)                             |  |                                 |              |                 |                       |                         |
| (4)                             |  |                                 |              |                 |                       |                         |
| (5)                             |  |                                 |              |                 |                       |                         |
| (6)                             |  |                                 |              |                 |                       |                         |
| (7)                             |  |                                 |              |                 |                       |                         |
| (8)                             |  |                                 |              |                 |                       |                         |
| (9)                             |  |                                 |              |                 |                       |                         |
|                                 | ımn (b) must equal Form 990, Part X, col. (B) lir  | ne 15.)                         |              |                 | b                     | 1,500,000               |
| Part X                          | Other Liabilities.   |                                 |              |                 |                       | , , ,                   |
|                                 | Complete if the organization answered "Yes   | on Form 990, Part               | IV, line 11e | or 11f. See For | m 990, Part X, line 2 | 25.                     |
| 1.                              | (a) Description of liability   | ·                               | (b)          | Book value      |                       |                         |
|                                 | deral income taxes   |                                 |              |                 |                       |                         |
| (2)                             |  |                                 |              |                 |                       |                         |
| (3)                             |  |                                 |              |                 |                       |                         |
|                                 |  |                                 |              |                 | _                     |                         |
| (4)                             |  |                                 |              |                 |                       |                         |
| (4)<br>(5)                      |  |                                 |              |                 |                       |                         |
| (5)                             |  |                                 |              |                 | -                     |                         |
| (5)<br>(6)                      |  |                                 |              |                 |                       |                         |
| (5)                             |  |                                 |              |                 |                       |                         |
| (5)<br>(6)<br>(7)               |  |                                 |              |                 |                       |                         |
| (5)<br>(6)<br>(7)<br>(8)<br>(9) | ımn (b) must equal Form 990, Part X, col. (B) lir  | ne 25.)                         | -            |                 |                       |                         |

|        | Complete if the organization answered "Yes" on Form 990, Part IV, line  |                                       |              | 1 . 1      |            |
|--------|---|---------------------------------------|--------------|------------|------------|
| 1      | Total revenue, gains, and other support per audited financial statements                                      |                                       |              | 1          | 2,457,600. |
| 2      | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   | 1 1                                   |              |            |            |
| а      | Net unrealized gains (losses) on investments  |                                       | 133,033.     | -          |            |
| b      | Donated services and use of facilities  |                                       | 54,256.      |            |            |
| С      | Recoveries of prior year grants   |                                       |              |            |            |
| d      | Other (Describe in Part XIII.)  |                                       |              |            |            |
| е      | Add lines 2a through 2d   |                                       |              | 2e         | 187,289.   |
| 3      | Subtract line 2e from line 1  |                                       |              | 3          | 2,270,311. |
| 4      | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  | 1 1                                   |              |            |            |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b  |                                       | 25,000.      | <u>·</u>   |            |
| b      | Other (Describe in Part XIII.)  | 4b                                    |              |            |            |
|        | Add lines 4a and 4b   |                                       |              | 4c         | 25,000.    |
| 5      | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                               |                                       |              | 5          | 2,295,311. |
| Pa     | T XII Reconciliation of Expenses per Audited Financial Sta  |                                       | Expenses per | Return.    |            |
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line  |                                       |              |            | 2,866,237. |
| 1      | Total expenses and losses per audited financial statements  |                                       |              | 1          | 2,000,237, |
| 2      | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | ا مو ا                                | 54,256.      |            |            |
| a      | Donated services and use of facilities  |                                       | 34,230.      | <u>- 1</u> |            |
| b      | Prior year adjustments  Other leases  |                                       |              | -          |            |
| c<br>d | Other losses  |                                       |              | -          |            |
| u<br>e | Other (Describe in Part XIII.)  | · · · · · · · · · · · · · · · · · · · |              | 2e         | 54,256.    |
| 3      | Add lines 2a through 2d   |                                       |              | 3          | 2,811,981. |
| 4      | Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: |                                       |              | 3          | 2,022,002. |
| а      | Investment expenses not included on Form 990, Part VIII, line 7b  | 42                                    | 25,000.      |            |            |
| b      | Other (Describe in Part XIII.)  |                                       | 20,000.      |            |            |
|        | Add lines 4a and 4b   | ' <u>-</u>                            |              | 4c         | 25,000.    |
| 5      | Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18                  |                                       |              | 5          | 2,836,981. |
|        | t XIII Supplemental Information.  | ,                                     |              |            | , ,        |
|        | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an  V, line 4:                   | y additional informa                  | ation.       |            |            |
| To s   | upport delivery of our programs and strategies to help Col  | orado's                               |              |            |            |
| wome   | n and girls achieve economic self-sufficiency.  |                                       |              |            |            |
|        |   |                                       |              |            |            |
|        |   |                                       |              |            |            |
|        |   |                                       |              |            |            |
|        |   |                                       |              |            |            |
|        |   |                                       |              |            |            |
|        |   |                                       |              |            |            |
|        |   |                                       |              |            |            |
|        |   |                                       |              |            |            |

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 84-1039305 The Women's Foundation of Colorado, Inc. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events None (add col. (a) through Annual Luncheon Regional Events col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 857,814 182,226. 1,040,040. 2 Less: Contributions 627,443 131,991. 759,434. **3** Gross income (line 1 minus line 2) 230,371 50,235. 280,606. 4 Cash prizes 5 Noncash prizes Direct Expenses 19,015. 8,394. 27,409. 6 Rent/facility costs 125,023. 93,087. 31,936. 7 Food and beverages ..... 75,356, 75,356. 8 Entertainment 42,913. 9,905. 52,818. 9 Other direct expenses ..... 280,606. 10 Direct expense summary. Add lines 4 through 9 in column (d) 0. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No b If "Yes," explain: \_\_\_

| Sch | nedule G (Form 990 or 990-EZ) 2016 The Women's Foundation of Colorado, Inc. 84-10  | 39305         | Page <b>3</b> |
|-----|--|---------------|---------------|
| 11  | Does the organization conduct gaming activities with nonmembers?   | Yes           | 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?   | Yes           | ☐ No          |
| 40  |  | 1es           |               |
|     | Indicate the percentage of gaming activity conducted in:   | 1 1           |               |
|     | a The organization's facility  |               | %             |
| ı   | 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?             | Yes           | ☐ No          |
| ı   | 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:   |               |               |
| •   | on 100, onto hand address of the time party.   |               |               |
|     | Name ►   |               |               |
|     | Address ▶  |               |               |
| 16  | Gaming manager information:  |               |               |
|     |  |               |               |
|     | Name   |               |               |
|     | Gaming manager compensation ▶ \$   |               |               |
|     |  |               |               |
|     | Description of services provided   |               |               |
|     |  |               |               |
|     |  |               |               |
|     |  |               |               |
|     | Director/officer Employee Independent contractor   |               |               |
|     |  |               |               |
| 17  | Mandatory distributions:   |               |               |
|     | a Is the organization required under state law to make charitable distributions from the gaming proceeds to                |               |               |
| •   | retain the state gaming license?   | Yes           | ☐ No          |
|     |  | 100           |               |
| ,   | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the |               |               |
|     | organization's own exempt activities during the tax year ▶ \$  |               |               |
| Pa  | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,       | ines 9, 9b, 1 | 0b, 15b,      |
|     | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions                                 |               |               |
|     |  |               |               |
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| Schedule C | G (Form 990 or 990-EZ)  Supplemental Info | The Women's Foundation of Colorado, Inc. | 84-1039305 | Page 4 |
|------------|---|--|------------|--------|
| Part IV    | Supplemental Info                         | rmation (continued)                      |            |        |
|            |   |  |            |        |
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## SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

| Name of the organization   | 3                   | - 1 1 -                            |                          |   |  |                                       | Employer identification number        |
|--|---------------------|------------------------------------|--------------------------|---|--|---------------------------------------|---------------------------------------|
| Part I General Information on Grants a   |                     | Colorado, Inc.                     |                          |   |  |                                       | 84-1039305                            |
| Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro- | to substantiate the |                                    |                          |   |  |                                       |                                       |
| Part II Grants and Other Assistance to   | Domestic Orga       | nizations and Domest               | ic Governments. C        | omplete if the org                      | anization answered "\  | es" on Form 990, Par                  | IV, line 21, for any                  |
| recipient that received more than S  | 5,000. Part II ca   | n be duplicated if addit           | tional space is need     | ded.                                    |  |                                       |                                       |
| (a) Name and address of organization or government   | ( <b>b)</b> EIN     | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |
| Girls Inc. of Metro Denver   |                     |                                    |                          |   |  |                                       |                                       |
| 1499 Julian Street   |                     |                                    |                          |   |  |                                       |                                       |
| Denver, CO 80204   | 742277668           | 501 ( c) 3                         | 63,875.                  | 0.                                      |  |                                       | Direct Service                        |
| Project Self-Sufficiency of  |                     |                                    | ,                        |   |  |                                       |                                       |
| Loveland-Fort Collins - 375 W 37th   |                     |                                    |                          |   |  |                                       |                                       |
| Street., Ste 150 - Fort Collins,   |                     |                                    |                          |   |  |                                       |                                       |
| CO 81401   | 841206341           | 501 ( c) 3                         | 30,000.                  | 0.                                      |  |                                       | Direct Service                        |
| St. Mary's Academy<br>4545 S. University Boulevard<br>Englewood, CO 80113  | 840459889           | 501 ( c) 3                         | 29,625.                  | 0.                                      |  |                                       | Direct Service                        |
| Ingiowood, co collis   | 010103003           | 301 ( 0, 3                         | 25,025.                  |   |  |                                       | D11000 B017100                        |
| Colorado Women's Employment and<br>Education, Inc 1175 Osage<br>Street, Ste 300 - Denver, CO 80204                                   | 742202303           | 501 ( c) 3                         | 25,000.                  | 0.                                      |  |                                       | Direct Service                        |
| Beliver, CO 00204  | 742202303           | 301 ( 6, 3                         | 25,000.                  | <u> </u>                                |  |                                       | Direct Belvice                        |
| Sundance Institute<br>PO Box 68442   |                     |                                    |                          |   |  |                                       |                                       |
| Park City, UT 84068  | 870361394           | 501 ( c) 3                         | 25,000.                  | 0.                                      |  |                                       | Direct Service                        |
| Warren Village 1323 Gilpin Street  | 840644270           | E01 ( a) 2                         | 25 000                   | 0.                                      |  |                                       | Direct Service                        |
| Denver, CO 80218   |                     | 501 ( c) 3                         | 25,000.                  | U.                                      |  |                                       | pirect service 69.                    |
| 2 Enter total number of section 501(c)(3) a  | J                   | J                                  | ie iirie i tabie         |   |  |                                       |                                       |

| (a) Name and address of            | (b) EIN   | (c) IRC section | (d) Amount of | (e) Amount of          | (f) Method of                                 | (g) Description of  | (h) Purpose of grant |
|------------------------------------|-----------|-----------------|---------------|------------------------|---|---------------------|----------------------|
| organization or government         | (B) LIN   | if applicable   | cash grant    | non-cash<br>assistance | valuation<br>(book, FMV,<br>appraisal, other) | non-cash assistance | or assistance        |
| Community College of Denver        |           |                 |               |                        |   |                     |                      |
| PO Box 173363                      |           |                 |               |                        |   |                     |                      |
| Denver, CO 80217                   | 453784543 | 501 ( c) 3      | 22,500.       | 0.                     |   |                     | Direct Service       |
|                                    |           |                 |               |                        |   |                     |                      |
| Walking Mountains                  |           |                 |               |                        |   |                     |                      |
| PO Box 9469                        | 041436531 | F01 ( ) 3       | 00 500        | 0                      |   |                     |                      |
| Avon, CO 81620                     | 841436731 | 501 ( c) 3      | 22,500.       | 0.                     |   |                     | Direct Service       |
| Colorado Mountain College          |           |                 |               |                        |   |                     |                      |
| Foundation - 802 Grand Ave -       |           |                 |               |                        |   |                     |                      |
| Glenwood Springs, CO 81601         | 742393418 | 501 ( c) 3      | 21,213.       | 0.                     |   |                     | Direct Service       |
|                                    |           |                 |               |                        |   |                     |                      |
| artners in Housing                 |           |                 |               |                        |   |                     |                      |
| 155 Gold Pass Hts                  |           |                 |               |                        |   |                     |                      |
| Colorado Springs, CO 80906         | 841188208 | 501 ( c) 3      | 17,000.       | 0.                     |   |                     | Direct Service       |
| VORP of Denver                     |           |                 |               |                        |   |                     |                      |
| 403 W 9th Ave                      |           |                 |               |                        |   |                     |                      |
| Denver, CO 80204                   | 841313876 | 501 (c) 3       | 16,000.       | 0.                     |   |                     | Direct Service       |
| 5611761, 66 66261                  | 011313070 | 301 ( 3) 3      | 10,000.       |                        |   |                     | D11000 D017100       |
| Durango Adult Education Center     |           |                 |               |                        |   |                     |                      |
| 701 Camino Del Rio, Ste 301        |           |                 |               |                        |   |                     |                      |
| Ourango, CO 81301                  | 841118878 | 501 ( c) 3      | 15,000.       | 0.                     |   |                     | Direct Service       |
|                                    |           |                 |               |                        |   |                     |                      |
| The Colorado Education Initiative  |           |                 |               |                        |   |                     |                      |
| 1660 Lincoln Street, Ste 2000      |           | L               |               | _                      |   |                     |                      |
| Denver, CO 80264                   | 261597530 | 501 ( c) 3      | 12,500.       | 0.                     |   |                     | Direct Service       |
| Soys & Girls Club of Pueblo County |           |                 |               |                        |   |                     |                      |
| 335 W. Corona Avenue               |           |                 |               |                        |   |                     |                      |
| Pueblo, CO 81004                   | 237307508 | 501 (c) 3       | 12,000.       | 0.                     |   |                     | Direct Service       |
|                                    | 20.00,000 | ( 5/ 5          | 12,000.       |                        |   |                     |                      |
| Florence Crittenton Services       |           |                 |               |                        |   |                     |                      |
| 96 S. Zuni Street                  |           |                 |               |                        |   |                     |                      |
| Denver, CO 80223                   | 840429686 | 501 ( c) 3      | 12,000.       | 0.                     |   |                     | Direct Service       |

| Part II Continuation of Grants and Other                    | Assistance to G | overnments and Orga           | nizations in the U       | nited States (Scho                | edule I (Form 990), Pa   | ırt II.)                               | - Ta                                  |
|---|-----------------|-------------------------------|--------------------------|-----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government          | (b) EIN         | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| I Have a Dream Foundation of                                |                 |                               |                          |                                   |  |  |                                       |
| Boulder County - 390 Manhattan                              |                 |                               |                          |                                   |  |  |                                       |
| Circle #200 - Boulder, CO 80303                             | 841150542       | 501 ( c) 3                    | 11,000.                  | 0.                                |  |  | Direct Service                        |
| Open World Learning   |                 |                               |                          |                                   |  |  |                                       |
| 2543 California Street                                      |                 |                               |                          |                                   |  |  |                                       |
| Denver, CO 80205  | 841538872       | 501 ( c) 3                    | 11,000.                  | 0.                                |  |  | Direct Service                        |
| Community Partnership for Child                             |                 |                               |                          |                                   |  |  |                                       |
| Development - 2330 Robinson Street                          |                 |                               |                          |                                   |  |  |                                       |
| - Colorado Springs, CO 80904                                | 841071825       | 501 ( c) 3                    | 10,700.                  | 0.                                |  |  | Direct Service                        |
| Providence: Bomile Againtana                                |                 |                               |                          |                                   |  |  |                                       |
| Emergency Family Assistance Association - 1575 Yarmouth Ave |                 |                               |                          |                                   |  |  |                                       |
| Boulder, CO 80304   | 840454115       | 501 ( c) 3                    | 10,700.                  | 0.                                |  |  | Direct Service                        |
|   | 010101110       |                               | 20,700.                  |                                   |  |  |                                       |
| New Legacy Charter School                                   |                 |                               |                          |                                   |  |  |                                       |
| 2091 N. Dayton Street                                       |                 |                               |                          |                                   |  |  |                                       |
| Aurora, CO 80010  | 463841363       | 501 ( c) 3                    | 10,000.                  | 0.                                |  |  | Direct Service                        |
| Passage Charter School                                      |                 |                               |                          |                                   |  |  |                                       |
| 703 S 9th Street  |                 |                               |                          |                                   |  |  |                                       |
| Montrose, CO 81401  | 841449330       | 501 ( c) 3                    | 10,000.                  | 0.                                |  |  | Direct Service                        |
| ,   |                 |                               | , -                      |                                   |  |  |                                       |
| Young Womens Christian Association                          |                 |                               |                          |                                   |  |  |                                       |
| of Boulder County - 2222 14th                               |                 |                               |                          |                                   |  |  |                                       |
| Street - Boulder, CO 80302                                  | 840500276       | 501 ( c) 3                    | 10,000.                  | 0.                                |  |  | Direct Service                        |
|   |                 |                               |                          |                                   |  |  |                                       |
| Denver Kids, Inc.   |                 |                               |                          |                                   |  |  |                                       |
| 1860 Lincoln Street, 9th Floor                              | 841244211       | 501 ( c) 3                    | 8,000.                   | 0.                                |  |  | Direct Service                        |
| Denver, CO 80203  | 041244211       | 201 ( 6) 3                    | 8,000.                   | 0.                                |  |  | Direct Pervice                        |
| Full Circle of Lake County                                  |                 |                               |                          |                                   |  |  |                                       |
| PO Box 622  |                 |                               |                          |                                   |  |  |                                       |
| Leadville, CO 80461   | 841386727       | 501 ( c) 3                    | 7,000.                   | 0.                                |  |  | Direct Service                        |

| (a) Name and address of organization or government                      | (b) EIN   | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|-----------|-------------------------------|--------------------------|---|--|--|------------------------------------|
| Soccer Without Borders  |           |                               |                          |   |  |  |                                    |
| 1100 8th Ave  |           |                               |                          |   |  |  |                                    |
| Greeley, CO 80631   | 203786129 | 501 ( c) 3                    | 7,000.                   | 0.                                      |  |  | Direct Service                     |
| Womens Resource Agency  |           |                               |                          |   |  |  |                                    |
| 750 Citadel Drive, East Ste 3128  |           |                               |                          |   |  |  |                                    |
| Colorado Springs, CO 80909  | 840747154 | 501 ( c) 3                    | 7,000.                   | 0.                                      |  |  | Direct Service                     |
| Bright Future Foundation for Eagle<br>County - PO Box 2558 - Avon, CO   |           |                               |                          |   |  |  |                                    |
| 81620   | 840938374 | 501 ( c) 3                    | 5,000.                   | 0.                                      |  |  | Direct Service                     |
| Colorado Youth for a Change<br>2490 W 26th Ave, Ste 110-A               |           |                               |                          |   |  |  |                                    |
| Denver, CO 80211  | 202501002 | 501 ( c) 3                    | 5,000.                   | 0.                                      |  |  | Direct Service                     |
| Futuro Media Group<br>361 West 125th Street 6th Floor                   |           |                               |                          |   |  |  |                                    |
| New York, NY 10027  | 272077349 | 501 ( c) 3                    | 5,000.                   | 0.                                      |  |  | Direct Service                     |
| UNIVERSITY OF DENVER<br>1901 E. Asbury Dr.                              |           |                               |                          |   |  |  |                                    |
| Denver, CO 80208  | 840404231 | 501 ( c) 3                    | 5,000.                   | 0.                                      |  |  | Direct Service                     |
| YouthPower365<br>PO Box 6550  |           |                               |                          |   |  |  |                                    |
| Avon, CO 81620  | 841442909 | 501 ( c) 3                    | 5,000.                   | 0.                                      |  |  | Direct Service                     |
| WASHINGTON AREA WOMENS FOUNDATION<br>INC - 1331 H Street NW, Ste 1000 - |           |                               |                          |   |  |  |                                    |
| Washington, DC 20005  | 522028612 | 501 ( c) 3                    | 5,000.                   | 0.                                      |  |  | Direct Service                     |
| The Red Ribbon Project of Eagle<br>County - PO Box 6058 - Avon, CO      |           |                               |                          |   |  |  |                                    |
| 31620   | 841343263 | 501 ( c) 3                    | 4,000.                   | 0.                                      |  |  | Direct Service                     |

| (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<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance              |
|--|----------------|-------------------------------|--------------------------|---|---|--|---|
|  |                |                               |                          |   | appraisal, other)                         |  |   |
| Colorado Association of Funders                            |                |                               |                          |   |   |  |   |
| 600 S. Cherry Street, Ste 1200                             |                |                               |                          |   |   |  |   |
| Denver, CO 80246   | 710947313      | 501 ( c) 3                    | 1,500.                   | 0.                                      |   |  | Direct Service                                  |
| Society of Women Engineers - Rocky                         |                |                               |                          |   |   |  |   |
| Mountain Section - PO Box 260692 -                         |                |                               |                          |   |   |  |   |
| Lakewood, CO 80226   | 841127067      | 501 ( c) 3                    | 1,000.                   | 0.                                      |   |  | Direct Service                                  |
| VOTERUNLEAD  |                |                               |                          |   |   |  |   |
| 1103 Missouri Ave  |                |                               |                          |   |   |  |   |
| Duluth, MN 55811   | 464285577      | 501 (c) 3                     | 1,000.                   | 0.                                      |   |  | Direct Service                                  |
| Bullion, III 55011   | 101203377      | 301 ( 3, 3                    | 1,000.                   |   |   |  | 511000 501V100                                  |
| Emily Griffith Foundation Inc                              |                |                               |                          |   |   |  |   |
| 1860 Lincoln Street  |                |                               |                          |   |   |  |   |
| Denver, CO 80203   | 841169001      | 501 ( c) 3                    | 500.                     | 0.                                      |   |  | Direct Service                                  |
| Pikes Peak Area Zonta Foundation                           |                |                               |                          |   |   |  |   |
| PO Box 7924  |                |                               |                          |   |   |  |   |
| Colorado Springs, CO 80933                                 | 261382809      | 501 ( c) 3                    | 200.                     | 0.                                      |   |  | Direct Service                                  |
|  |                |                               |                          |   |   |  |   |
| Chicken & Egg Pictures                                     |                |                               |                          |   |   |  |   |
| 45 Main Street, Ste 506                                    |                | L                             |                          | _                                       |   |  | Direct Service grant fr                         |
| Brooklyn, NY 11201   | 474712007      | 501 ( c) 3                    | 25,000.                  | 0.                                      |   |  | a Donor Advised Fund                            |
| The Representation Project                                 |                |                               |                          |   |   |  |   |
| PO Box 1750  |                |                               |                          |   |   |  | Direct Service grant fr                         |
| Ross, CA 94957   | 451611066      | 501 ( c) 3                    | 25,000.                  | 0.                                      |   |  | a Donor Advised Fund                            |
| Rose Community Foundation                                  |                |                               |                          |   |   |  |   |
| 600 S. Cherry Street, Ste 1200                             |                |                               |                          |   |   |  | Direct Service grant fr                         |
| Denver, CO 80246   | 840920862      | 501 (c) 3                     | 20,874.                  | 0.                                      |   |  | a Donor Advised Fund                            |
|  |                |                               | ,                        |   |   |  |   |
| Contant 789 Charman Street Ste                             |                |                               |                          |   |   |  | Dinogt Convice                                  |
| Center - 789 Sherman Street, Ste<br>250 - Denver, CO 80203 | 841493585      | 501 (c) 3                     | 20,000.                  | 0.                                      |   |  | Direct Service grant fr<br>a Donor Advised Fund |

| (a) Name and address of   | (b) EIN   | (c) IRC section | (d) Amount of | (e) Amount of          | (f) Method of                                 | (g) Description of  | (h) Purpose of grant            |
|---|-----------|-----------------|---------------|------------------------|---|---------------------|---------------------------------|
| organization or government                                      |           | if applicable   | cash grant    | non-cash<br>assistance | valuation<br>(book, FMV,<br>appraisal, other) | non-cash assistance | or assistance                   |
| Denver Art Museum   |           |                 |               |                        |   |                     |                                 |
| 100 West 14th Avenue Parkway                                    |           |                 |               |                        |   |                     | <br>  Direct Service grant from |
| Denver, CO 80204  | 846038240 | 501 ( c) 3      | 20,000.       | 0.                     |   |                     | a Donor Advised Fund            |
| Planned Parenthood of the Rocky                                 |           |                 |               |                        |   |                     |                                 |
| Mountains - 7155 E 38th Ave -                                   |           |                 |               |                        |   |                     | Direct Service grant from       |
| Denver, CO 80207  | 840404253 | 501 ( c) 3      | 15,000.       | 0.                     |   |                     | a Donor Advised Fund            |
| Sacred Heart House of Denver                                    |           |                 |               |                        |   |                     |                                 |
| 2844 Lawrence Street  |           |                 |               |                        |   |                     | Direct Service grant from       |
| Denver, CO 80205  | 840889359 | 501 ( c) 3      | 15,000.       | 0.                     |   |                     | a Donor Advised Fund            |
| Friendship Bridge   |           |                 |               |                        |   |                     |                                 |
| 405 Urban Street, Ste 140                                       |           |                 |               |                        |   |                     | Direct Service grant from       |
| Denver, CO 80228  | 841141078 | 501 ( c) 3      | 10,000.       | 0.                     |   |                     | a Donor Advised Fund            |
| MADRE   |           |                 |               |                        |   |                     |                                 |
| 121 West 27th Street, Ste 301                                   |           |                 |               |                        |   |                     | Direct Service grant from       |
| New York, NY 10001  | 133280194 | 501 ( c) 3      | 10,000.       | 0.                     |   |                     | a Donor Advised Fund            |
|   |           |                 |               |                        |   |                     |                                 |
| NARAL Pro-Choice Colorado                                       |           |                 |               |                        |   |                     | Direct Service grant from       |
| Foundation - 1905 Sherman Street,<br>Ste 800 - Denver, CO 80203 | 846050191 | 501 ( c) 3      | 10,000.       | 0.                     |   |                     | a Donor Advised Fund            |
| Denver, co 00203  | 040030131 | 301 ( 6, 3      | 10,000.       | 0.                     |   |                     | a bollor Advised rulid          |
| Peace Development Fund  |           |                 |               |                        |   |                     |                                 |
| PO Box 40250  |           |                 |               |                        |   |                     | Direct Service grant from       |
| San Francisco, CA 94140   | 042738794 | 501 ( c) 3      | 10,000.       | 0.                     |   |                     | a Donor Advised Fund            |
| Search for Common Ground  |           |                 |               |                        |   |                     |                                 |
| 1601 Connecticut Avenue NW                                      |           |                 |               |                        |   |                     | Direct Service grant from       |
| Washington, DC 20009  | 521257425 | 501 ( c) 3      | 10,000.       | 0.                     |   |                     | a Donor Advised Fund            |
| USC Annenberg School for  |           |                 |               |                        |   |                     |                                 |
| Communication and Journalism -                                  |           |                 |               |                        |   |                     |                                 |
| 1500 Market Street, Ste 3500E -                                 |           |                 |               |                        |   |                     | Direct Service grant from       |
| Philadelphia, PA 19102  | 776216147 | 501 ( c) 3      | 10,000.       | 0.                     |   |                     | a Donor Advised Fund            |

| (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<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|-------------------------------|--------------------------|---|--|--|---|
| GAY & LESBIAN ALLIANCE AGAINST                     |                |                               |                          |   |  |  |   |
| DEFAMATION INC - 30 Winter Street,                 |                |                               |                          |   |  |  | <br>  Direct Service grant from           |
| Ste 800 - Boston, MA 02108                         | 133384027      | 501 ( c) 3                    | 5,310.                   | 0.                                      |  |  | a Donor Advised Fund                      |
| Collective Heritage Institute                      |                |                               |                          |   |  |  |   |
| 1607 Paseo de Peralta, Ste 3                       |                |                               |                          |   |  |  | Direct Service grant from                 |
| Santa Fe, NM 87501                                 | 850432731      | 501 ( c) 3                    | 5,000.                   | 0.                                      |  |  | a Donor Advised Fund                      |
| Global Fund for Women                              |                |                               |                          |   |  |  |   |
| 800 Market Street, 7th Floor                       |                |                               |                          |   |  |  | Direct Service grant from                 |
| San Francisco, CA 94102                            | 770155782      | 501 ( c) 3                    | 5,000.                   | 0.                                      |  |  | a Donor Advised Fund                      |
| Just Vision  |                |                               |                          |   |  |  |   |
| 1616 P St NW, Ste 340                              |                |                               |                          |   |  |  | Direct Service grant from                 |
| Washington, DC 20036                               | 204898729      | 501 ( c) 3                    | 5,000.                   | 0.                                      |  |  | a Donor Advised Fund                      |
| Denver Film Society                                |                |                               |                          |   |  |  |   |
| 1510 York Street                                   |                |                               |                          |   |  |  | Direct Service grant from                 |
| Denver, CO 80206                                   | 840771070      | 501 ( c) 3                    | 4,500.                   | 0.                                      |  |  | a Donor Advised Fund                      |
| Lambi Fund of Haiti                                |                |                               |                          |   |  |  | Direct Service grant from                 |
| 1050 Connecticut Ave.                              |                |                               |                          |   |  |  | Beyond Our Borders                        |
| Washington, DC 20036                               | 521843357      | 501 ( c) 3                    | 12,000.                  | 0.                                      |  |  | Special Interest Fund                     |
| Advancing Girls' Education in                      |                |                               |                          |   |  |  | Direct Service grant from                 |
| Africa - PO Box 15298 -                            |                |                               |                          |   |  |  | Beyond Our Borders                        |
| Washington, DC 20003                               | 270143166      | 501 ( c) 3                    | 10,000.                  | 0.                                      |  |  | Special Interest Fund                     |
| Friendship Bridge                                  |                |                               |                          |   |  |  | Direct Service grant from                 |
| 405 Urban Street, Ste 140                          |                |                               |                          |   |  |  | Beyond Our Borders                        |
| Denver, CO 80228                                   | 841141078      | 501 ( c) 3                    | 10,000.                  | 0.                                      |  |  | Special Interest Fund                     |
| Global Fund for Women                              |                |                               |                          |   |  |  | Direct Service grant from                 |
| 800 Market Street, 7th Floor                       |                |                               |                          |   |  |  | Beyond Our Borders                        |
| San Francisco, CA 94102                            | 770155782      | 501 ( c) 3                    | 10,000.                  | 0.                                      |  |  | Special Interest Fund                     |

| (a) Name and address of                          | (b) EIN   | (c) IRC section | (d) Amount of | (e) Amount of          | (f) Method of                                 | (g) Description of  | (h) Purpose of grant                            |
|--|-----------|-----------------|---------------|------------------------|---|---------------------|---|
| organization or government                       | ,         | if applicable   | cash grant    | non-cash<br>assistance | valuation<br>(book, FMV,<br>appraisal, other) | non-cash assistance | or assistance                                   |
| AfricAid   |           |                 |               |                        |   |                     | Direct Service grant from                       |
| 1031 33rd Street, Ste 174                        |           |                 |               |                        |   |                     | Beyond Our Borders                              |
| Denver, CO 80205                                 | 841549841 | 501 ( c) 3      | 7,500.        | 0.                     |   |                     | Special Interest Fund                           |
| Posner Center for International                  |           |                 |               |                        |   |                     | Direct Service grant from                       |
| Development - 1031 33rd Street -                 |           |                 |               |                        |   |                     | Beyond Our Borders                              |
| Denver, CO 80205                                 | 464406422 | 501 ( c) 3      | 7,500.        | 0.                     |   |                     | Special Interest Fund                           |
| Curio Delief and Davelenment                     |           |                 |               |                        |   |                     | Direct Convice grant from                       |
| Syria Relief and Development PO Box 25446        |           |                 |               |                        |   |                     | Direct Service grant from<br>Beyond Our Borders |
| Overland, KS 66225                               | 453737015 | 501 (c) 3       | 7,500.        | 0.                     |   |                     | Special Interest Fund                           |
|  |           |                 | ,,,,,,,,      |                        |   |                     |   |
| Bell Policy Center                               |           |                 |               |                        |   |                     |   |
| 1905 Sherman Street, Ste 900                     |           |                 |               |                        |   |                     |   |
| Denver, CO 80203                                 | 841550841 | 501 ( c) 3      | 32,500.       | 0.                     |   |                     | Public Policy                                   |
| 9to5, National Association of                    |           |                 |               |                        |   |                     |   |
| Working Women- Colorado Chapter -                |           |                 |               |                        |   |                     |   |
| 1634 Downing Street, Unit A -                    |           |                 |               |                        |   |                     |   |
| Denver, CO 80218                                 | 341246311 | 501 ( c) 3      | 31,000.       | 0.                     |   |                     | Public Policy                                   |
| Colorado Center on Law & Policy                  |           |                 |               |                        |   |                     |   |
| 789 Sherman Street, Ste 300                      |           |                 |               |                        |   |                     |   |
| Denver, CO 80203                                 | 841264154 | 501 ( c) 3      | 30,517.       | 0.                     |   |                     | Public Policy                                   |
| Colouede Children's Commeien                     |           |                 |               |                        |   |                     |   |
| Colorado Children's Campaign                     |           |                 |               |                        |   |                     |   |
| 1580 Lincoln Street, Ste 420<br>Denver, CO 80203 | 742374672 | 501 (c) 3       | 23 500        | 0.                     |   |                     | Public Policy                                   |
| Denver, CO 80203                                 | 742374072 | 501 ( 6/ 3      | 23,500.       | 0.                     |   |                     | Fublic Folicy                                   |
| Colorado Fiscal Institute                        |           |                 |               |                        |   |                     |   |
| 1905 N. Sherman Street, Ste 225                  |           |                 |               |                        |   |                     |   |
| Denver, CO 80203                                 | 461281109 | 501 ( c) 3      | 22,000.       | 0.                     |   |                     | Public Policy                                   |
| Colorado Succeeds                                |           |                 |               |                        |   |                     |   |
| 1390 Lawrence Street, Ste 200                    |           |                 |               |                        |   |                     |   |
| Denver, CO 80204                                 | 753221270 | 501 ( c) 3      | 15,000.       | 0.                     |   |                     | Public Policy                                   |

| (a) Type of grant or assistance                         | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistanc |
|---|--------------------------|--------------------------|---------------------------------------|---|--------------------------------------|
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|   |                          |                          |                                       |   |                                      |
| IV Supplemental Information. Provide the information re | quired in Part I, lin    | ie 2; Part III, columr   | n (b); and any other a                | dditional information.                                |                                      |
| I, Line 2:  |                          |                          |                                       |   |                                      |
| Foundation requests an application and final r          | eport for eac            | h project                |                                       |   |                                      |
| d. In addition, the Foundation might perform            | ı a site visit           | . make                   |                                       |   |                                      |
| dic calls and engage in e-mail correspondence           |                          |                          |                                       |   |                                      |
|   |                          |                          |                                       |   |                                      |
| re grant funds are used properly. By requiring          |                          |                          |                                       |   |                                      |
| ng a personal connection with each grantee, th          | e Foundation             | ensures                  |                                       |   |                                      |
| s are being used for proper purposes. The Fou           | indation uses            | a modified               |                                       |   |                                      |
| ion of the Colorado Common Grant Application a          | and Report tha           | t closely                |                                       |   |                                      |
| ns with the Foundation's strategic funding are          | as and allows            | the                      |                                       |   |                                      |
|   |                          |                          |                                       |   | Calcadula I (Farma 000) (6           |

## SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

The Women's Foundation of Colorado, Inc.

Employer identification number 84-1039305

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain \_\_\_\_\_ 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990. Part VII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Х 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? Х 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016

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-MI                        | SC compensation                           | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B)            |
|--------------------|-------------|--------------------------|---|---|-----------------------------------|-------------------------|----------------------|---|
| (A) Name and Title |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      | benefits                | (B)(i)-(D)           | reported as deferred<br>on prior Form 990 |
| (1) Lauren Casteel | (i)         | 183,962.                 | 0.  | 0.  | 7,358.                            | 9,567.                  | 200,887.             | 0.  |
| President & CEO    | (ii)        | 0.                       | 0.  | 0.  | 0.                                | 0.                      | . 0.                 | 0.  |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
| _                  | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)<br>(i) |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
| -                  | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (ii)        |                          |   |   |                                   |                         |                      |   |
|                    | (i)         |                          |   |   |                                   |                         |                      |   |
|                    | (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. |
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## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

84-1039305 The Women's Foundation of Colorado, Inc. Part I Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1a Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications ..... 4 Clothing and household goods 5 6 Cars and other vehicles ..... Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 12 72,816.Fair Market Value 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 ( Supplies Other > 24,400.Fair Market Value 25 26 Other 27 Other ▶ 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a **b** If "Yes," describe in Part II.

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

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2016)

describe in Part II.

| Schedule M | M (Form 990) (2016) The Women's Foundation of Colorado, Inc.  | 84-1039305  | Page 2   |
|------------|---|---|----------|
| Part II    | <b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a of this part for any additional information. | d 33, and whether the orga<br>combination of both. Also o | nization |
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### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Women's Foundation of Colorado, Inc.

**Employer identification number** 84 - 1039305

| Name of the organization  The Women's Foundation of Colorado, Inc.      | Employer identification number 84-1039305 |
|---|---|
| The women's roundation of Colorado, inc.                                | 04-1035303                                |
| 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 advancing education   |   |
| and job training, access to work supports, such as child care, and pay  |   |
| equity. In pursuit of these public policy priorities, WFCO awards       |   |
| grants to public policy organizations with aligned goals of supporting  |   |
| progress for women and girls on the path to and beyond economic         |   |
| self-sufficiency.   |   |
|   |   |
| Form 000 Part III line As Program Corvigo Assemblishments.              |   |
| Form 990, Part III, Line 4c, Program Service Accomplishments:           |   |
|   |   |
| 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 girls, WFCO gathers   |   |
| and shares information in several ways. WFCO invests in research to     |   |
| inform our programmatic and policy work. Issues, opportunities, and     |   |
| potential solutions identified through research are shared with         |   |
| partners, policy makers, and community members through direct outreach, |   |
| various media, and educational events across the state. In 2016,        |   |
| research topics included advancing gender equity in STEM industries,    |   |
| the impacts of increasing the minimum wage, and strengthening leaders   |   |
| in Colorado's early education and child care sector. WFCO's work was    |   |
| highlighted in 26 news articles statewide and we connected with         |   |
| thousands of community members in events such as Annual Luncheons in    |   |
| Denver, Colorado Springs, and Vail, the Pueblo Soiree, STEM Coalition   |   |
| meetings, and webinars to share key findings on impacts of a minimum    |   |
| wage increase for women and families in Colorado.                       |   |

| Name of the organization  | Employer identification number |
|---|--------------------------------|
| The Women's Foundation of Colorado, Inc.                                    | 84-1039305                     |
| Form 990, Part III, Line 4d, Other Program Services:                        |                                |
| Cultivating Philanthropy - WFCO is nurturing and growing an inclusive       |                                |
| community of supporters who share the belief that when women and girls      |                                |
| succeed, we all succeed. The Girls' Leadership Council (GLC), as part       |                                |
| of WFCO's cultivation of philanthropy, develops 20 young women from         |                                |
| across Colorado as agents of community change, through leadership and       |                                |
| grantmaking. GLC Participants each design a community leadership            |                                |
| project and as a group, they are guided in making decisions on grants       |                                |
| totaling \$10,000 to nonprofit organizations supporting girls' high         |                                |
| school graduation and STEM pipeline programming. Three young women          |                                |
| participating in GLC are recognized for their leadership by receiving       |                                |
| the Dottie Lamm Award, an academic stipend established in 1987 to honor     |                                |
| Dottie Lamm's commitment to women's and girls' issues throughout the        |                                |
| state, the Lockheed Martin STEM award to support their education, and       |                                |
| the Black Fox Scholars award for their business and philanthropy            |                                |
| leadership potential.   |                                |
| Expenses \$ 117,305. including grants of \$ 56,875. Revenue \$ 0.           |                                |
|   |                                |
| 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 Trustees are provided an   |                                |
| opportunity to ask any questions regarding the Form 990 and the financial   |                                |
| statements prior to approval by the Board.                                  |                                |
|   |                                |

| Name of the organization  The Women's Foundation of Colorado, Inc.          | Employer identification number 84-1039305 |
|---|---|
| The Women's Foundation of Colorado distributes its Conflict of Interest     |   |
| Policy to all employees and Board members. Each Board member and employee   |   |
| is also provided a Conflict of Interest Statement, which affords the        |   |
| individual an opportunity to disclose any relationships, positions or       |   |
| circumstances which could potentially constitute a conflict of interest as  |   |
| defined in the Foundation's Conflict of Interest Policy. For each employee  |   |
| a signed form is obtained, and retained in the employee's personnel file.   |   |
| For each Board member a signed form is retained in a file located at The    |   |
| Women's Foundation of Colorado office along with other Board of Trustee     |   |
| information. It is the responsibility of the Vice President of Finance and  |   |
| Administration to verify that all employees and Board members have a signed |   |
| Conflict of Interest Statement on file. Whenever a potential conflict       |   |
| exists, the Board of Trustees determines the appropriate response.          |   |
|   |   |
| Form 990, Part VI, Section B, Line 15:                                      |   |
| The Executive Committee of the Board of Trustees is responsible for         |   |
| determining the compensation of the President & CEO and the President & CEO |   |
| is responsible for determining the base compensation of key employees.      |   |
|   |   |
| Base Compensation: The determination of base salary of the President & CEO  |   |
| and key employees takes into account market rates as determined by the      |   |
| Colorado Association of Nonprofits Annual Salary Survey; 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 financial statements available to the public as     |   |
|   |   |

| Name of the organization  |          | Employer identification number |
|---|----------|--------------------------------|
| The Women's Foundation of Colorado, Inc.                          |          | 84-1039305                     |
| -Posting the information on its web-site at www.wfco.org          |          |                                |
| -Providing copies upon written request                            |          |                                |
|   |          |                                |
|   |          |                                |
| Form 990, Part IX, Line 11g, Other Fees:                          |          |                                |
| Other contract services:  |          |                                |
| Program service expenses  | 122,165. |                                |
|   |          |                                |
| Management and general expenses                                   | 74,698.  |                                |
| Fundraising expenses  | 107,125. |                                |
| Total expenses  | 303,988. |                                |
| Total Other Fees on Form 990, Part IX, line 11g, Col A            | 303,988. |                                |
|   | ,        |                                |
|   |          |                                |
| Form 990, Part XII, Line 2c:                                      |          |                                |
| There were no changes to the audit oversight process during 2016. |          |                                |
|   |          |                                |
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# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

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

# Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print 84-1039305 The Women's Foundation of Colorado, Inc. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1901 East Asbury Avenue return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Denver CO 80208 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 l 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 John Dobev The books are in the care of > 1901 East Asbury Avenue - Denver, CO 80208 Telephone No. ▶ 303-285-2960 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this  $oxedsymbol{oxed}$  . If it is for part of the group, check this box lacksquare  $oxedsymbol{igle}$ and attach a list with the names and EINs of all members the extension is for. November 15, 2017 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2016 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required. 0. by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c

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

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

Form 8868 (Rev. 1-2017)

instructions.