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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning**and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization**The Women's Foundation of Colorado, Inc.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

1901 East Asbury Avenue

Room/suite

City or town, state or country, and ZIP + 4

Denver, CO 80208**F Name and address of principal officer:** Eve Powell

same as C above

D Employer identification number**84-1039305****E Telephone number****303-285-2960****G Gross receipts \$ 3,048,436.****H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list. (see instructions)**H(c) Group exemption number** ▶**I Tax-exempt status:** ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **www.wfco.org****K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** **1986****M State of legal domicile** **CO****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>See Part III, line 1.</u>	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 24
	5	Total number of employees (Part V, line 2a)	5 10
	6	Total number of volunteers (estimate if necessary)	6 320
		7a	Total gross unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	8 5,057,937.
	9	Program service revenue (Part VIII, line 2g)	9 3,656,486.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 -3,248,472.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 11,861.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 1,821,326.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1a)	13 899,730.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	14 1,155,595.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5a)	15 672,969.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 702,253.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	16b 514,367.
	17	Other expenses (Part IX, column (A), lines 11a-1d, 11e, 12a)	17 732,920.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	18 2,305,619.
Assets or Fund Balances	19	Revenue less expenses Subtract line 18 from line 12	19 -484,293.
	20	Total assets (Part X, line 16)	20 16,485,427.
	21	Total liabilities (Part X, line 26)	21 168,916.
	22	Net assets or fund balances. Subtract line 21 from line 20	22 16,316,511.

Part II Signature Block

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

Signature of officer **Eve B. Powell**Date **8/12/10**Type or print name and title **Eve Powell, Interim President and CEO**Preparer's signature **Suzanne K Engle**Date **8/12/10**Check if self-employed ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
Kundinger, Corder & Engle, P.C.
475 Lincoln Street, Suite 200
Denver, CO 80203Phone no **303-534-5953**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

9/16/17 16

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

Since its inception in 1986, The Women's Foundation of Colorado, Inc. (the "Foundation" or "WFCO") has focused on the following goal: that every woman in Colorado is economically self-sufficient, and every girl is on the path to economic self-sufficiency in adulthood.

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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 912,993. including grants of \$ 767,075.) (Revenue \$ 0.)
Direct Service Support: Through our Direct Service Grantmaking program, we targeted women and girls throughout the state with financial literacy, job training and educational programs. Grants were made to direct service organizations throughout our state with generous funding through the WFCO endowment, a private donation and several donor advised funds.

4b (Code:) (Expenses \$ 360,633. including grants of \$ 258,000.) (Revenue \$ 0.)
Public Policy Reform: Grants were awarded to strong nonprofit organizations throughout the State that work on public policy affecting low-income women and girls. Initiatives focused on Pay Day Lending Legislation, women and workplace advancements, equal pay and work relating to the improvement of the Colorado Child Care Assistance Program.

4c (Code:) (Expenses \$ 202,707. including grants of \$ 55,020.) (Revenue \$ 0.)
Education: As a vocal advocate for Colorado's women and girls, WFCO held approximately 40 educational events throughout the state, as well as engaged media to generate over 30 million media impressions and educate local influencers as to the issues and solutions identified in our research. Highlights included our Vail Luncheon featuring pay equity advocate Lilly Ledbetter, and an Honoring Women luncheon and silent auction in Grand Junction.

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

(Expenses \$ 224,307. including grants of \$ 75,500.) (Revenue \$)

4e Total program service expenses **\$ 1,700,640.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5 N/A	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 x	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	x
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	x
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	x
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	x
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	x
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	x
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	x
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	x
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	x
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	x
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 x	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	x
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	x
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	x
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	x
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	x
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	x
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 x	

Note. All Form 990 filers are required to complete Schedule O.Form **990** (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	18	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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	10	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		x
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		x
4b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		x
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		x
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		x
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	x	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		x
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		x
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		x
b	Did the organization make a distribution to a donor, donor advisor, or related person?		x
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	24	
b Enter the number of voting members that are independent	24	
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?		x
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?		x
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		x
5 Did the organization become aware during the year of a material diversion of the organization's assets?		x
6 Does the organization have members or stockholders?		x
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		x
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		x
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	x	
b Each committee with authority to act on behalf of the governing body?	x	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		x

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		x
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	x	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	x	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	x	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	x	
13 Does the organization have a written whistleblower policy?	x	
14 Does the organization have a written document retention and destruction policy?	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?		
a The organization's CEO, Executive Director, or top management official	x	
b Other officers or key employees of the organization	x	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		x
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **Jonathan Resnick - 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**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. Use Schedule J-2 if additional space is needed.

• 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. See instructions for definition of "key employee."

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

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

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Christine Benero Chair	1.00	X		X				0.	0.	0.
Margaret Brown Chair-Elect	1.00	X		X				0.	0.	0.
Carol Burt Treasurer	1.00	X		X				0.	0.	0.
Jane Moy Secretary	1.00	X		X				0.	0.	0.
Barbara Bridges Board Member	1.00	X						0.	0.	0.
Kathy Hagan Brown Board Member	1.00	X						0.	0.	0.
Wade Buchanan Board Member	1.00	X						0.	0.	0.
Cile Chavez Board Member	1.00	X						0.	0.	0.
A.J. Clemmons Board Member	1.00	X						0.	0.	0.
Kelly Condon Board Member	1.00	X						0.	0.	0.
Walt DeHaven Board Member	1.00	X						0.	0.	0.
Paula Edwards Board Member	1.00	X						0.	0.	0.
Margie Gart Board Member	1.00	X						0.	0.	0.
Barbara Ipsaro Board Member	1.00	X						0.	0.	0.
Gail Kellogg Board Member	1.00	X						0.	0.	0.
Jacqueline Lundquist Board Member	1.00	X						0.	0.	0.
Lynda McNeive Board Member	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Kit Mura-Smith Board Member	1.00	X						0.	0.	0.
LaRae Orullian Board Member	1.00	X						0.	0.	0.
Lisa Pease Board Member	1.00	X						0.	0.	0.
Pamela Smith Board Member	1.00	X						0.	0.	0.
Sandy Stein Board Member	1.00	X						0.	0.	0.
Mary Hurley Stuart Board Member	1.00	X						0.	0.	0.
Fred Taylor Board Member	1.00	X						0.	0.	0.
Gretchen Gagel McComb Previous President & CEO	40.00			X				122,386.	0.	13,623.
Eve Powell Interim President & CEO	40.00			X				78,688.	0.	9,445.
Jonathan Resnick Director of Finance & Ad	40.00			X				71,692.	0.	7,242.
1b Total								272,766.	0.	30,310.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	440,891.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,215,595.				
	g Noncash contributions included in lines 1a-1f \$		128,615.				
	h Total. Add lines 1a-1f			3,656,486.			
Program Service Revenue	2 a _____			Business Code			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			352,310.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)				-1,167,631.			
d Net gain or (loss)				-1,167,631.			-1,167,631.
8 a Gross income from fundraising events (not including \$ 440,891. of contributions reported on line 1c). See Part IV, line 18							
b Less: direct expenses				198,902.			
c Net income or (loss) from fundraising events				0.			
9 a Gross income from gaming activities. See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a Miscellaneous	900099		8,369.	8,369.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			8,369.				
12 Total revenue. See instructions			2,849,534.	8,369.	0.	-815,321.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,152,595.	1,152,595.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,000.	3,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	303,076.	81,377.	89,815.	131,884.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	320,872.	139,306.	52,039.	129,527.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	33,691.	15,388.	6,254.	12,049.
10 Payroll taxes	44,614.	15,968.	10,035.	18,611.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	29,400.		29,400.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	46,140.		46,140.	
g Other	120,233.	65,582.	6,122.	48,529.
12 Advertising and promotion	131,930.	69,165.		62,765.
13 Office expenses	159,449.	67,827.	18,441.	73,181.
14 Information technology	3,689.	2,581.	461.	647.
15 Royalties				
16 Occupancy	64,511.	41,309.	8,005.	15,197.
17 Travel	33,925.	15,029.	11,645.	7,251.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,532.	2,662.	99.	771.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,367.	10,108.	1,864.	2,395.
23 Insurance	12,351.	6,771.	2,203.	3,377.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Bad Debt	92,449.		92,449.	
b Supplies	13,340.	8,004.		5,336.
c Bank/interest charges	13,249.		13,249.	
d Dues/memberships	4,931.	2,349.	1,115.	1,467.
e Licenses/fees	1,206.	900.	300.	6.
f All other expenses	2,496.	719.	403.	1,374.
25 Total functional expenses. Add lines 1 through 24f	2,605,046.	1,700,640.	390,039.	514,367.
26 Joint costs. Check here ☒ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	6,605.	2,369.	48.	4,188.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	200.	1	4.
	2 Savings and temporary cash investments	13,252.	2	582,041.
	3 Pledges and grants receivable, net	2,864,860.	3	3,032,607.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,505.	9	16,489.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 141,317.		
	b Less: accumulated depreciation	10b 104,482.	47,228.	10c 36,835.
	11 Investments - publicly traded securities	10,461,891.	11	14,405,737.
	12 Investments - other securities. See Part IV, line 11	1,585,491.	12	682,022.
	13 Investments - program-related. See Part IV, line 11		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 equal line 34)	16,485,427.	16	20,255,735.	
Liabilities	17 Accounts payable and accrued expenses	168,916.	17	150,867.
	18 Grants payable		18	234,934.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	168,916.	26	385,801.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,066,820.	27	4,288,491.
	28 Temporarily restricted net assets	4,524,706.	28	5,621,920.
	29 Permanently restricted net assets	8,724,985.	29	9,959,523.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	16,316,511.	33	19,869,934.
	34 Total liabilities and net assets/fund balances	16,485,427.	34	20,255,735.

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

The Women's Foundation of Colorado, Inc.

Employer identification number

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 11, 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)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ 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)

9 ☐ 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.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	597,274.	827,072.	5,437,892.	5,057,937.	3,656,486.	15,576,661.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	597,274.	827,072.	5,437,892.	5,057,937.	3,656,486.	15,576,661.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,802,118.
6 Public support. Subtract line 5 from line 4						8,774,543.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	597,274.	827,072.	5,437,892.	5,057,937.	3,656,486.	15,576,661.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	284,015.	351,792.	318,399.	579,266.	352,310.	1,885,782.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	105.	2,632.	267.	11,861.	8,369.	23,234.
11 Total support. Add lines 7 through 10						17,485,677.
12 Gross receipts from related activities, etc. (see instructions)					12	803,953.

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	50.18 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	48.29 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization The Women's Foundation of Colorado, Inc.	Employer identification number 84-1039305
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2009

LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group.
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		5,016.													
c Total lobbying expenditures (add lines 1a and 1b)		5,016.													
d Other exempt purpose expenditures		2,085,663.													
e Total exempt purpose expenditures (add lines 1c and 1d)		2,090,679.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		254,534.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		63,634.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying nontaxable amount	179,781.	225,511.	238,466.	254,534.	898,292.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,347,438.
c Total lobbying expenditures	773.	0.	62,740.	5,016.	68,529.
d Grassroots nontaxable amount	44,945.	56,378.	59,617.	63,634.	224,574.
e Grassroots ceiling amount (150% of line 2d, column (e))					336,861.
f Grassroots lobbying expenditures	0.	0.	24,475.	0.	24,475.

Schedule C (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

The Women's Foundation of Colorado, Inc.

Employer identification number

84-1039305

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	4	
2 Aggregate contributions to (during year)	672,349.	
3 Aggregate grants from (during year)	225,673.	
4 Aggregate value at end of year	1,249,432.	
5 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?	☒ Yes ☐ No	
6 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?	☒ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an 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 day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 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)? ☐ Yes ☐ No

9 In Part XIV, 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,718,642.	13,272,259.			
b Contributions	1,234,538.	1,676,640.			
c Net investment earnings, gains, and losses	1,982,830.	-4,249,692.			
d Grants or scholarships					
e Other expenditures for facilities and programs	581,641.	980,565.			
f Administrative expenses					
g End of year balance	12,354,369.	9,718,642.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ 100.00 %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		x
3a(ii)		x
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		141,317.	104,482.	36,835.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

▶ 36,835.

Schedule D (Form 990) 2009

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Investment in building	1,500,000.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	1,500,000.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,849,534.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,605,046.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	244,488.
4	Net unrealized gains (losses) on investments	4	3,308,935.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	3,308,935.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	3,553,423.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,112,329.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,308,935.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	3,308,935.
3	Subtract line 2e from line 1	3	2,803,394.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	46,140.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	46,140.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,849,534.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,558,906.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,558,906.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	46,140.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	46,140.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,605,046.

Part XIV Supplemental Information

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

Part V, line 4: To support delivery of our programs and strategies to

help Colorado's women and girls achieve economic self-sufficiency.

Part X: Effective January 1, 2009, the Foundation adopted the

Accounting for Uncertainty in Income Taxes accounting standard which

requires the Foundation to determine whether a tax position (and the

related tax benefit) is more likely than not to be sustained upon

examination by the applicable taxing authority, based solely on the

Part XIV Supplemental Information *(continued)*

technical merits of the position. The tax benefit to be recognized is measured as the largest amount of benefit that is greater than fifty percent likely of being realized upon settlement, presuming that the tax position is examined by the appropriate taxing authority that has full knowledge of all relevant information. Based on its continued analysis, the Foundation has determined that the adoption of the standard does not have a material impact on its financial statements.

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.** ► **See separate instructions.**

2009

Open To Public Inspection

84-1039305

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))
		Denver Luncheon (event type)	Regional Events (event type)	None (total number)	
Revenue	1 Gross receipts	557,467.	82,326.		639,793.
	2 Less: Charitable contributions	398,383.	42,508.		440,891.
	3 Gross income (line 1 minus line 2)	159,084.	39,818.		198,902.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	73,862.	36,424.		110,286.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	85,222.	3,394.		88,616.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(198,902)
11 Net income summary. Combine line 3, column (d), and line 10				0.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____**a** Is the organization licensed to operate gaming activities in each of these states?**b** If "No," explain:**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?**b** If "Yes," explain:**11** Does the organization operate gaming activities with nonmembers?**12** 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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**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 ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.**c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

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?**17a****b** 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 ▶ \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

The Women's Foundation of Colorado, Inc.

Employer identification number

84-1039305

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

1 (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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocates Against Battering And Abuse - P.O. Box 771424 - Steamboat Springs, CO 80477-1424	84-0939362	501 (C) (3)	20,000.	0.			Direct Service
Africaid, Inc. 25958 Genesee Trail Rd Pmb-234 Golden, CO 80401-5710	84-1549841	501 (C) (3)	5,000.	0.			Direct Service
Arrupe Jesuit High School 4343 Utica St Denver, CO 80212-2435	02-0628872	501 (C) (3)	5,000.	0.			Direct Service
Baby Bud's, LLC 3030 Downing St., Ste 200 Denver, CO 80205	84-1324465	501 (C) (3)	5,000.	0.			Direct Service
Boys & Girls Club Of Craig P.O. Box 1251 Craig, CO 81626	75-3124416	501 (C) (3)	20,000.	0.			Direct Service
Boys & Girls Club Of The Pikes Peak Region - 3595 Fountain Blvd E-1 - Colorado Springs, CO 80910-1740	84-0416503	501 (C) (3)	20,000.	0.			Direct Service

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

77.

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

Schedule I (Form 990) 2009

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: The Foundation requests an application and final report for each project funded. In addition, we perform a site visit, we make periodic calls and we engage in e-mail correspondence regarding updates to ensure grant funds are used properly. By requiring rigorous reporting and making a personal connection with each grantee, the Foundation ensures funds are being used for proper purposes. It is important to note that the Foundation uses The Colorado Common Grant Application and Report format which is widely used and endorsed by the majority of foundations in our State.

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009**Open to Public
Inspection**

Name of the organization

Employer identification number

The Women's Foundation of Colorado, Inc.

84-1039305

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bright Future Foundation For Eagle County - P.O. Box 2558 - Avon, CO 81620-2558	84-0938374	501 (C) (3)	10,000.	0.			Direct Service
Care And Share Inc 2520 Aviation Way Ste 130 Colorado Springs, CO 80916-2726	84-0731930	501 (C) (3)	15,000.	0.			Direct Service
Catholic Charities And Community Services Of The Archdiocese Of Denver, Inc - 4045 Pecos St - Denver, CO 80211-2552	84-0686679	501 (C) (3)	5,000.	0.			Direct Service
Center For Work Education And Employment - 1175 Osage St Ste 300 - Denver, CO 80204-3444	74-2202303	501 (C) (3)	5,000.	0.			Direct Service
Centro Humanitario Para Los Trabajadores - 2260 California St - Denver, CO 80205-2824	03-0412235	501 (C) (3)	5,000.	0.			Direct Service
College Summit, Inc. 1201 E. Colfax Avenue Suite #301 Denver, CO 80218	52-2007028	501 (C) (3)	5,000.	0.			Direct Service
Colorado Organization On Adolescent Pregnancy, Parenting & Prevention - 1650 Franklin St - Denver, CO 80218-1127	74-2511487	501 (C) (3)	5,000.	0.			Direct Service
Comcor, Inc. 3615 Roberts Rd Colorado Springs, CO 80907-5301	84-0928251	501 (C) (3)	5,000.	0.			Direct Service

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047

**2009
Open to Public
Inspection**

Name of the organization

Employer identification number

The Women's Foundation of Colorado, Inc.

84-1039305

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Creating Hope International P.O. Box 1058 Dearborn, MI 48121-1058	38-3288402	501 (C) (3)	14,500.	0.			Direct Service
Crossroads Safehouse, Inc. P.O. Box 993 Fort Collins, CO 80522-0993	84-0786145	501 (C) (3)	5,000.	0.			Direct Service
Denver Film Society 900 Auraria Pkwy Denver, CO 80204-1894	84-0771070	501 (C) (3)	25,000.	0.			Direct Service
Denver Foundation 55 Madison St Denver, CO 80206-5419	84-6048381	501 (C) (3)	5,000.	0.			Direct Service
Downtown Aurora Visual Arts (Dava) 1405 Florence St. Aurora, CO 80010-3363	84-1234219	501 (C) (3)	10,000.	0.			Direct Service
Dress For Success Denver 1510 N. High St., Second Floor Denver, CO 80218	84-1493585	501 (C) (3)	10,000.	0.			Direct Service
English In Action P.O. Box 4856 Basalt, CO 81621-0000	26-1254643	501 (C) (3)	5,000.	0.			Direct Service
Friendship Bridge 3560 Highway 74 B2 Evergreen, CO 80439-7700	84-1141078	501 (C) (3)	5,000.	0.			Direct Service

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
**Open to Public
Inspection**

Name of the organization

The Women's Foundation of Colorado, Inc.

Employer identification number

84-1039305

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girls Inc. Of Metro Denver 1499 Julian St Denver, CO 80204-1641	74-2277668	501 (C) (3)	5,000.	0.			Direct Service
Global Education Fund 1105 Spruce St Boulder, CO 80302-4001	84-1437310	501 (C) (3)	5,000.	0.			Direct Service
Global Fund For Women Inc 222 Sutter St Ste 500 San Francisco, CA 94108-4456	77-0155782	501 (C) (3)	15,000.	0.			Direct Service
Jane Addams Peace Association Inc 777 United Nations Plaza 6th Floor New York, NY 10017-3521	13-1871554	501 (C) (3)	45,000.	0.			Direct Service
Latina Initiative 1536 Wynkoop St Ste 4B Denver, CO 80202-1245	20-3097667	501 (C) (3)	10,000.	0.			Direct Service
Lutheran Social Services Of Colorado - 363 S Harlan St Ste 200 - Denver, CO 80226-3552	84-0775550	501 (C) (3)	5,000.	0.			Direct Service
Mi Casa Resource Center For Women, Inc. - 360 Acoma Street - Denver, CO 80223-1167	84-0867773	501 (C) (3)	5,000.	0.			Direct Service
Mile High United Way Inc (Denver's Road Home) - 2505 18th St - Denver, CO 80211-3907	84-0404235	501 (C) (3)	140,000.	0.			Direct Service

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009
**Open to Public
Inspection**

Name of the organization

The Women's Foundation of Colorado, Inc.

Employer identification number
84-1039305

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mountain To Mountain P.O. Box 9093 Breckenridge, CO 80424-9005	26-3862117	501 (C) (3)	5,000.	0.			Direct Service
Mt. Boces- Yampah Teen Parent Program - 695 Red Mountain Drive - Glenwood Springs, CO 81601 3227	31-1575981	501 (C) (3)	5,000.	0.			Direct Service
Parent Pathways, Inc. 55 S Zuni St Denver, CO 80223-1208	84-0429686	501 (C) (3)	16,000.	0.			Direct Service
Partners In Housing 455 Gold Pass Hts Colorado Springs, CO 80906-3882	84-1188208	501 (C) (3)	5,000.	0.			Direct Service
Project Self-Sufficiency 375 W 37th St Ste 150 Loveland, CO 80538-8435	84-1206341	501 (C) (3)	5,000.	0.			Direct Service
Project Wise 3401 W 29th Ave Denver, CO 80211-3611	84-1325938	501 (C) (3)	5,000.	0.			Direct Service
Pueblo Community College Foundation - 900 W Orman Ave - Pueblo, CO 81004-1430	84-0834567	501 (C) (3)	5,000.	0.			Direct Service
Response: Help For Survivors Of Domestic Violence And Sexual Assault - P.O. Box 1340 - Aspen, CO 81612	74-2328814	501 (C) (3)	5,000.	0.			Direct Service

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service**Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

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(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University Of Northern Colorado Foundation - Campus Box 20 - Greeley, CO 80639-0020	84-6044833	501 (C) (3)	5,000.	0.			Direct Service
Urban Science Technology For All Inc - 5023 W 120th Ave Ste 251 - Broomfield, CO 80020-5606	71-0898824	501 (C) (3)	5,000.	0.			Direct Service
Warren Village, Inc. 1323 Gilpin Street Denver, CO 80218-2552	84-0644270	501 (C) (3)	10,000.	0.			Direct Service
Weld Food Bank 1108 H St Greeley, CO 80631-9100	74-2244826	501 (C) (3)	15,000.	0.			Direct Service
Womens Action For New Directions Education Fund Inc - 691 Massachusetts Avenue - Arlington, MA 02476-4905	04-2751387	501 (C) (3)	35,000.	0.			Direct Service
Women's Bean Project 3201 Curtis St Denver, CO 80205-2754	84-1144973	501 (C) (3)	5,000.	0.			Direct Service
Women's Resource Agency, Inc. 750 Citadel Dr E Ste 3116 Colorado Springs, CO 80909-5348	84-0747154	501 (C) (3)	5,000.	0.			Direct Service
Women's Resource Center 679 E. 2nd Avenue Durango, CO 81301	74-2483766	501 (C) (3)	5,000.	0.			Direct Service

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047

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Employer identification number

84-1039305

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Work Options For Women 1200 Federal Blvd Denver, CO 80204-3221	84-1364292	501 (C) (3)	25,184.	0.			Direct Service
World Pulse Voices 909 Nw 19th Avenue, Ste C Portland, OR 97209	41-2065177	501 (C) (3)	25,000.	0.			Direct Service
Young Americans Center For Financial Education - 3550 E 1st Ave - Denver, CO 80206-5508	84-1564926	501 (C) (3)	5,000.	0.			Direct Service
Youthbiz, Inc. 3280 Downing St Ste C Denver, CO 80205-3997	84-1212586	501 (C) (3)	5,000.	0.			Direct Service
Ywca Of Boulder County 2222 14th Street Boulder, CO 80302-4842	84-0500276	501 (C) (3)	20,000.	0.			Direct Service
United States Department Of Education - 400 Maryland Ave, SW - Washington, DC 20202	52-1198289	Government	20,000.	0.			Education
Womens Enews Inc 6 Barclay St 6th Floor New York, NY 10007-2705	01-0578709	501 (C) (3)	5,000.	0.			Education
9 To 5 National Association Of Working Women - 655 Broadway Ste 800 - Denver, CO 80203	34-1246311	501 (C) (3)	20,000.	0.			Policy

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047

**2009
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Name of the organization

The Women's Foundation of Colorado, Inc.

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84-1039305

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bell Policy Center 1905 Sherman St Ste 900 Denver, CO 80203-1130	84-1550841	501 (C) (3)	35,000.	0.			Policy
Centro Humanitario Para Los Trabajadores - 2260 California St - Denver, CO 80205-2824	03-0412235	501 (C) (3)	15,000.	0.			Policy
College Summit, Inc. 1201 E. Colfax Avenue Suite #301 Denver, CO 80218	52-2007028	501 (C) (3)	15,000.	0.			Policy
Colorado Center On Law And Policy 789 Sherman St Denver, CO 80203-3529	84-1264154	501 (C) (3)	11,000.	0.			Policy
Colorado Childrens Campaign Inc 1580 Lincoln Street, Suite 420 Denver, CO 80203	74-2374672	501 (C) (3)	28,000.	0.			Policy
Colorado Coalition For Girls 1499 Julian St Denver, CO 80204-1641	74-2277668	501 (C) (3)	15,000.	0.			Policy
Colorado Organization On Adolescent Pregnancy, Parenting & Prevention - 1650 Franklin St - Denver, CO 80218-1127	74-2511487	501 (C) (3)	15,000.	0.			Policy
Metropolitan State College Of Denver Foundation Inc - P.O. Box 173362 - Denver, CO 80217-3362	84-0576459	501 (C) (3)	8,400.	0.			Policy

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Schedule I-1 (Form 990) 2009

SCHEDULE I-1

(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

The Women's Foundation of Colorado, Inc.

Employer identification number

84-1039305

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Naral Pro-Choice Colorado Foundation - 1905 Sherman St Ste 800 - Denver, CO 80203-1147	84-6050191	501 (C) (3)	10,750.	0.			Policy		
Project Wise 3401 W 29th Ave Denver, CO 80211-3611	84-1325938	501 (C) (3)	20,500.	0.			Policy		
The White House Project/Women's Leadership Fund - 1536 Wynkoop, #4A - Denver, CO 80202	52-2172075	501 (C) (3)	40,000.	0.			Policy		
Women's Resource Agency, Inc. 750 Citadel Drive, East Ste. 3116 Colorado Springs, CO 80909	84-0747154	501 (C) (3)	20,000.	0.			Policy		
Omni Research And Training 899 Logan Street Denver, CO 80203	84-1307563	501 (C) (3)	8,000.	0.			Research		
Trustees Of Columbia University In The City Of New York - 615 W 131st St Fl 4 - New York, NY 10027-7922	13-3901821	501 (C) (3)	50,000.	0.			Research		
University Of Denver 1901 E. Asbury Dr. Denver, CO 80210	84-0404231	501 (C) (3)	14,500.	0.			Research		

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

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

The Women's Foundation of Colorado, Inc.

Employer identification number

84-1039305

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☐ Compensation committee | ☒ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

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) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in 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?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2009

Part III Supplemental Information

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

Part I, Line 5: The year 2009 compensation plan provided performance pay of

up to 1% of each employee's base salary, including the President & CEO,

depending upon the level of unrestricted cash revenue raised.

Additionally, as part of the Endowment Campaign, the President & CEO is

eligible for performance pay up to 1% of base salary for significant gifts raised.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2009

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Inspection**

Name of the organization

The Women's Foundation of Colorado, Inc.

Employer identification number

84-1039305

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Advertising)	X	4	115,275.	Fair Market Value
26 Other ► (Supplies)	X	5	13,340.	Fair Market Value
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II.

Yes No

30a		X
31	X	
32a		X

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Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Form 990, Part III, Line 4d, Other Program Services:

RESEARCH:

The Colorado Childcare Assistance Plan (CCAP) Cliff Effect Research:

Funds were provided to a research organization to survey women who have

"fallen off the childcare cliff" to determine what alternatives they

utilized for childcare. Columbia University was provided a grant to

update the Cliff Effect report for 2009. Other grants were provided to

organizations that worked on fiscal budget research.

PROMOTING PHILANTHROPY BY AND FOR WOMEN:

Unique Lives Overview: The Unique Woman of Colorado Award is a part of

The Denver Post Unique Lives and Experiences series. This award is a

collaboration between The Denver Post, The Women's Foundation of

Colorado, and Lockheed Martin. The Unique Woman of Colorado Award pays

tribute to a living woman who has had a special, unique impact on

Colorado.

Girl's Grantmaking Program: The Girl's Grantmaking Program (GGMP) was

launched in 2008.

The Dottie Lamm Award Program: In 1987, The Foundation created the

Dottie Lamm Award to honor Dottie Lamm's commitment to women's and

girls' issues throughout the State, by recognizing young women and the

work they perform. Annually, we engage in a statewide application

process to identify two young women who exemplify the altruistic values

associated with Dottie Lamm's career and life. The two young women

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Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
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spend one year working with the Girl's Grantmaking Program and each

receive a \$1,500 scholarship for school-related expenses.

Expenses \$ 224307. including grants of \$ 75500. Revenue \$ 0.

Form 990, Part VI, Section B, line 11: The Women's Foundation of Colorado

places initial responsibility for oversight and review of the Form 990 with

the Audit Committee as designated in the Audit Committee Charter. After

the Audit Committee reviews the return and any necessary changes are made,

the committee recommends the Form 990 for approval by the Board. The final

Form 990 is distributed via e-mail to the Board. Board approval is "deemed

to occur" after ten days if no comments are received. This deemed approval

process is explained in a cover letter to the Board.

Form 990, Part VI, Section B, Line 12c: The Women's Foundation of Colorado

distributes its Conflict of Interest Policy to all employees and Board

members. Each Board member and 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 Director 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

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

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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84-1039305

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 base compensation of

the President & CEO and the President & CEO is responsible for determining

the base compensation of key employees. In both cases compensation is

based upon a "Total Compensation Theory" where the components of

compensation include: base compensation, performance compensation, and

benefits including sick and vacation pay, health and dental insurance,

403(b) retirement plan contribution, long and short-term disability

insurance, life insurance, and flex-time opportunities.

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. Generally, the

Women's Foundation of Colorado uses a target range of the 50th to 75th

percentile of the market rate as a guideline.

The President & CEO and key employees are generally eligible for an annual

cost-of-living adjustment to base compensation effective on January 1,

subject to satisfactory job performance and approval of the Executive

Committee of the Board of Trustees. The cost-of-living adjustment is

ordinarily based upon the Social Security Administration's published

cost-of-living rate.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Employer identification number

84-1039305

Performance Compensation: The President & CEO and key employees are
eligible for performance compensation. Specified individual and
organizational performance metrics are tied to the overall objectives and
strategies of the organization. Each employee agrees to five performance
metrics for each year- three individual, and two organizational. Each
metric has three levels of achievement, with three different amounts of
performance compensation associated with that metric. All performance
metrics are approved by the Executive Committee of the Board of Trustees
each year. Performance compensation is paid once annually, in a lump sum
on March 1st of the year following the performance period. The current
targeted maximum is 5% of base salary. The Executive Committee of the
Board of Trustees may approve bonus amounts that exceed this target.

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 follows:

- Posting the information on its web-site at www.wfco.org
- Providing copies upon written request

Form 990, Part XI, Line 2c:

There were no changes to the audit oversight process during 2009.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization The Women's Foundation of Colorado, Inc.	Employer identification number 84-1039305
	Number, street, and room or suite no. If a P.O. box, see instructions. 1901 East Asbury Avenue	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Denver, CO 80208	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

Jonathan Resnick

- 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 box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **August 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year **2009** or
- ☐ tax year beginning _____, and ending _____

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev 4-2009)