			ſ						_	_	_			IB No. 1545-00	47
Form	99	0	ł	Retur	rn of O	rganiza	ation	Exemp	t From	Inco	ome Tax			2022	
			Und								rivate foundat	tions)			
Depar	ment of the	Treasury				ial security i .gov/Form9!					ade public.		Up I	en to Pub nspection	
	Revenue S		ndar vea		ear beginn			1/2022		d endir		3/31/202	_	Topoortion	
_	heck if app		Name of	organization	ACLL	FOUNDAT			INC.		D Emple	oyer Identi	fication	number	
	idress cha	anga [Doing bu		SAME	and the second state	and to all	- at address \	Room/sui		23-7028	224			
N	ame chang	ge j		17THAV		mail is not deliv	ered to str	eet address)	350			none numb	er		
🗍 in	itial return		City or to					State	ZIP code		303-777	-5482			
— П ө	nal return/tan	minaled	DENVER			F		co	80203 Foreign p	netal code	_	1			
	nended re	atura	Foreign	country name	8	Foreign prov	1108/51818/	county	r oreign p	35(4) 0000	G Gous	recolpto	۸	2,43	4.021
	plication p	- E	Name an	d address of	f principal offi	icer:				Ha	a) Is this a group re	tum Cos subo	duales?	Yes	X No
] A	phcauon p	ponong				ast 17th Av	enue, 3	50, DENVE	R, CO 80) Are all subord	inites inclu	ided?	Yes [No
г т	ax-exempt		X 501		i01(c) (sart no.)	4947(a)(27	attach	a list. See	Instructio	Ins	
	Vebsite:		aclu-co.c							His) Group examp	lion numbe	r		
		ganization:	X Corp		Trust	Association		her	i i	Year of	tormation 19	69 M	State of I	egat domicile;	co
	art I		mary												
	1 B	Briefly de	scribe the	e organiza	ation's mis	sion or mos	st signifi	cant activiti			ct, defend, a	nd exter	d civil I	rights	
Activities & Governance	a	and civil li	berties o	f all peopl	le in Color	rado throug	h litigatio	on, educatio	on, and of	treach	à				
ma									-6						
Nos		Check thi				ation discon verning body				sea or	nore than 25			iels.	16
8	3 N 4 N	Number o	of indeper	ndent voti	ina membe	ers of the g	overning	body (Pad	Visine ¹	b)		4			16
(t)es						In calendar						5			41
ctivi	6 T	Total num	ber of vo	lunteers ((estimate i	if necessary	1)	A	.	• • •	• • • • •	6			25
Ā	7a T	Total unre	lated bus	siness rev	venue from	n Part VIII, o		C), me 12 Port / line	 11	• • •	• • • • •	7a 7b			0
-	b N	Net unrea	ateo busi	ness taxa	Die Incom	e from Forr	1 990-1,	Faib, inte	<u>, 11</u>	÷į :	Prior Yea	-		Current Year	
	8 C	Contributi	ons and	grants (Pa	art VIII, lin	e 1h)	P.			· 🗆	2	,529,140			54.074
Revenue						ne 2g) . 🔶			• • • •			146.043	_		21,007
Rev	10 lr	nvestme	nt income	∋ (Part VII vrt VIII. col	li, column	(A), lines 3 lines 5,600	R and	\$40) 10c. and 11	e)	· -		63,466 3,342			11,239
	11 C 12 Ti	Total reve	nue (ra	lines 8 thr	rough 11 /n	nust equal P	arevill, o	column (A), I	ine 12) .		2	,741,991			50,497
	13 G	Grants ar	nd similar	amounts	paid (Par	t IX_column	1 (A), lin	es 1–3) .				0	1		0
	14 B	Benefits p	paid to or	for memb	bers (Part	IX, column	(A), line	4)		·		072.049		2.16	0 61,160
3e8	15 S 16a P	Salanes, o Drefeesie	other comp	pensation,	employee	column (A	ITLIX, CO.) line 11	iumn (A), Iini (A)	es 5–10) .	•	2	.073,918 0		2,10	0
Expense	b T	Total fund	iraisina e	xpenses ((Pattix, c	olumn (D),	line 25)		377,	014		流行的構成	\$5 \$ 70	ex and the	
Ð	17 C	Other exp	oenses (P	Part IX, co	A)	mes 11a-1	1d, 11f-	-24e)	• • 3* •			950,025			50,626
						st equal Par						.023,943			11,786
	19 R	Revenue	less expe	enses, Su	ibtract line	e 18 from lin	ie 12.				ginning of Cu	-281,952		-oc End of Year	51,289
Not Assets or Fund Balances	20 T	Total asse	ets (Part	X line 16	5		15 AF 940 3			. 🗖		,985,164			53,226
t Ase id Ba	21 T	Total liabi	lities Pa	rt Xaline 2	26)				***	. <u> </u>		208,298			34,817
					s. Subtract	line 21 from	n line 20	0 <u></u> .	<u></u>		4	776,866	il	3,71	18,409
Pa	rt II		atureE		and this s	alum laaluding	0000000	avina schedule	s and etalen		to the best of r	w knowled	08		
and b	elief, it is t	true, correct	L and comp	lete. Declara	ation of prepa	arer (other than	officar) is	based on all in	formation of	which pre	parer has any k	nowledge.			
Sig													1/3/2	2024	
Jug		Cap 70	a of officer								Da	te 1/	zh	()	
	-	Debora	ah J Rich		lille			<u>20</u> -011	t	xecutiv	e Director	1/	SIL	7	
Her		_	ung or print		0110	Pro	paser's sig	n Aure	2	,	Date	1		PTIN	-
		7	Type or print		7 -				1 141	111	1	Check	l i l if		
	ł	Pfint	Type prepar	ar's name	2	180	sug	Juna-Ticko	2) ick	for	1/3/2024			P0005516	5
Her Paie Pre	parer	Pfint	cia DeLur	na-Zickefo		Pal	ricia De	Luna-Zicke	foose	foor	1/3/2024	self-em	ployed	P0005516	5
Her Paie Pre		Pfint Patric Firm's	cia DeLur	na-Zickefo Patricia	DeLuna-2	Zickefoose,	P.C.		toose	foor	Firm's Elf	self-em	ployed 07616	4	5
Her Paic Pre Use	parer Oniy	Pfint Patric Firm's	cia DeLur name address	Patricia 303 E. 1	DeLuna-2 17th Ave S	Zickefoose, Ste 320, De	P.C. nver, CC	80203	foose /		Firm's Ell Phone no	self-em 27-0 . (720	ployed)07616)) 291-6	4 3853	5 No
Her Paic Pre Use May	parer Only the IRS	Print Patrie Firm's Firm's discuss	cia DeLur name address this retur	Patricia 303 E. 1	DeLuna-2 17th Ave S e preparer	Zickefoose, Ste 320, De	P.C. nver, CC	80203	foose /		Firm's Elf	self-em 27-0 . (720	ployed)07616)) 291-6	4	No

Form 9	ACLU FOUNDATION OF COLORADO, INC.	23-7028224	Page 2
Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	allocations to others,	
4a	Litigation-The Colorado office receives approximately 2000 requests for assistance annually and investigates approximately 125 of these requests each year. Approximately 30 of these cases are litigated annually.	enue \$	
4b	Education-The Organization holds an annual meeting formembers, other community educational meetings, and provides speakers to numerous schools community & civic groups, and other organizations as requested. Outreach-By informing, engaging, and mobilizing people throughout the	enue \$	
	(Code: (Expenses \$ 695,293 including grants of \$) (Reve Advocacy-Non lob ying, Ron partisan research, analysis and communication about public policy	enue \$)
	issues.		
4d	Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)	
4e	Total program service expenses 2,304,730		

Form 990 (2022)	ACLU FOUNDATION OF COLORADO. INC.
Part IV	Checklist of Required Schedules

23-7	028224	Page	.3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		0	
5	candidates for public office? If "Yes," complete Schedule C, Part I.	3	·	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4				x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		<u> </u> ^
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts of			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule Departures	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
-		8	j.	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	100		
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV.	9		x
40				l-
10	Did the organization, directly or through a related organization, hold assets in donor restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.		100	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X	
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	11 - 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		ľ –
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
1		11f		x
	the organization's liability for uncertain tax positions and FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		-	┝
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	<u>12a</u>	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			1
	and if the organization answered "No to line 2a, then completing Schedule D, Parts XI and XII is optional	<u>12b</u>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report of Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization of "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			<u>i</u>
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			<u> </u>
.,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
40			1	+^-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Ì
	domestic government on Part IX. column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		X

Form 990 (2022)	1
Part IV	

1 61	Checkinst of Neduned Schedules (Continued)		_	-
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the		, s	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	-	v	2
04-	employees? If "Yes," complete Schedule J.	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</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a.	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the years a			
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the yarrow	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part.	25a	-	X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I.	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from one payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule I, gart II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Part IV, instructions for applicable filing thresholds, conditions and exceptions):			
а	A current or former officer, director, trustee, key employee, creatorior founder, or substantial contributor? If	2000		
-	"Yes," complete Schedule L, Part IV.	28a		x
b	A family member of any individual described in line 28a? [Pres," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV.	28c		X
29 20	Did the organization receive more than \$25,000 in the cash contributions? If "Yes," complete Schedule M.	29		X
30	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		X
32	Did the organization sell, exchange, dispose of operansfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	(
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34			x	
352	III, or IV, and Part V, line 1.	34 35a	^	x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	000	-	Ê
-	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	l.		
	organization? If "Yest" complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
Par	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 81	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	rePortable gaming (gambling) winnings to prize winners?	1c	х	

Form 99	ACLU FOUNDATION OF COLORADO, INC. 23-7	028224	P	age 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	x_	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3 b	Ĺ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	1	1	Г <u> </u>
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	5 b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and dig the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that succentributions or			
_	gifts were not tax deductible?	6b	1.25255555	200 000 June
7	Organizations that may receive deductible contributions under section 170(c).	1.00		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		v
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.	Statistics.	
e	Did the organization receive any funds, directly or indirectly, to pay premium suppressonal benefit contract?	7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly on a personal benefit contract?	7f		<u>^</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes or other vehicles, did the organization file a Form 1098-C?. Sponsoring organizations maintaining donor advised funds a donor advised fund maintained by the	7h	Call?	
8	sponsoring organization have excess business holdings at any time during the year?	8	Strage.	- in the second
9	Sponsoring organizations maintaining donor advised funds	0	14EEE	4 42
a	Did the sponsoring organization make any taxable distributions inder section 4966?	9a	States of States	القديد بند
b	Did the sponsoring organization make a distribution to a doma donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12		囊	
b	Gross receipts, included on Form 990, Part VIII, ine 12 for public use of club facilities	125.42		and the second
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1 42 A		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .	12a		
b	If "Yes," enter the amount of tax-exemply interest received or accrued during the year			31
13	Section 501(c)(29) qualified monprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is icersed to issue qualified health plans			
С	Enter the amount offeserves on hand			5. 340° (1) 5. 10° (1) 5. 10° (1)
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net Investment income?.	16		X
	If "Yes," complete Form 4720, Schedule O.	Sugar		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		x
	If "Yes," complete Form 6069.	1973 - 198 5. 1973 - 1978 - 1975 - 1978		100000 \$1

Form	990	(2022)

Form 9	ACLU FOUNDATION OF COLORADO, INC. 23-702	8224	Pa9e 6	5
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	a "No"		_
	Check if Schedule O contains a response or note to any line in this Part VI		. X	
Sect	ion A. Governing Body and Management		144.14	
		1	'es No	_
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	<u> </u>	_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	<u> </u>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file ?	4	X	_
5	Did the organization become aware during the year of a significant diversion of the organizations assets?.	5	X	
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	<u> </u>	-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?		<u>X</u>	_
b	Each committee with authority to act on behalf of the governing bod A	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII. SectionA, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9	<u> </u>	÷
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue (es No	-
40-	Did the experimetion have lead charter branches as officiate?	r +		-
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u>X</u>	-
10a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		-
b	If "Yes," did the organization have written policies and provedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b	X	_
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b 11a	x	-
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Form 990 total members of its governing body before filing the form? . Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10a 10b 11a	x	-
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b 11a 12a	X X X	-
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Form 990 total members of its governing body before filing the form? . Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	10a 10b 11a 12a	x	-
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	10a 10b 11a 12a 12b	X X X X	-
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . Describe on Schedule O the process, if any, used bothe organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10a 10b 11a 12a 12b 12c	X X X X X	-
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 total members of its governing body before filing the form? . Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10a 10b 11a 12a 12b 12c 13	X X X X	-
b 11a b 12a b c 13	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b 11a 12a 12b 12c 13	X X X X X X X	-
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Forn 990 to all members of its governing body before filing the form? . Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10a 10b 11a 12a 12b 12c 13 14	X X X X X X X	-
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b 11a 12a 12b 12c 13 14	X X X X X X X	-
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Form 990 troal members of its governing body before filing the form? . Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10a 10b 11a 12a 12b 12c 13 14	X X X X X X X X X	-
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Forn 990 and immbers of its governing body before filing the form? . Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10a 10b 11a 12a 12b 12c 13 14 15a	X X X X X X X X	-
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Forn 990 protection to review this Form 990. Describe on Schedule O the process, if any, used bothe organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10a 10b 11a 12a 12b 12c 13 14 15a	X X X X X X X X	-
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b 11a 12a 12b 12c 13 14 15a	X X X X X X X X	-
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Form 990to all members of its governing body before filing the form? . Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X X X X X X X X	-
b 11a b 12a c 13 14 15 a b 16a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X X X X X X X X	-
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X X X X X X X X X X X X X	-
b 11a b 12a c 13 14 15 a b 16a b Sect	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Forn 990troal members of its governing body before filing the form? . Describe on Schedule O the process, if any, used for the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10a 10b 11a 12a 12b 12c 13 14 15b 16a	X X X X X X X X X X X X X X X	-
b 11a b 12a c 13 14 15 a b 16a b Sect 17	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b 11a 12a 12b 12c 13 14 15b 16a 16b	X X X X X X X X X X X X X X X	-
b 11a b 12a c 13 14 15 a b 16a b Sect	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Forn 990 total members of its governing body before filling the form? . Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization nave a written conflict of interest policy? <i>If "No," go to line</i> 13	10a 10b 11a 12a 12b 12c 13 14 15b 16a 16b	X X X X X X X X X X X X X X X	-
b 11a b 12a c 13 14 15 a b 16a b Sect 17	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b 501(c)	X X X X X X X X X X X X X X X	-
b 11a b 12a c 13 14 15 a b 16a b Sect 17 18	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Forn 990todil members of its governing body before filing the form? . Describe on Schedule O the process, if any, used bothe organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b 501(c)	X X X X X X X X X X X X X X X	-
b 11a b 12a c 13 14 15 a b 16a b Sect 17 18 19	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b 501(c)	X X X X X X X X X X X X X X X	-
b 11a b 12a c 13 14 15 a b 16a b Sect 17 18	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . Has the organization provided a complete copy of this Form 990todil members of its governing body before filing the form? . Describe on Schedule O the process, if any, used to the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b 501(c) wicy,	X X X X X X X X X X X X X X X	-

Form 990 (2022)										23-70282	24 Page 7
Form 990 (2022) Part VII	ACLU FOUNDATION OF COLORA Compensation of Officers, Dire	ctors Trustee			Ēm	nlo		- F	lighest Comp		.24 <u>Fage 7</u>
Part VII	Employees, and independent C		:5, r	ley		ihic	JAces	э, г	iignest comp	CIISaleu	
	Check if Schedule O contains a re		te to	an	/ lin	ie ir	n this	Pa	art VII		🗵
Section A	Officers, Directors, Trustees, K	111200						-	18.45		<u> </u>
	his table for all persons required to be i								_	-	
organization's	• •	isled. Report co	mper	Isau			ne ca	ienc	ar year ending v		
-	-	roctors trustoos	hub	otho	r inc	livid	lucie /		raanizations) ro	aardloss of amo	unt
	of the organization's current officers, di on. Enter -0- in columns (D), (E), and (I						luais (010	rganizations), re	gardless of amo	um
•	of the organization's current key emplo				•		for d	efini	ition of "key emp	lovee "	
	organization's five current highest com										vee)
who received	reportable compensation (box 5 of Forr	n W-2, box 6 of									
\$100,000 from	n the organization and any related organ	nizations.									
	of the organization's former officers, ke							ed e	mployees who	eceived more th	an
	eportable compensation from the organi	•			-						
List all o	of the organization's former directors of	or trustees that	recei	ved,	in t	he	capac	ity a	as a former direc	for or trustee of	the
	nore than \$10,000 of reportable compe		e orga	aniza	atior	n ar	id any	/ rel	ated organization	ns.	
	ctions for the order in which to list the p										
Check thi	s box if neither the organization nor any	related organiz	ation	con	npei	nsa	ted ar	ny с	unent officer, dir	ector, or trustee.	
					(0	C)					
						ition				—	(71)
	(A) Name and tit le	(B) Average	(do) box,	not ch unles	iecki is pe	rson	is both	an	(D) Reportable	(E) Reportable	(F) Estimated amount
		hours	offic	erano			Ortcust		compensation	compensation	of other
		per week (list any	Pr di	l Ing	3	S.		Former	from the organization (W-2/	from related organizations (W-2/	compensation from the
		hours for related	Individuaf¶ or director	Æ	1		ighest mplgyd	Ē	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
		organizations	5) at		No de la competición de la com	₩ 8 8		1099-MEC)	(035-NEC)	IGIALEO OIGALIIZALIOUS
		below dotted line)	Individual function	1		Ø,	pen				
) 8	16	ł	compensated				
(4) Date	- Distanting	00.00		1	-			-			
	h Richardson	20.00			x				100 000	74 749	24 940
Executive Dire		20.00			 ^	⊢		\vdash	166,362	74,743	34,840
(2) Stepher Deputy Direct		♣ 20.00		6	x				127,651	57,350	14,415
(3) Carol A		1.50	1	1	^	-	<u> </u>		127,001	57,550	14,410
Board Chair		1.50	x		x				0	o	o
	Garcia Waddell	1.50									
Board Vice-Ch		1.50	x		x				о о	0	0
(6) Paul De		1.50			-						
Board Secreta		1.50			x				о	0	0
(6) Lindsay		1.50									
Board Treasur	rer	1.50	X		X				0	0	0
(7) Ariadna	a Ochoa Magallanes	0.50			0.0						
Board Membe	er 💦 🔪	1.50	X						0	0	00
(8) Carolyn		0.50							5		
Board Membe		1.50							0	0	0
(9) Julie Re		0.50								a de la companya de la	
Board Membe		1.50	-	-		-		_	0	0	0
	Golightiv-Rowell	0.50									
Board Membe		1.50			-	-		<u> </u>	0	0	0
(11) Steve C		0.50		32			9				
Board Membe		1.50			-	-		-	0	0	0
(12) Mesach		0.50	1							_	
Board Member		1.50						-	0	0	0
(13) LaDawi Board Membe		0.50 1.50								о	
(14) Adam A		0.50		1		\vdash			0	0	0
Board Membe		1.50	•	- 8					0	0	o
Sourd membe	of the second se	1.00		1	1. J	1	1	_	. 0		L

Form 9	90 (2022) ACLU FOUNDATION OF COL	ORADO, INC.									28224 Page 8
Pa	rt VII Section A. Officers, Directors, Tru	istees, Key Emp	ploye	es,	and	l Hig	ghest	Co	mpensated Err	ployees (conti	nued)
	(A) Name and title	(B) Average hours per week	box, office	unies er and	is pe diadi	ition more rson i irecto	than o is both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	>	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	omer	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2 1099-MISC/ 1099-NEC)	
(15)	Hans Meyer	0.50								N N	
	d Member	1.50	X						0		
(16)	Cindra Barnard	0.50								4	
	d Member	1.50							0	•	
	Ann England	0.50									
		1.50		-				_			
(18)	Nancy Fang	<u>0.50</u> 1.50									
	d Member		<u> </u>			-		~	0		
(19)							R				
(20)						Ø	10		0		
(21)						16	1				
(22)					1	4	>				
(23)			V		-						
(24)				•							
(25))								
1b	Subtotal		·		·				294,013	132,09	3 49,25
C	Total from continuation sheets to Part VII, S			• •		• •			0	!	
d	Total (add lines 1b and 1c)	miterato those lis	ted a					hau	294,013		3 49,25
4	reportable compensation from the organization				.,,	•			more than \$100	,000 01	:
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete, Sched	ector, trustee, ke	y em dividi	ploy val	ee,	or h	ighes	t co	ompensated		Yes No 3 X
4	For any individual listed on line 1 aris the sum the organization and related organizations greated organizations are supplied or the supplication of the supplication	of reportable con	npen	satio	on a	nd o	other	con	npensation from		
5	Did any person listed on line to receive or accu										4 X
	for services rendered to the organization? If "Y	es," complete So	chedi	lle J	for	SUC	h per	sor)		5 X
1	Complete this table for your five highest complete complete the company for the provide the company of the provide the company of the provide the company of the provide the providet the provi										
*****	compensation from the organization. Report co				uai	yed		ng	(B)		(C)
The	Name and business add USINESS Add Semini Group LLC 4825 S Ammor	Iress Is St Ste 120 Litt	laton	0	ם אר	172		<u> </u>	Description of sei	vices	Compensation 138,000
-ine (Sentina Group 220 4629 G AITIIIO			, 00		123	,	00	nouturig		130,00
	N										
·											
2	Total number of Independent contractors (inclu more than \$100,000 of compensation from the	ding but not limit organization	ed to	the	se i	iste	d abo 1	ve)	who received		

	independent contractors (including	bat not innitoa	10 11000 10100		
\$100	000 of compensation from the orga	nization		1	

_	0 (202 VIII	2) ACLU FOUNDATION Statement of Reven		<u></u>	NC			23-7028	224 Page
20 5	V I II	Check if Schedule O co		nse or	note to any line in	this Part VIII.			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512–5
	1a	Federated campaigns .		1a	0	Server Cold			
and Other Similar Amounts	b	Membership dues		1b	0		1.0		
ğ	С	Fundraising events		1c	0				
₹	d	Related organizations .		1d	0				
	е	Government grants (contrit		1e	0			A	
Ë	f	All other contributions, gifts							
a		similar amounts not include		_1f	2,154,074				
됩	g	Noncash contributions inclu	uded in						
P	-	lines 1a-1f.		1g	\$0				
a,	h	Total. Add lines 1a-1f				2,154,074			
					Business Code	13			
	2a	Court Awarded Fees		•		21,007	21,007		
<u>e</u>	b					0			
Ĕ	C					0			
Revenue	d								
≃∣	e					0			
	f	All other program service re					13	S. Y. P. & Spin and management	and a set of a description of the set of the
	g	Total. Add lines 2a-2f				21,007		1.26	
	3	Investment income (includi							
		other similar amounts)				\$24,177			74,
	4	Income from investment of	tax-exempt bo	nd pro	ceeds , 🛛 🚬 🍄 👞	0			
	5	Royalties	<u></u>		<u> </u>	V 0	Annual Alexandratic Company of Party	Statist In an Alge av. Landson	
			(i) R	eal	(ii) Personal				
1	6a	Gross rents	6a		<u> </u>				
	b	Less: rental expenses .	6b						
- î	C	Rental income or (loss)	6c	0				t i	
	d	Net rental income or (loss)				0	A DESCRIPTION OF DESCRIPTION OF DESCRIPTION	and the second se	na har menimumaka matan
	7a	Gross amount from	(i) Sect	trities'	(ii) Offer				
		sales of assets							
		other than inventory .	7a		0				
	b	Less: cost or other basis							
		and sales expenses .	7b	<u></u>	¥ 0				
	C	Gain or (loss)	7c	10	0				
	d	Net gain or (loss)	·	÷.	<u></u>	0	an in another of the state of the state of the		· · · · · · · · · · · · · · · · · · ·
	8a	Gross income from fundrai	sing						
<u> </u>		events (not including \$							
		of contributions reported of See Part IV, line 18.		8a	169,127			³ 关系的。2	
	L.			8b	73,524		M.		
	D	Less: direct expenses Net income or (loss) from			10,024	95,603	7415	I water of the second sec	
	с 9а	Gross income from gaming	uturaising eve	an <u>ts</u> .	<u></u>	35,005			
	Jd	See Part IV line 19.	j acuvilles.	9a	n				
	b	Less: direct expenses.		9b	0				
	D C	Net income or (loss) from g	aming activitie			0	The second s		Sures
	10a	Gross sales of inventory, le		Ĩ.	<u>; ; ; ; ; ; ;</u>				
	IUd	returns and allowances .	-00	10a		and the second sec			
	F			104			14 A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.A.		
	b	Less: cost of goods sold . Net income or (loss) from s					ene: Anné: -Latrantiani		
+	C	THE INCOME OF (IOSS) ITOM S	Sales UI IIIVENI	<u> y</u>	Business Code				
	44-	Other Income				15,636	15,636	 Semilification and a semiciar semiciarity of the semiciar	A THE R. P. LEWIS CO., LANSING MICH.
Revenue		Other Income				15,030			
<u>s</u>	b								
å	ن ہر	All other revenue						1	1
	u e	Total. Add lines 11a-11d.	· · · · · · · · · · · · · · · · · · ·	N. X	L			WWW The Automation	AND AL STREET
-	*	Total revenue. See instruc		· · ·	A 4 4 4 4 4	10,030	And a second sec	· · · · · · · · · · · · · · · · · · ·	ND4 11 American 1

Form 990 (2022) Part IX

ACLU FOUNDATION OF COLORADO, INC. Statement of Functional Expenses

	Check if Schedule O contains a response or note t	(A)	(B)	(C)	 (D)
	not include amoun ts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				3.42.52
	and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign			and the second second	M2 6
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	294,013	211,689	47,042	35,28
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			9	
	persons described in section 4958(c)(3)(B)	0		/	·····
7	Other salaries and wages	1,467,854	1,056,855	234,857	176,14
8	Pension plan accruais and contributions (include			1	
	section 401(k) and 403(b) employer contributions) .	110,768	79,753	17,723	13,29
9	Other employee benefits	143,106	103,036	22,897	17,17
0	Payroll taxes	145,419	104,702	23,267	17,45
1	Fees for services (nonemployees):	<u>م ۲</u>			
а	Management.				
b	Legal	Ø Ö	•	1	
С	Accounting	68,452	41,366	9,192	6,89
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	25,312	18,225	4,050	3,03
g	Other. (If line 11g amount exceeds 10% of line 25, column	1			
3	(A), amount, list line 11g expenses on Schedule O.).	130,617	94,044	20,899	15,67
2	Advertising and promotion	39,693	28,579	6,351	4,76
3	Office expenses .	83,613	59,148	14,606	9,85
4	Information technology	25,843	18,146	4,398	3,29
15	Royalties .	0			
6		198,563	142,965	31,770	23,82
7	Travel	28,656	20,632	4,585	3,43
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	о			
9	Conferences, conventions, and meetings	258,042	185,790	41,287	30,96
20	Interest.	0			
21	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	17,913	0	17,913	
23		7,767	5,592	1,243	93
4	Other expenses, Itemize expenses not covered		10 TH		
	above. (List miscellaneous expenses on line 24e. If				and the second second
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Equip Lease/Rent/Telecom	43,535	31,345	6,966	5.22
b	Volunteer Recognition-Other Events-Donor Engagement	13,548	10,724	1,120	1,70
c	Dues/Fees/Postage	76,280	48,347	19,876	8,05
đ	Case Costs/Intake Investigations	43,792	43,792	10,010	0,00
e	All other expenses	10,132	-0,132		
5	Total functional expenses. Add lines 1 through 24e .	3,211,786	2,304,730	530,042	377,01
.5 26	Joint costs. Complete this line only if the	5,211,700	2,304,130	550,042	311,0
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				

Form	990 (2	ACLU FOUNDATION OF COLORAD	OO, INC.				23-7028224 Page 11
Pa	art X						
-		Check if Schedule O contains a response or	note to any line in th	IS Part X		(196 - 8) 	
					(A) Beginning of year		(B) End of year
	4	Cash non interest bearing			413,581	1	682,002
	1	Cash—non-interest-bearing			389,951	2	177,830
	2	Savings and temporary cash investments			0	3	177,000
		Pledges and grants receivable, net		1	859,444		684,358
	4	Accounts receivable, net			000,444		
	9	trustee, key employee, creator or founder, subs				4	
		controlled entity or family member of any of the			0	N 5	
	6	Loans and other receivables from other disqualif	-			2	
		under section 4958(f)(1)), and persons describe	-			6	
g	7	Notes and loans receivable, net .				7	р <u>и</u> С
Assets	8	Inventories for sale or use .				8	
A	9	Prepaid expenses and deferred charges .				9	
	10a	Land, buildings, and equipment: cost or	$\dot{\Gamma}$	8 68 F			
		other basis. Complete Part VI of Schedule D	10a	289,885			
	Ь	Less: accumulated depreciation	10b	95,873	26,013	10c	194,012
	11	Investments—publicly traded securities .			0	11	0
	12	Investments-other securities. See Part IV, line			3,260,614	12	2,393,914
	13	Investments-program-related. See Part IV, line			0	13	C
	14	Intangible assets			A 🖉 0	14	C
	15	Other assets. See Part IV, line 11			35,561	15	21,110
	16	Total assets. Add lines 1 through 15 (must equ	ial line 33)		4,985,164	16	4,153,226
	17	Accounts payable and accrued expenses	· · · · · /		59,001	17	291,319
	18	Grants payable	· · · ·	` .	0	18	
	19	Deferred revenue			0	19	
	20	Tax-exempt bond liabilities			0		
	21	Escrow or custodial account liability. Complete		D	0	21	and and and and an an an analysis and a state of the second state of the second state of the second state of the
ies	22	Loans and other payables to any current or for					and a set of the
iit		trustee, key employee, creator or founder, sub		35%			
Liabílities		controlled entity or family member of any of the			0		
	23	Secured mortgages and notes payable to unrel			0		0
	24	Unsecured notes and loans payable to unrelate			0	24	C
	25	Other liabilities (including federal incomeration)	•	rd			
		parties, and other liabilities not included on line	s $17-24$). Complete	2	440.007	25	142 400
		Part X of Schedule D. Total liabilities. Add lines 17 through 25.		• • •	<u>149,297</u> 208,298		143,498 434,817
	26		<u></u>	• • •	200,290	20	404,017
ĕ		Organizations that follow FASB ASC 958, ch				.	
an	07	and complete lines 27, 28, 32, and 33.			A 540 014		402.21
Baj	27	Net assets without donor restrictions			4,516,914		403,314
P	28	Organizations that do not follow FASB ASC	059 obook horo	i ۲ ا	259,952	28	3,315,095
E		and complete lines 29 through 33.	550, Check here	L		272.7	
5	29	Capital stock or trust principal, or current funds			0	29	And a second
ets	30	Paid-in or capital surplus, or land, building, or e			0		
330	31	Retained earnings endowment, accumulated in	ncome, or other fund		0		
Net Assets or Fund Balances	32	Total net assets or fund balances			4,776,866		3,718,409
ž	33	Total liabilities and net assets/fund balances .			4,985,164	1	4,153,226
d.							Form 990 (2022

Form 990

Form	ACLU FOUNDATION OF COLORADO, INC.	23-7028224 Page 12
Par		
	Check if Schedule O contains a response or note to any line in this Part XI.	X
1	Total revenue (must equal Part VIII, column (A), line 12).	1 2,360,497
2		2 3,211,786
3		3851,289
4		4 4,776,866
5		5 -207,168
6		6
7		7
8		8
9		9
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).	3,718,409
Part		0,110,400
1 uit	Check if Schedule O contains a response or note to any line in this Part X	X
		Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	
•	If the organization changed its method of accounting from a prior year or checked "Other, "we law on	
	Schedule O.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	
	reviewed on a separate basis, consolidated basis, or both:	
	X Separate basis Consolidated basis Both consolidated and separate basis	
b	Were the organization's financial statements audited by an independent accountant?	2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	
	separate basis, consolidated basis, or both:	
	Separate basis Consolidated basis X Both ponsolidated and separate basis	
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?	2c X
	If the organization changed either its oversight process or selection process during the tax year, explain on	
	Schedule O.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F	<u>3a</u> X
b	If "Yes," did the organization undergo the required a udit or audits? If the organization did not undergo the	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	
		Form 990 (2022)

SCHEDULE A (Form 990) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. OMB No. 1545-0047 Department of the Treasury 990 or Form 990-EZ. OMB No. 1545-0047							2022 Open to Public
Internal Revenue Service	Got	o www.irs.gov/Form	990 for instructions ar	nd the lates	st informa	1000	Inspection
Name of the organization						Employer identification	
ACLU FOUNDATION O	F COLORADO, I	NC.	ganizations must co	molata t	his nart)		28224
The organization is not a							
			f churches described in				
=			ach Schedule E (Form			(~),(·)·	
=					-\/4\/8\/!!		
=			ation described in sec			6. P.	tor the
	e, city, and state:	· ·	nction with a hospital d	escribed i	II Section	TORULINA RADE	
5 An organization		e benefit of a colleg	e or university owned	or operate	d by a go	vernmental unit desc	cribed in
			tal unit described in s e	oction 170	UNIVAV		
_			al part of its support fro				
described in se	ection 170(b)(1)(A)(vi). (Complete P	Part II.)	-		anit of a official are gene	
			A)(vi). (Complete Part				<i>.</i> .
9 An agricultural or university or university:	research organiz a non-land-gran	t college of agricult	section 170(b)(1)(A)(ix ure (see instructions).	Enter the	name city	nction with a land-gra , and state of the co	ant college llege or
10 An organization receipts from a support from g	activities related t pross investment	o its exempt functio income and unrelate	an 33 1/3% of its supp ns, subject to certain ed business taxable in	come (less	; and (2) r s section {	no more than 33 1/3 511 tax) from busine	% of its
			See section 509(a)(2)		-		
	-	•	y to test for public safe				
of one or more	publicly support	ed organizations de	y for the penelit of, to scribed in section 50 ibes the type obsuppo	9(a)(1) or s	section 50	09(a)(2). See sectio	n 509(a)(3).
a Type I. A su	pporting organiz	ation operated, sup	ervised, or controlled t larty appoint or elect a	by its supp	orted orga	anization(s), typically	/ by giving
b Type II. A si	upporting organiz	ation supervised of	controlled in connecti zation vested in the sa	on with its	supporte	d organization(s), by	having
organization	n(s). You must c	omplete Part IV. Se	ections A and C.	ine perso	ns that w	fill of manage the	supported
c 🗌 Type III fun	ctionally Integra	ted. A supporting	iganization operated i	n connecti	ion with, a	nd functionally integ	rated with,
	d organization(s)	(see instructions).	You must complete F ting organization opera	art IV, Se	ctions A,	D, and E.	anization(a)
d [] Type III nor that is not fu	unctionally integra	ited The organizat	ion generally must sati	isfv a distr	ibution rec	uirement and an at	entiveness
requirement	t (see instruction	s). You must comp	lete Part IV, Sections	A and D,	and Part	V.	
e Check this l	box if the organiz	ation received a write	itten determination from	n the IRS	that it is a	Type I, Type II, Typ	e 111
	ber of supported		lly integrated supportir	ig organiz	ation.		🗌 🛛 🔊
a Provide the follo	owing information	about the support	ed oroanization(s).				<u></u>
(I) Name of supported	organization	(ii) Ein	(III) Type of organization	1	rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))	listed in you	r governing ment?	support (see instructions)	other support (see instructions)
4			·····		,		
				Yes	No		
(A)	*						
(B)							
(C)							
(D)	1						
(E)							
Total						0	0

Sche		<u>INDATION OF C</u>	and the second sec			23-70282	24 Page 2
Pa	t II Support Schedule for Orga (Complete only if you checked)	ed the box on li	ne 5, 7, or 8 of	Part I or if the o	organization fai	led to qualify u	nder
	Part III. If the organization fa	ils to qualify un	der the tests lis	sted below, plea	ase complete P	<u>art (II.)</u>	
_	tion A. Public Support		11.2				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	1,761,848	1, <u>972,081</u>	2,903,108	2,529,140	2,154,074	11,320,251
2	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf.					A A	0
3	The value of services or facilities furnished by a governmental unit to the						0
	organization without charge	4 704 040	4 070 094	2 002 109	2,529,140	2,154,074	14 220 254
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	1,761,848	1,972,081	2,903,108		2,104,074	11,320,251
	governmental unit or publicly		and the second				
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)		AND A	A -	- 2 - S		
c						States of the second	11,320,251
6 Ser	Public support Subtract line 5 from line 4 stion B. Total Support		Yes H. addressing reise and family	Leave and Street and and		SECONDA Sec	11,020,201
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	¢ (c) 2020 V	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4.	1,761,848	1,972,081		2,529,140	2,154,074	11,320,251
8		1,701,040	1,972,001	- 2300, 100	2,020, 140	2,104,074	11,320,231
o	Gross income from interest, dividends,						
	payments received on securities loans,			No.			
	rents, royalties, and income from	70.044	19:070	100.044	60.466	74 477	000 504
•	similar sources	73,641	48%249	108,941	63,466	74,177	368,504
9	Net income from unrelated business activities, whether or not the business is regularly carried on	\$	C				0
10	Other income. Do not include gain or						
	loss from the sale of capital assets	P	14				
	(Explain in Part VI.).	50.780	34,768	51,640	3,342	111,239	251,769
11	Total support. Add lines 7 through 10		S IN THE R			1	11,940,524
12	Gross receipts from related activities, etc. (se	e instructions)	Structure (M.) Canada and a second	and a set of the set o	Corte damana una reasonationenteritation	12	11,040,024
13	First 5 years. If the Form 990 is for the orga		ond third fourth	or fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here			· · · · · · · · ·			
Sal	tion C. Computation of Public Su	3500					
				(0)		14	04.040/
14	Public support percentage for 2022 (line 6, c						94.81%
15	Public support percentage from 2021 Sched					15	93.75%
	33 1/3% support test—2022. If the organization qualifiestes	a publicly support	ed organization .				X
	33 1/3% support test - 2021. If the organiz- box and stop here. The organization qualifie	es as a publicly sup	ported organizatio	n			🔲
17a	10%-facts-and-circum stances test—2022 10% or more, and if the organization meets to Part VI how the organization meets the facts organization.	the facts-and-circur	nstances test, che	ck this box and sto	p here. Explain in		• • • • • •
b	10%-facts-and-circumstances test—2021 15 is 10% or more, and if the organization m in Part VI how the organization meets the fac organization	eets the facts-and- cts-and-circumstan	circumstances tes ces test. The organ	t, check this box an nization qualifies as	d stop here. Expl a publicly support	ain	
18	Private foundation. If the organization did r						<u> </u>
	Instructions						

Schedule A (Form 990) 2022

Sche	dule A (Form 990) 2022 ACLU FOL	JNDATION OF C	OLORADO, INC.			23-702822	4 Page 3
Pa	t III Support Schedule for Orga	anizations Des	cribed in Sect	ion 509(a)(2)			
	(Complete only if you checke	ed the box on li	ne 10 of Part I o	or if the organi	zation failed to	qualify under Pa	rt II.
	If the organization fails to qu						5 V
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees		<u> </u>				
•	received. (Do not include any "unusual grants.")					-	0
2	Gross receipts from admissions, merchandise					_	
	sold or services performed, or facilities					2	
	furnished in any activity that is related to the					.	0
2	organization's tex-exempt purpose						
3	Gross receipts from activities that are not an						0
	unrelated trade or business under section 513				6		
4	Tax revenues levied for the						
	organization's benefit and either paid to					>	0
_	or expended on its behalf					•	
5	The value of services or facilities						
	furnished by a governmental unit to the						0
_	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						0
b	Amounts included on lines 2 and 3	9					
	received from other than disqualified				6		
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year . $\hfill \hfill \hf$		_	V 10			0
С	Add lines 7a and 7b	0	Q	V V 0	0	0	0
8	Public support (Subtract line 7c from		J .				
	line 6.)				3 #		0
Sec	tion B. Total Support		N N				58 <i>- 1</i> 000 - 12
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019 💊	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6.	0	0	0	0	0	0
10a	Gross Income from interest, dividends,	\$					
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	A					0
b	Unrelated business taxable income (less	2					
-	section 511 taxes) from businesses		.				
	acquired after June 30, 1975	\cap	3				0
c	Add lines 10a and 10b		0	0	0	0	0
11	Net income from unrelated business						
••	activities not included on line 10b, whether	X N I					
	or not the business is regularly carried of						0
12	Other income. Do not include gain or				-		
12							
	loss from the sale of capital assets						0
12	(Explain in Part Vi.).					••••	0
13	Total support. (Add line 9, 100 11,		0	0			•
	and 12.)	U <u>U</u>		U		0	0
14							
_	organization, check this box and stop here .					<u></u>	· · · · · _
	tion C. Computation of Public Su						
15	Public support percentage for 2022 (line 8, c					15	0.00%
16	Public support percentage from 2021 Sched					16	0.00%
Sec	tion D. Computation of Investmer	nt Income Perc	entage				
17	Investment income percentage for 2022 (line	e 10c, column (f), d	ivided by line 13, co	olumn (f))		17	0.00%
18	Investment income percentage from 2021 S	chedule A, Part III,	line 17			18 (0.00%
19a	33 1/3% support tests-2022. If the organ						
	not more than 33 1/3%, check this box and s	•	•	• • • •	-		
b	33 1/3% support tests-2021. If the organi						_
	line 18 is not more than 33 1/3%, check this						Ph 1.53 22 (2)
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19b	, check this box a	and see instructions		· · · · □

Schedule A (Form 990) 2022

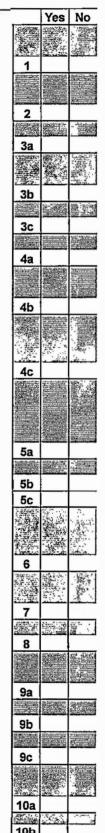
ACLU FOUNDATION OF COLORADO, INC.

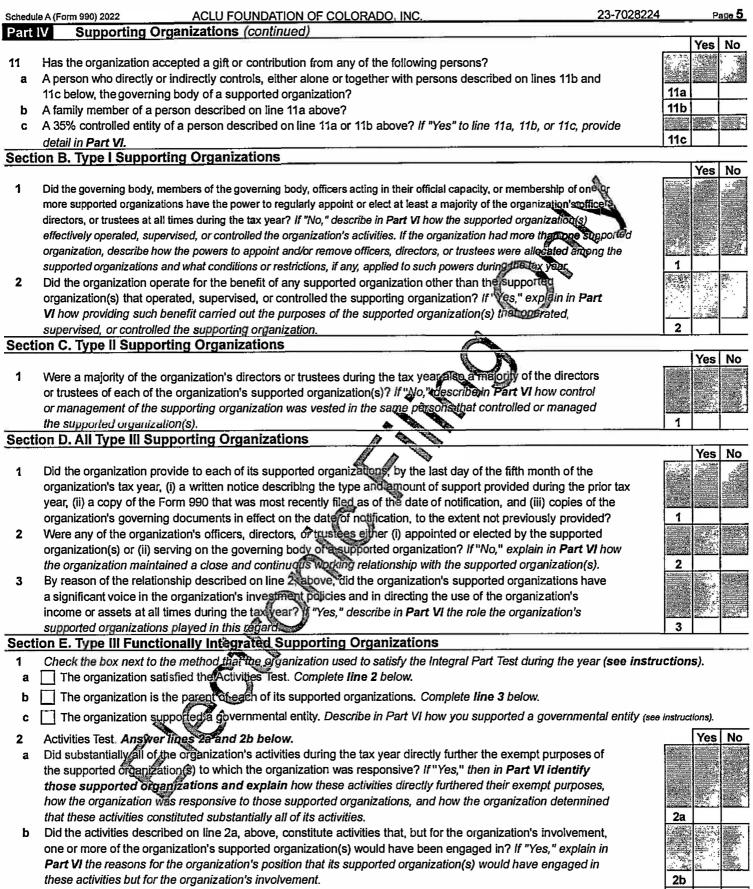
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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





- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its suPPorted ordanizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b 3b 2022 Schedule A (Form 990) 2022

13.2

3a

instructions. All other Type III non-functionally integrated supporting organ	nizatio	ins must complete Section	ns A through E. (B) Current	Voor
ection A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4		0	
5 Depreciation and depletion	5	_		
6 Portion of operating expenses paid or incurred for production or collection of				
gross income or for management, conservation, or maintenance of property				
held for production of income (see instructions)	6	<u>N</u>		
7 Other expenses (see instructions)	7	AV.	6	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		ol	
ection B - Minimum Asset Amount		(A) Rhior Year	(B) Current (optiona	
1 Aggregate fair market value of all non-exempt-use assets (see				7
instructions for short tax year or assets held for part of year):				$\{1\}_{p\in \mathbb{N}}$
a Average monthly value of securities	12	an a		Alter an inte
b Average monthly cash balances	(Tb	ø		
c Fair market value of other non-exempt-use assets	Ac	R		
d Total (add lines 1a, 1b, and 1c)	Md			
e Discount claimed for blockage or other factors	1111			
(explain in detail in Part VI):			And the second s	
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3	Mar Ca		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	1-2-	0	_
Multiply line 5 by 0.035.	6			
7 Recoveries of prior-year distributions	7	anal all		
B Minimum Asset Amount (add line 7 to line 6	8			
ection C - Distributable Amount			Current Y	ear
Adjusted net income for prior year (from Section A, line 8, column A)	1			
2 Enter 0.85 of line 1.	2			
Minimum asset amount for prior year (from Section B, line 8, column A)	3		1 Miles	
Enter greater of line 2 or line 3.	4		ř.	
5 Income tax imposed in prior year	5		ġ	
5 Distributable Amount. Subtract line 5 from line 4, unless subject to				
emergency temporary reduction (see instructions).	6			
7 Check here if the current parts the organization's first as a non-functional instructions).	ly inte	grated Type III supporting	g organization (s	see
		٤	Schedule A (Form 9	90)

	A (Form 990) 2022 ACLU FOUNDATION OF COLO			23-7028224 Page 7
Part V Sectio	Type III Non-Functionally Integrated 509(a)(3) on D - Distributions	Supporting Organi	zations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe		. 1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
1.42.9	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza		
4	Amounts paid to acquire exempt-use assets		4	
5		provide details in Part Vi		
6			6	
7	Total annual distributions. Add lines 1 through 6.		×	0
8	Distributions to attentive supported organizations to which the	ne organization is respo	nsive 🔥 🔍	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		<u> </u>	0
10	Line 8 amount divided by line 9 amount	-10-1 -10-1	al 💊 10	0.000
				(iii)
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre 2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required-explain in Part VI). See			
	instructions.		A	
3	Excess distributions carryover, if any, to 2022			
a	From 2017 0			
b	From 2018			
	From 2019 0			
<u>ح</u>				
d				and a second state of the
e				
<u> </u>		V. U		
g	Applied to underdistributions of prior years		(
h	Applied to 2022 distributable amount			
<u> i </u>		<u>}</u>	<u></u>	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years		(
b	Applied to 2022 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from line A	0		
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2.5 or result			
	greater than zero, explain in Part-VI. See instructions.		(
6	Remaining underdistributions for 2022. Subtract lines 3h			· · · · · · · · · · · · · · · · · · ·
U	and 4b from line 1. For result greater than zero, explain			•
	in Part VI. See instructions			
7				
7	Excess distributions carryover to 2023. Add lines 3j	_		
	and 4c.	<u> </u>		
8	Breakdown offline			and a second sec
a	Excess from 2018			
b	Excess from 2019 0			
C	Excess from 2020			
	Excess from 2021 0	Service and the service of the servi		
d	Excess from 2022	A to a feature of this day or sense when the set of the	A CONTRACTOR AND AND A CONTRACTOR AND A	A William Arty Board

Schedule A (Form 990) 2022

Schedule & /5	orm 990) 2022 ACLU FOUNDATION OF COLORADO, INC.	22 702024	n- 0
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and	Part IV, Section E, lines 1c, 2a, 2b,	Page 8
N.	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
		4	
	•		
		•	
	<u>ب</u>		
	*		
			·····
			•••••

Schedule B (Form 990)	Schedule of Contributors	OMB No. 1545-0047				
. ,	Attach to Form 990 or Form 990-PF.	2022				
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.					
Name of the organizati		Employer Identification Number				
	OF COLORADO, INC.	23-7028224				
Organization type (
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foun	dation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a privativoundation	/ n				
	501(c)(3) taxable private foundation					
or more (in n	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution noney or property) from any one contributor. Complete Parts I and II. See instructions total contributions.					
 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(b)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VII uline 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes or fo the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contribution soft and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contribution name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year contributions exclusively for religious, charitable, etc., purposes, but no such contributor, during the year contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions totale, etc., contributions totaling \$5,000 or more during the year						
Caution: An organize	ation that isn't covered by the General Rule and/or the Special Rules doesn't file Sch	edule B (Form 990), but it				

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. HTA Schedule B (Form 990) (2022)

SCH	IEDULE D	Gummler	nental Financial Statema		OMB No. 1545-0047
	m 990)	••	nental Financial Stateme		
•			the organization answered "Yes" on Form		2022
		Part IV, line 6,	7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, Attach to Form 990.	or 12b.	Open to Public
Depart Interna	tment of the Treasury al Revenue Service	Go to www.irs.go	//Form990 for instructions and the latest in	formation.	Inspection
Name	of the organization		No. Canada	Employer identifi	cation number
ACL		F COLORADO, INC.			23-7028224
			Advised Funds or Other Similar Fu		
1 al			ed "Yes" on Form 990, Part IV, line 6.		
-			(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at e	end of year			A
2		ontributions to (during year) .			N
3		rants from (during year)		44	Ne 11
4		at end of year		A	N
5			or advisors in writing that the assets held in	donor advised	
	funds are the org	anization's property, subject to	o the organization's exclusive legal control	? 🍕 . Ņ	🗌 Yes 🗌 No
6	Did the organizat	ion inform all grantees, donor	s, and donor advisors in writing that grant	unds can be use	ed
	only for charitable	e purposes and not for the ber	nefit of the donor or donor advisor, or forar	ny other purpose)
	conferring imperr	nissible private benefit?		🖉	🗌 Yes 🗌 No
Par	t II Conservat	ion Easements.	antini antini	- Week	
	Complete i	f the organization answere	d "Yes" on Form 990, Part IV, line 7.		
1			the organization (check all that apply).		
		of land for public use (for examp		of a historical	ly important land area
	Protection of	natural habitat	Preservation	n of a certified h	nistoric structure
		of open space		M	
2	Complete lines 2	a through 2d if the organization	n held a qualified conservation contribution	, in the form of a	conservation
2		last day of the tax year.			Held at the End of the Tax Year
а		conservation easements		2a	FIELD AL LIE END OF LIE TAX TEAT
b		tricted by conservation easen	nents	2b	in the picco
c		•	ed historic structure included in (a)		
d			(c) acquired after July 25, 2006, and not	· · · · · · · · · · · · · · · · · · ·	
		cture listed in the National Reg		2d	
3			ransferred, released, extinguished, or term	inated by the or	ganization during
	the tax year				
4	Number of states	where property subject to cor	servation easement is located		
5	Does the organiz	ation have a written policy reg	arding the periodic monitoring, inspection,	handling of	
	violations, and er	forcement of the conservation	easements it holds?		Yes No
6			pecting, handling of violations, and enforcing o	conservation ease	ments during the year
7	Amount of expense	es incurred in monitoring inspect	ing, handling of violations, and enforcing conse	ervation easemen	ts during the year
8	Does each conse	ervation easements eported on	line 2(d) above satisfy the requirements o	f section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	() / ···· · · · ························		

	and section 170(h)(4)(B)(ii)? .		No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and		
	balance sheet, and include it applicable, the text of the footnote to the organization's financial statements that describes the	е	
	organization's accounting to conservation easements.		

Part III	Organizations Maintaining	Collections of Art, Historical	Treasures, or Other Similar Assets.
	Complete if the organization a	answered "Yes" on Form 990,	Part IV, line 8.

1a	If the organization elected as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of
	public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
L	If the approximation elected, as normitted under FACDASC OFP, to constrain its revenue statement and belance short

	(ii) Assets included in Form 990, Part X	5
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 FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	β
b	Assets included in Form 990, Part X	\$

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

Schedu	te D (Form 990) 2022 ACLU FOUNDATION OF	COLORADO, INC.			23-70282	24	P	Page 2
	III Organizations Maintaining Collect		ical Treasures	or Other	Similar Assets	(contin		
3	Using the organization's acquisition, accession collection items (check all that apply):	on, and other records, c	heck any of the fo	blowing that	make significant u	se of its		
а	Public exhibition	d 🗌	Loan or exchang	ge program				
b	Scholarly research	е 🗌	Other					
с	Preservation for future generations					********		
4	Provide a description of the organization's co XIII.	ollections and explain ho	ow they further the	e organizatio	n's exempt purpos	e in Pa	rt	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to					Ye	s 🗌	No
Part	V Escrow and Custodial Arrangem Complete if the organization answe 990, Part X, line 21.		90, Part IV, line	9, or repor	ted an amount o	on Forr	n	
1a	Is the organization an agent, trustee, custodi			or other ass	ets not			No
b	included on Form 990, Part X?					Ye:	نے ^ت	No
						nount		
c				10				0
d	Additions during the year			. 1d				
e f	Distributions during the year							0
2a	Did the organization include an amount on F						s X	No
	If "Yes," explain the arrangement in Part XIII.						"鬥	NO
b			Manoulasueen			•••		
Part	Complete if the organization answe	vrad "Vas" on Earth 0	00 Part IV line	10				
		Current year		years back	(d) Three years back	(e) Fou	ir years	hack
1a	Beginning of year balance		0	0	0		Joaro	0
b	Contributions							
C	Net investment earnings, gains,			_	-			
	and losses							
d	Grants or scholarships	'A Y						
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance				0			0
2	Provide the estimated percentage of the cur Board designated or quasi-endowment		ne 19, column (a)) neid as:				
a b		<u>%</u>						
C	Term endowment	2-70 2-70						
v	The percentages on lines 2a, 2b and 20 sho	ould equal 100%.						
3a	Are there endowment funds tin the posse		n that are held an	d administer	ed for the			
	organization by:					Ē	Yes	No
						3a(i)		
					1 (182 10 1.74) 40 10 10 10	3a(ii)		
b	If "Yes" on line Ga(ii), are the related organization	ations listed as required	on Schedule R?			3b		
_4	Describe in Part XIII the intended uses of the		nent funds.					
Part								
	Complete if the organization answe	ered "Yes" on Form 9	90, Part IV, line	11a. See I	orm 990, Part >	K, line 1	10,	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other ba (oth e r)		Accumulated epreciation	(d) Bo	ok value	•
1a	Land	0	-	0				0
b	Buildings	0		0	0			0
С	Leasehold improvements .	0	289	,885	95,873		19	4,012
d	Equipment	0		0	0			0
e	Other .)0		0	0			0
Total	Add lines 1a through 1e. Column (d) must e	qual Form 990, Part X,	column ('B), line 1	Oc.)			19	4,012

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	ACLU FOUNDATION OF COLORADO. INC.
Part VII Investme	nts-Other Securities.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	valuation: market value
(1) Financial derivatives	0		
(2) Closely held equity interests	0		÷
3) Other Pershing Advisor Solutions/BORT/Den Founda	2,393,914	F	
<u>(A)</u>			
<u>(B)</u>			
			<u> </u>
(F) (G)			
τ Π			<u></u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).	2,393,914	A BANK	
Part VIII Investments—Program Related.	2,000,014		
Complete if the organization answered "Ye	executive and the second second		
(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)			
(2)	-1.1.1 P		
(3)			
(4)		<u> </u>	
(5)	<u> </u>		
(6)		•	
(7)		· · · · · · · · · · · · · · · · · · ·	
(8)		····	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).			and a second
Part IX Other Assets.		Contract of the Advanta Contract of the second	This is a second s
Complete if the organization answered "Ye		Part IV, line 11d. See Form	990, Part X, line 15.
<u>Complete if the organization answered "Ye</u> (a) Description		Part IV, line 11d. See Form	
Complete if the organization answered "Ye (a) Description (1)		Part IV, line 11d. See Form	
(1) (2) <u>Complete if the organization answered</u> "Ye (a) Description		Part IV, line 11d. See Form	
Complete if the organization answered "Ye (a) Description (1) (2) (3)		Part IV, line 11d. See Form	
Complete if the organization answered "Ye (a) Description (1) (2) (3)		Part IV, line 11d. See Form	
Complete if the organization answered "Ye (a) Description (1) (2) (3) (4)		Part IV, line 11d. See Form	
Complete if the organization answered "Ye (a) Description (1) (2) (3) (4) (5)		Part IV, line 11d. See Form	
Complete if the organization answered "Ye (a) Description (1) (2) (3) (4) (5) (6) (7)		Part IV, line 11d. See Form	
Complete if the organization answered "Ye (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9)		Part IV, line 11d. See Form	
Complete if the organization answered "Ye (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 930, Part X, col. (B) line		Part IV, line 11d. See Form	
Complete if the organization answered "Ye (a) Description (a) Description (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	9 15.)		(b) Book value
Complete if the organization answered "Ye (a) Description (a) Description (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	e 15.)		(b) Book value
Complete if the organization answered "Ye (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Formago, Part X, col. (B) line Part X Other Liabilities Complete if the organization answered "Ye line 25. 1.	e 15.)		(b) Book value
Complete if the organization answered "Ye (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990; Part X, col. ('B) line Part X Other Liabilities Complete if the organization answered "Ye line 25. 1. (a) Description (1) Federal income taxes	e 15.)		(b) Book value
Complete if the organization answered "Ye (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 900, Part X, col. ('B) line Part X Other Liabilities Complete if the organization answered "Ye line 25. 1. (a) Description (1) Federal income taxes (2) Tenant Lease Deposits	e 15.)		(b) Book value
Complete if the organization answered "Ye (a) Description (a) Description (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	e 15.)		(b) Book value
Complete if the organization answered "Ye (a) Description (a) Description (c)	e 15.)		(b) Book value
Complete if the organization answered "Ye (a) Description (a) Description (c)	e 15.)		(b) Book value
Complete if the organization answered "Ye (a) Description (a) Description (c)	e 15.)		(b) Book value
Complete if the organization answered "Ye (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990; Part X, col. (B) line Part X Other Liabilities Complete if the organization answered "Ye line 25. 1. (a) Description (1) Federal income taxes (2) Tenant Lease Deposits (3) Accrued Vacation Payable (4) Pay roll Labilities (5) (6) (7)	e 15.)		(b) Book value
Complete if the organization answered "Ye (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities Complete if the organization answered "Ye line 25. 1. (a) Description (1) Federal income taxes (2) Tenant Lease Deposits (3) Accrued Vacation Payable (4) Pay roll Labilities (5) (6) (7) (8)	e 15.)		(b) Book value
Complete if the organization answered "Ye (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990; Part X, col. (B) line Part X Other Liabilities Complete if the organization answered "Ye line 25. 1. (a) Description (1) Federal income taxes (2) Tenant Lease Deposits (3) Accrued Vacation Payable (4) Pay roll Labilities (5) (6) (7)	e 15.)	Part IV, line 11e or 11f. See	(b) Book value

Schedule D (Form 990) 2022

Schedu	ale D (Form 990) 2022 ACLU FOUNDATION OF COLORADO, INC.	23-7028224	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	4,135,169
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C L	Recoveries of prior year grants 2c Other (Describe in Part XIII.) 2d		
d e	Other (Describe in Part XIII.)	2e	1,774,672
3	Subtract line 2e from line 1	3	2,360,497
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	The second second	2,000,407
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	2,360,497
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,193,626
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	an a	
a	Donated services and use of facilities		
b	Prior year adjustments	14056	
C 			
d	Other (Describe in Part XIII.)	20	1 001 040
е 3	Add lines 2a through 2d	2e	1,981,840 3,211,786
4	Subtract line 2e from line 1		5,211,700
a	Investment expenses not included on Form 990, Part VIII, line 7b,	Sec. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,211,786
	XIII Supplemental Information.	•	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional informa	ation.	

Schedule D (Form 990) 2022 ACLU FOUNDATION OF C	COLORADO, INC.		23-7028224	Page 5
Schedule D (Form 990) 2022 ACLU FOUNDATION OF C Part XIII Supplemental Information (continuity)	nued)			
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Form 990 1 Indicate whether a Aail Solicitat	Complete if the Go DF COLORADO, INC ing Activities. Co -EZ filers are not r the organization ra ions email solicitations tations	e organization ans organization entero Atta to www.irs.gov/Fo C. Dmplete if the required to co	wered "Yes" ad more than ch to Form 95 m990 for Ins organizat	ion Form 990, \$15,000 on F or Form 99 tructions and is part. the followin olicitation co olicitation co	raising or Gamin , Part IV, line 17, 18, or 1 form 990-EZ, line 6a. 30-EZ. d the latest information. ered "Yes" on For ng activities. Check of non-government grant draising events	e, or If the Employer identificati 23-702 m 990, Part IV, lin all that apply. grants	28224
or key employee b If "Yes," list the f	es listed in Form 990), Part VII) or er viduals or entitie	ntity in conr es (fundrais	ection with	(including officers, of n professional fundra ant to agreements u	aising services? Inderwhich the fund	Yes No
(i) Name and addre or entity (fun		(II) Activity	custody o	draiser have r control of outions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No	R.	0	0
2				P P S	N		
3						0	0
4				K		·····	
5			C .		0	0 0	0
6	····· · · · · · · · · · · · · · · · ·	*			0		0
7					0	0	0
8			1		0		
9					0	0	0
10	Ĉ				0	0	0
-	- A	Ì	1	1			Ŭ
Total . 3 List all states in registration or light		on is registered	l or license	d to solicit	contributions or has	0 been notified it is e	0 xempt from
·····	K-//						

						P-L	tulo C (Eorr Dan) acct

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

Schedule G (Form 990) 2022 ACLU FOUNDATION OF COLORADO, INC. Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990	00 7000004 0 0
more than \$15,000 of fundraising event contributions and gross income on Form events with gross receipts greater than \$5,000.	
(a) Event #1 (b) Event #2 (c) Other event type) (event type) (total number)	(d) Iblai events (add col. (a) through
1 Gross receipts	0 169,127
2 Less: Contributions 3 Gross income (line 1 minus	00
line 2)	169,127
4 Cash prizes	
5 Noncash prizes	0 0
6 Rent/facility costs 7 Food and beverages 8 Entertainment	0 0
7 Food and beverages	00
8 Entertainment	00
9 Other direct expenses	0 73,524
10 Direct expense summary. Add lines 4 through 9 in column (d). 11 Net income summary. Subtract line 10 from line 3, column (d).	(73,524)
Part III Gaming. Complete if the organization answered Yes on Form 990, Part IV, line	19, or reported more than
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant (c) Other ga	aming (d) Total gaming (add col. (a) through col. (c))
(a) Bingo (b) Pull tabs/instant (c) Other ga	
	0
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	
4 Rent/facility costs	0
5 Other direct expenses	0
6 Volunteer labor	%
7 Direct expense summary Add lines 2 through 5 in column (d)	(0)
8 Net gaming income summary. Subtract line 7 from line 1, column (d)	0
9 Enter the state(s) in which the organization conducts gaming activities:	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b [f "Yes," explain:

Schedule G (Form 990) 2022

Sched	ule G (Form 990) 2022	ACLU FOUNDATION OF COLORADO, INC.	23-7028224 Page 3
11	Does the organization of	conduct gaming activities with nonmembers?	Yes No
12	• •	antor, beneficiary or trustee of a trust, or a member of a partnership or other entity naritable gaming?	Yes No
13 a b 14	The organization's facili An outside facility .		3a % 3b %
	Name	\	
)
15a	-	have a contract with a third party from whom the organization receives gaming	
b		unt of gaming revenue received by the organization \$ and the	Yes No
Q		unt of gaming revenue received by the organization \$ and the nue retained by the third party \$ 0	
С		d address of the third party:	
	Nomo		
	Name		
	Address		
16	Gaming manager inform	nation:	
	Name		•••••••••••••••••••••••••••••••••••••••
	Gaming manager comp	pensation \$	
	Description of services	provided	
	Director/officer	Employee Independent contractor	
17	Mandatory distributions:	ired under state law to make charitable distributions from the gaming proceeds to	
а	retain the state gaming		Yes No
b	Enter the amount of dist	tributions required understate law to be distributed to other exempt organizations or	
Part	spent in the organization	n's own exercitor activities during the tax year \$ Information Provide the explanations required by Part I, line 2b, columns (i	$\frac{0}{(i)}$ and (y) : and
ı arı	Part III, lines 9,	, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in	formation.
	See instruction		
	•		
	4		
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	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
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Schedule G (Form 990) 2022

SCH	EDULE J	Com	pensation Information	L	OMB No. 1545-004					
(For	n 990)		Directors, Trustees, Key Employees, and Highe	st	20	าวว				
		Complete if the organi	Compensated Employees zation answered "Yes" on Form 990, Part IV, line	23.		022				
•	ment of the Treasury		Attach to Form 990.		Open					
	al Revenue Service	Go to www.irs.gov/Fo	orm990 for instructions and the latest informatio	ployer identification m		pectio	n			
	-	F COLORADO, INC.		23-702						
Par		s Regarding Compensation								
						Yes	No			
1a	990, Part VII, Sec	ction A, line 1a. Complete Part III to	rovided any of the following to or for a person list o provide any relevant information regarding the							
	First-class or		Housing allowance or residence for pe							
	Travel for com	•	Payments for business use of persona							
	$\equiv$	cation and gross-up payments	Health or social club dues or initiation							
	Discretionary	spending account	Personal services (such as maid chat	iffeur, chef)						
b			organization follow a written policy regarding pa s described above? If "No," complete Part III to							
	explain				1b	and and the state				
2			reimbursing or allowing expenses incurred by al			Fill a.S.	<u>a.</u>			
			Executive Director, regarding the items checked		2					
3	Indicate which, if organization's CE	any, of the following the organizati O/Executive Director. Check all th	ion used to establish the compensation of the at apply. Do not be any boxes for methods u	used by a						
			e CEO/Executive Director, but explain in Part II				5			
	Compensation	n committee	Watten employment contract			n an sa Gart ar tra Rational ar				
	Independent o	compensation consultant	Compensation survey or study		44 A.					
	Form 990 of o	ther organizations	X Approval by the board or compensation	n committee						
4		lid any person listed on Form 990, related organization:	Part (II, Section A, line 1a, with respect to the	filing						
а	Receive a severa	nce payment or change-of-control			4a		X			
b	Participate in or re	eceive payment from a supplement eceive payment from an equity-ba	ntal nonqualified retirement plan?		4b		X			
C	If "Yes" to any of	lines 4a-c, list the persons and pr	while the applicable amounts for each item in Pr	art III.	4c		X			
	Only section 501	(c)(3), 501(c)(4), and 501(c)(29)	, organizations must complete lines 5–9.							
5	For persons listed compensation con	on Form 990, Par VII, Section A, ntingent on the revenues of	, line 1a, did the organization pay or accrue any							
a	The organization?	?			5a		X			
b	Any related organ If "Yes" on line 5a	or 5b, describe in Part III.			5b		X			
6	For persons listed compensation con	on Form 990, Part VII, Section A, tringent on the net earnings of:	line 1a, did the organization pay or accrue any							
a	The organization		• • • • • • • • • • • • • • • • • • • •		6a		X			
b	If "Yes" on line 6a	or 6b describe in Part III.	*******		6b		<u>X</u>			
7			line 1a, did the organization provide any nonfix							
8	Were any amount	ts reported on Form 990, Part VII,	paid or accrued pursuant to a contract that was tions section 53.4 958-4 (a)(3)7f "Yes," describe	subject	7		X			
					8		х			
•	16 lb c 18 -				<u>BO</u>	Same?				
9		Leaf a function of the second s	e rebuttable presumption procedure described in	n	9					
For D		n Act Notice, see the Instructions		<u></u>						

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

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

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

	(B) Breakdown of W-2	and/or 1099-MISC and/or 1	099-NEC compensation		(D) Mastevalda		(E) Componention	
(A) Name and Title	(i) Base (ii) Bonus & incentive compensation compensation		(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
Deborah Richardson	166,362	**************************************			24,040	190,402		
_ 1 Executive Director				1	10,800	85,543		
Stephen J Meswarb	127,651				9,946	137,597		
2 Deputy Director	57,350				4,469	61,819		
(i) 3 (ii)	SPA							
4 (1)	~~~ (	)						
(i) (ii)								
6 (1)				 	 			
(i) (i) (ii)		<u></u>						
8 (i) (ii)				•				
(i) (ii)				6	[ 			
(i) (ii)			¥	10				
(i) (ii)					<u> </u>		 	
(i) (ii)					Sp			
(i) 13(ii)						}		
(i) (ii)							 	
(i) (ii)								
(i)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)(ii)_(ii)(ii)_(ii)(ii)_(ii)_(ii)(ii)_(ii)(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)_(ii)					 	 	 	

Schedule J (Form 990) 2022

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# Part III Supplemental Information

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

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Schedule J (Form 990) 2022

SCHEDULE O	90)         Complete to provide information for responses to specific questions on Form 990 or 990-E2 or to provide any additional information. Attach to Form 990 or 990-E2 or to provide any additional information. Attach to Form 990 or 990-E2 or to provide any additional information.         200           of the Treasury instance         Go to www.lrs.gov/Form990 for the latest information.         Employer identification number inspect           0. Part XII, Line 2C: The organization has a finance committee to regularily review the d financial statements once prepared. The finance committee also reviews the audit and auditors selected to prepare the year end reporting.         0.           0. Part XI, Section A, Line 8A: Semi-monthly board meetings are documented by written of the 990 prior to filing. The return is made available to all members of the pard.         0.           0. Part VI, Section B, Line 11A & 11B: The organization implements their conflict of interest review the 990 prior to filing. The return is made available to all members of the pard.         0.           0. Part VI, Section B, Line 12C: The organization implements their conflict of interest regarding hiring, board acceptance, and ongoing intake evaluations.         0.           0. Part VI, Section A, Line 15A & 15B: The organization there some any states and state state regarding hiring, board acceptance, and ongoing intake evaluations.         0.           0. Part VI, Section C, Line 15A & 15B: The organization makes recommendations based         0.           0. Part VI, Section C, Line 19 The organization makes recommendations based         0.           0. Part VI, Section C, Line 19	OMB No. 1545-0047		
(Form 990)		2022		
Form 990)       Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.       Image: Complete to provide any additional information. Attach to Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.       Image: Complete to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.       Image: Complete to provide any additional information.       Image: Complete to provide an	Open to Public Inspection			
Name of the organization			Employer Identif	ication number
ACLU FOUNDATION	OF COLORADO, INC.		23-7028224	
Form 990, Part XII, Lin	ne 2C: The organization has a finance committe	l ee to regularly review the		
unaudited financial sta	atements once prepared. The finance committee	e also reviews the audit	<b>&amp;</b>	
process and auditors	selected to prepare the year end reporting.			<b>\</b>
Form 990, Part VI, Se	ction A, Line 8A: Semi-monthly board meetings	are documented by written		4
minutes.				
Form 990, Part VI, Se	ction B, Line 11A & 11B: The organization's Dep	outy Director and Exe sutive	<b>)</b>	
Director review the 99	0 prior to filing. The return is made available to	all members of the		
voting board.		<u> </u>		
Form 990, Part VI, Se	ction B, Line 12C: The organization implements	s their confilet of interest		
policies regarding hirir	ng, board acceptance, and ongoing intake evaluation	lations		
Form 990, Part VI, Se	ction A, Line 15A & 15B: The organization has a	personnel committee that		
meets as needed to re	eview the position of Executive Director and main	kes recommendations based	tt	
on job performance ar	id other outside criteria regarding compensation	<u>.</u>		
Form 990, Part VII, Se	ection C, Line 19 The organization makes availa	able all public record		
files including audited	financial statements, Form 990, conflict of inter	est policies, and		
		uest.	•	
Form 990, Part XI, Lin	e 9: Special Events Expense			
				<b></b> -
{				
•				
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Scheide O (Form 940) 2022 Date Name of the organization ACLU FOUNDATION OF COLORADO, INC. 23-7028224	
Name of the organization ACLU FOUNDATION OF COLORADO, INC. 23-7028224	
Name of the organization       Employer Identification number         ACLU FOUNDATION OF COLORADO, INC.       23-7028224	23-7028224
Name of the organization Employer identification number ACLU FOUNDATION OF COLORADO, INC. 23-7028224	
Name of the organization       Employer Identification numb         ACLU FOUNDATION OF COLORADO, INC.       23-7028224	
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Name of the organization       Employer Identification number         ACLU FOUNDATION OF COLORADO, INC.       23-7028224	
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tame of the organization ACLU FOUNDATION OF COLORADO, INC. 23-7028224	
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	ganization Employer Identification number 23-7028224
Name of the organization ACLU FOUNDATION OF COLORADO, INC. 23-7028224	
Name of the organization ACLU FOUNDATION OF COLORADO, INC.	

(Form 990) Complete if the org	Prganizations anization answered "Yo Attack ww.irs.gov/Form990 for	es" on Form 990, I n to Form 990.	Part IV, line 33, 34, 35	b, 36, or 37.	Op		blic n
Part I Identification of Disregarded Entities. Com Name, address, and Elife (f applicable) of disregarded entity		tion answered " (b) ?rimary activity	Yes" on Form 990 (c) Legal domicile (state or foreign country)	(d)	(e) End-of-year assets	(f) Direct contro entity	biling
(1) (2)							
(3)							
		<b>A</b> .					
Part II Identification of Related Tax-Exempt Orga one or more related tax-exempt organizations (a) Name, address, and EIN of related organization	nizations. Complete s during the tax year (b) Primary activity		(d) Exempt Code s	(e)	(f) us Direct controllin	ig Section 5 conti	<b>g)</b> 512(b)(13) rolled
(1) ACLU of Colorado 84-0437750 303 East 17th Ave Suite 350 Denver, CO 80203	Membership	co	501(c)(4)		N/A	Yes	No X
(2)				DI			
(4)							

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

#### Schedule R (Form 990) 2022

### ACLU FOUNDATION OF COLORADO, INC.

Page Z
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Part III	Identification of because it had on	Related Organizate or more related	ations Taxable organizations (	as a Partners	ship. Cor artnership	nplete if	the organizative the tax year.	ation answ	ered "Ye	es" o	n Form 990,	Part IV,	line 3	4,
	(a) address, and EIN of ated organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e Predon income (i unrela exclude tax ur sections 5	) ninant related, ated, d from nder	(f) Share of totel income	(g) Share of end year asset	-of- Dispropo s alloca	bons?	(i) Code VUB amount in box of Schedule K (Form 1065)	20 mana -1 partr	ral or ging ler?	(k) Percentage ownership
(1)	4	$\sim$							Yes	No		Yes	No	
(2)													<u></u>	
(3)													-	
(4)		<del>Than a</del>		A										
(5)				A										
(6)				110	4									
.(7)				6										,
Part iV	Identification of IV, line 34, because	Related Organization se it had one or m	ations Taxable	as a Corpora anizations trea	tion or lated as a	rust. Co	mplete if th	e organiza during the	tion ans tax year	were	d "Yes" on f	Form 990	), Par	t
Nam	(a) e, address, and EIN of relate		(b) Primary activity	(0	) omicile	a Kin	biling Type	(e)	(f) Share of tota income	a1	(g) Share of end-of-year assets	(h) Percentage ownership	e Secti	(i) on 512(b)(13) controlled entity?
(1)										+			Ye	s No
						- 100							-	
									AN P		>		-	
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(6)														
(7)											uuu () //: /			

Schedule R (Form 990) 2022

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ACLU FOUNDATION OF COLORADO, INC.

Part V	Transactions With Related Organizations. Complete if the organization and	nswered "Yes" on Fo	orm 990, Part IV, line	34, 35b, or 36.			
Note: C	omplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 D	uring the tax year, did the organization engage in any of the following transactions with one	e or more related organ	izations listed in Parts I	II-IV?	翻翻譯		
a Re	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b G	ift, grant, or capital contribution to related organization(s).				1b		X
	ift, grant, or capital contribution from related organization(s).				<u>1c</u>		X
d Lo	bans or loan guarantees to or related organization(s)				1d		X
e Lo	pans or loan guarantees by related organization(s).				1e		X
f Di	ividends from related organization s			•	1f		Х
					1g		X
h Pu	ale of assets to related organization(s).	· · · · · · · · · · · · · · · · · · ·			1h		X
	change of assets with related organization(s)				1i		Х
j Le	ease of facilities, equipment, or other assets to related organization(s)				1j		Х
: <del>-</del> 795					WIR: PI		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
k Le	ease of facilities, equipment, or other assets from related organization(s)				1k	A particular a	X
I Pe	erformance of services or membership or fundraising solicitations for related organization(s	s)			11		X
m Pe	erformance of services or membership or fundraising solicitations by related organization(s	; s)			1m	-	X
n St	naring of facilities, equipment, mailing lists, or other assets with related organization(s).				1n	X	
o St	naring of paid employees with related organization(s)				10	Х	
					Carrier A	A CONTRACTOR	a ki
p Re	eimbursement paid to related organization(s) for expenses	A			1p		Х
q Re	eimbursement paid by related organization(s) for expenses	Ø			1q	Х	
					- <b>A</b>	10 - JUE	
r Ot	ther transfer of cash or property to related organization(s).				1r		Х
s Of	ther transfer of cash or property from related organization(s)	N			1s		X
2 If 1	the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, inclu	ding covered relationsh	ips and transactior	n thresh	olds.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of determin	d) ning amou	int involv	
		type (a-s)					
	of Colorado	n	<b>1</b> 89,209	Pro Rata % Year B	End		
				Pro Rata % Year I	Ind	1	
(2) ACLU	of Colorado	0	110131852				
				Pro Rata % Year I	Ind		
(3) ACLU	of Colorado	q	529,357				
(4)							
(5)						_	
(6)							

Page 4

## Part V: Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, ar		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	organiz	artners lion c)(3) ations?	(f) Share of total încome	(9) Share of end-of-year assets	Dispropalloca	h) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging ner?	(k) Percentag ownershij
					Yes	No	w		Yes	No		Yes	No	
)	<b>\$</b>										5			
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5)										İ				

Schedule R (Form 990) 2022

Schedule R (Fo	m 990) 2022 ACLU FOUNDATION OF COLORADO, INC.	23-7028224 Page
Part VII	Supplemental Information	See instructions
	Provide additional information for responses to questions on Schedule R	
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