Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Α	For the	2023 ca	lendar year, or tax year l	beginning			, and e	nding		-			
В	Check if a	applicable:	C Name of organization	GREAT EDUC	CATION COLO	ORADO AC	TION FUND		Employ	er identifi	ication numbe	r	
	Address of	change	Doing business as										
			Number and street (or P.O	. box if mail is not	delivered to stre	et address)	Room/suite	2	0-24655	00			
Ш	Name cha	ange	1355 S. COLORADO E	BLVD BLDG C			500	E	Telepho	ne numbe	r		
П	Initial retu	ırn	City or town		S	State	ZIP code	2	02 722 5	001			
Ħ			DENVER		(00	80222	3	03-722-5	901			
Ш	Final return	/terminated	Foreign country name	Foreign	province/state/co	ounty	Foreign posta	l code					
	Amended	l return						0	Gross re	eceipts \$		13	0,489
Ħ			E. Name and address of princ	ain al affica v								1., F	<u> </u>
Ш	Applicatio	n pending	F Name and address of princ	•					a group retur			7 7	X No
			LISA WEIL 809 STEEL	E ST, DENVE	R, CO 8020	<u> </u>		H(b) Are a	all subordina	ates includ	led?	Yes	No
1	Tax-exer	npt status:	501(c)(3) X 501(c)	(4	(insert no.)	4947(a)(1) or 527	If "No	o," attach a	list. See ir	nstructions		
_	Website	. \\/\/	VW.GREATEDUCATION	I ORG				H(a) Grou	p exemption	n numbor			
K	Form of o	organizatior	n: X Corporation Tr	ust Associa	tion Othe	er	L Ye	ar of formati	on: 200	7 M S	State of legal do	micile:	CO
F	Part I	Su	mmary										
	1		lescribe the organization	n's mission or i	nost significa	ant activitie	es: GRE	AT EDU	CATION	COLOR	RADO ACTI	ON FL	JND- T
S			E INDIVIDUALS OR GF										
an			IVES, AND BALLOT INI										
Activities & Governance										·	-4		
8	2	Check to		ganization disc						1 1	iei asseis.		_
<u>ب</u>	3		of voting members of the		• `					3			5_
S	4		of independent voting r							4			5
ij	5		ımber of individuals emp			23 (Part V,	line 2a) . .			5			0
츷	6	Total nu	ımber of volunteers (esti	mate if necess	sary)					6			6
¥	7a	Total un	related business revenu	ie from Part V	III, column (C	C), line 12				7a			0
	b	Net unre	elated business taxable	income from F	orm 990-T, I	art I, line	11			7b			,
					•				Prior Year	-	Curre	nt Year	
a)	8	Contribu	utions and grants (Part \	/III. line 1h).					10	02,421		13	80,000
ű	9		n service revenue (Part ՝							6,490			0
Revenue	10		ent income (Part VIII, co							5			489
æ	11		evenue (Part VIII, columi							0			409
								-	4.			40	0 400
	12		venue—add lines 8 throug							08,916		13	0,489
	13		and similar amounts paid						;	53,000			0
	14		paid to or for members					0					
es	15		, other compensation, emp						,	95,630			0
ns	16a		ional fundraising fees (P			;)				0			0
Expenses	b	Total fur	ndraising expenses (Par	t IX, column (I	D), line 25)		61						
ш	17	Other ex	xpenses (Part IX, colum	n (A), lines 11	a–11d, 11f–2	24e)			:	26,193		3	9,144
	18	Total ex	penses. Add lines 13–1	7 (must equal	Part IX, colu	mn (A), lin	e 25)		1	74,823		3	9,144
	19		e less expenses. Subtra							65,907			1,345
Net Assets or	3							Beginnin	g of Curre		End o	f Year	
ets	20	Total as	sets (Part X, line 16).							9,590		10	5,706
Ass	21		bilities (Part X, line 26) .							7,500			2,269
Net	22		ets or fund balances. Su							2,090			3,437
	art II		nature Block	ibiract iiiic Z i	IIOIII IIIIC 20	<u></u>	<u> </u>			2,000			70,401
			y, I declare that I have examine	d this return inclu	ding accompany	ing ashadular	and statements	and to the	hoot of my	knowloda	•		
			ect, and complete. Declaration of								5		
	20		ou, and complete Boolaration	o. p. opa. o. (oo	555. / 15 25			р. ора. о		ougo.	11/6/2024		
Sig	nn	Ciara							Dete		11/0/2024		
	g'''	Sign	ature of officer						Date	00			
He	_	ı ı̈o	ature of officer				EVE	OLITIVE					
	_	l ——	A WEIL				EXE	CUTIVE	DIRECT	JR			
	_	Туре	A WEIL or print name and title	1			EXE		DIRECTO	UK			
He	re	Туре	A WEIL		Preparer's signa	ature	EXE	Date	DIRECT	Г	PTIN		
He Pa	id	Type Prin	A WEIL e or print name and title t/Type preparer's name	<u>.</u>				Date		Check	if	55165	
Pa Pr	id eparer	Type Prin Pat	A WEIL or print name and title tt/Type preparer's name ricia DeLuna-Zickefoose	•	Patricia DeL			Date 11/6	6/2024	Check self-empl	if oyed P000	55165	5
Pa Pr	id	Type Prin Pat	A WEIL e or print name and title tt/Type preparer's name ricia DeLuna-Zickefoose n's name Patricia DeL	una-Zickefoo	Patricia DeLi se PC	una-Zickef		Date 11/6		Check self-empl	if P000	55165	5
Pa Pr	id eparer	Type Prin Pat	A WEIL e or print name and title tt/Type preparer's name ricia DeLuna-Zickefoose n's name Patricia DeL	•	Patricia DeLi se PC	una-Zickef		Date 11/6	6/2024	Check self-empl	if oyed P000	55165	5

20-2465500	Page 2

Pa	rt III	Check if Schedule O con			111								
1	Briefly des	scribe the organization's missi		daily line in this rait									
•	-	DUCATION COLORADO AC		SAN, STATEWIDE, NO	NPROFIT DEDICATED TO								
		NG INVESTMENT IN PUBLIC				 HE							
		ATION REACHES THE MOS											
	VOCAL &	UNITED ADVOCATES, FOR	MORE & WISER INVESTME	NT IN PUBLIC EDUCA	\TION								
2		ganization undertake any sigr			not listed on								
	the prior Form 990 or 990-EZ?												
_	-												
3		ganization cease conducting,	-			v [V] N							
	services?												
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by												
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,												
	•	xpenses, and revenue, if any,	. , .		r grants and anocations to of	.11013,							
		, , , , , , , , , , , , , , , , , , , ,	1 3 1										
4a	(Code:) (Expenses \$	35,823 including g	rants of \$) (Revenue \$)							
		IG INDIVUDALS OR GROUP				TIVES							
	OR BALL	OT INITIATIVES, INCLUDING	PREPARING MATERIAL FO	OR PRESENTATIONS,	DEVELOPING EMAIL								
	COMMUN	IICATIONS AND SOCIAL ME	DIA CONTENT.										
				*									
4b	(Code:) (Expenses \$	including g	rants of \$) (Revenue \$)							
			······································										
													
			•••										
			\										
			<i>L</i>										
4c	(Code:) (Expenses \$	including g	rants of \$) (Revenue \$)							
	,												
		·											
4d	Other prog	gram services (Describe on S	chedule O.)										
	(Expenses		luding grants of \$	0)(Revenue	\$ 0)								
4e	Total prod	ram service expenses	35,823										

Form 990 (2023) GREAT EDUCATION COLORADO ACTION FUND 20-2465500 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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. Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt 9 Χ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 Χ 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 11a Χ Χ c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. . . 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X. 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 13 14a **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 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 17 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20a **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.....

20b

Part IV

Checklist of Required 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b		24b		Χ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		V
٨	to defease any tax-exempt bonds?	24c 24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24 u		^
_00	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b				
	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		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		V
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		V
b	"Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		^
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	32		Х
33	complete Schedule N, Part II	32		^
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	Χ	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	254		
36	entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," complete Schedule R, Part V, line 2	35b		
50	organization? If "Yes," 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		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Щ
4	Enter the number reported in hey 2 of Form 4006. Enter 0. if not englished.		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	10	X	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		V
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?	5b		Х
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		_
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Oa		 ^
~	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- U.S		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		—
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	00		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	110		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		├^
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
		15		Х
	excess parachute payment(s) during the year?	15		Ĥ
46	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
4-	If "Yes," complete Form 4720, Schedule O.			
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		
	If "Yes," complete Form 6069.			

Part VI

Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		Χ
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a		Х
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)		 -
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	GREAT EDUCATION COLORADO ACTION FUND (303) 722-5901			
	1355 S COLORADO BLVD STE 500 DENVER CO 80222			

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Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	more rson	than or is both a br/truste Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SUE CATTERALL BOARD CHAIR	0.50 0.00	X		X				0	0	0
(2) JANE VAN HAMME	0.50			^				0	0	0
TREASURER	1.00			Х				0	0	0
(3) SEAN BURKE	0.50									
DIRECTOR	1.00							0	0	0
(4) KRISTI HARGROVE	0.50	4								
DIRECTOR	1.00	Χ						0	0	0
(5) CODY OSTENSON DIRECTOR	0.50 0.00	Х						0	0	0
(6) LISA WEIL	1.00	^						0	0	0
EXECUTIVE DIRECTOR	40.00			Х				0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)		:								
(13)										
(14)										

Form **990** (2023)

orm (990 (2023)	CDEAT	EDUCATION COLO	DADO ACTION E	רואום								20-2465	5500	D	age 8
	rt VII		ficers, Directors, T			es.	and	ł Hi	ahes	t Co	ompensated Fm				Pa	ige o
		(A) Name and title		(B) Average hours	(do i	not ch unle:	Pos neck ss pe	c) ition more	than o	one i an	(D) Reportable compensation	(E) Reporta	ble	Estim	(F) ated amo	ount
				per week (list any hours for related organizations below dotted line)	or director				Highest compensated employee	_	from the	from rela organization 1099-MI 1099-NE	ated s (W-2/ SC/	con f orga	npensation of the organization organization	and
15)					-											
16)																
<u>17)</u>																
18)																
19)																
20)										"	9					
21)						1										
22)					/											
23)					V											
24)																
25)																
											0		0			0
c d	Total (ad	d lines 1b and									0		0			0
2			ls (including but not from the organization		sted a	abov	/e) v	vho	recei	ved	more than \$100),000 of				0
3		•	ny former officer, di Yes," complete Sche		-				•		ompensated		ſ	3	Yes	No X
1	For any ir	ndividual listed o	n line 1a, is the sum red organizations gro	of reportable cor	npen: 00? <i>Ii</i>	satio	on a es,"	nd c	other oplete	con	npensation from hedule J for suc			4		X
5			ine 1a receive or ac he organization? <i>If</i> "	•			-			_			Ţ	5		Х
Sect	ion B. Ind	lependent Cont	ractors	•										-		
1			our five highest comp ganization. Report o													
			(A) Name and business a	ddress							(B) Description of ser	vices	C	(C) ompen		
																0
																0

0

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

Form 990 (2023)
Part VIII

Statement of	f Revenu
--------------	----------

		Check if Schedule O contains a response or r	note to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S (6	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	0				
Gra	С	Fundraising events	0				
ts, An	d	Related organizations	0				
Gif Iar		Government grants (contributions) 1e	0				
ä,	e	- ,	U				
ion Si	f	All other contributions, gifts, grants, and	400 000				
out he		similar amounts not included above 1f	130,000				
o <u>f</u>	g	Noncash contributions included in					
Son		lines 1a–1f	\$ 0				
Эв	h	Total. Add lines 1a–1f		130,000			
			Business Code				
ce	2a			0			
ه ∑	b			0			
gram Serv Revenue	С			0			
E ≥	d			0			
jra Re	•			0			
Program Service Revenue	•	All other program service revenue		0			
₫							
	g	Total. Add lines 2a–2f		0			
	3	Investment income (including dividends, interest,					
		other similar amounts)		489			489
	4	Income from investment of tax-exempt bond prod	ceeds	0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)	0				
	7a	Gross amount from (i) Securities	(ii) Other	J			
	, u	sales of assets					
			0				
ø.		,	0				
Revenue	b	Less: cost or other basis					
Ve.		and sales expenses 7b 0	0				
Re.	С	Gain or (loss) 7c 0	0				
er	d			0			
oth	8a	Gross income from fundraising					
0		events (not including \$0					
		of contributions reported on line 1c).					
		See Part IV, line 18 8a	0				
	b	Less: direct expenses 8b	0				
	С	Net income or (loss) from fundraising events		0			
	_	Gross income from gaming activities.					
	ou	See Part IV, line 19 9a	0				
	L		0				
	b		v	0			
	С	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	0				
	b	Less: cost of goods sold 10b	0				
	С	Net income or (loss) from sales of inventory	<u> </u>	0			
တ			Business Code				
on e	11a			0			
scellaneo Revenue	b			0			
e ∏a Ve	C			0			
Re	4	All other revenue		0			
Miscellaneous Revenue	u	Total. Add lines 11a–11d		0			
					^	^	400
	12	Total revenue. See instructions		130,489	0	0	489

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note t	o any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	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	0			
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	· · · · · · · · · · · · · · · · · · ·	0			
4	Benefits paid to or for members	U			
5	Compensation of current officers, directors,	0			
•	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	. 0			
11	Fees for services (nonemployees):		•		
а	Management	0			
b	Legal	0			
C	Accounting	1,909		1,909	
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	0			
13	Office expenses	48		48	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
46	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0	_		
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	830		830	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)	10		40	
a	MEMBERSHIP DUES	10	0.000	10	
b	ALLOCATED OVERHEAD EXPENSE	2,253	2,223	27	3
C	RESEARCH ALLOCATED STAFF EXPENSE	24.004	22.000	400	F0
d	All other expense	34,094	33,600	436	58
e 25	All other expenses	0	05.000	0.000	0.1
25	Total functional expenses. Add lines 1 through 24e	39,144	35,823	3,260	61
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

20-2465500

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X .			
			(A)		(B)
			Beginning of year		End of year
	1	Cash—non-interest-bearing	0	1	
	2	Savings and temporary cash investments	9,590	2	105,706
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	.0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	0'	8	
∢	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	9,590	16	105,706
	17	Accounts payable and accrued expenses	7,500	17	12,269
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ĭ		trustee, key employee, creator or founder, substantial contributor, or 35%			
ia ja		controlled entity or family member of any of these persons	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete			•
		Part X of Schedule D	7.500	25	0
	26	Total liabilities. Add lines 17 through 25	7,500	26	12,269
Ses		Organizations that follow FASB ASC 958, check here X			
an		and complete lines 27, 28, 32, and 33.			
Bal	27	Net assets without donor restrictions	2,090	27	93,437
힏	28	Net assets with donor restrictions	0	28	
֡֡֡֝֝֝֝ ֡		Organizations that do not follow FASB ASC 958, check here			
7		and complete lines 29 through 33.			
ts (29	Capital stock or trust principal, or current funds	0	29	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
Ą	31	Retained earnings, endowment, accumulated income, or other funds	0	31	00.407
Net Assets or Fund Balances	32	Total net assets or fund balances	2,090	32	93,437
_	33	Total liabilities and net assets/fund balances	9,590	33	105,706

If "Yes," did the organization undergo the required audit 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

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Uniform Guidance, 2 C.F.R. Part 200, Subpart F?.

Form **990** (2023)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.

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

Name of the organization

GREAT EDUCATION COLORADO ACTION FUND

Organization type (check one):

Employer identification number

20-2465500

Organization type (check one).					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization				
[4947(a)(1) nonexempt charitable trust not treated as a private foundation				
[527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
]	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Note: Only a section 501(c)(7), (8 instructions. General Rule X For an organization filing or more (in money or proposition for more) and in the contribution of the	red by the General Rule or a Special Rule .), or (10) organization can check boxes for both the General Rule and a Special Rule. See Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a titions. iibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or mm any one contributor, during the year, total contributions of the greater of (1) \$5,000; or ii) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. iibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, proses, or for the prevention of cruelty to children or animals. Complete Parts I (entering do fithe contributor name and address), II, and III. iibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, contributions exclusively for religious, charitable, etc., purposes, but no such a than \$1,000. If this box is checked, enter here the total contributions that were received by solvely religious, charitable, etc., purpose. Don't complete any of the parts unless the his organization because it received nonexclusively religious, charitable, etc., contributions urring the year				

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).

Name of organization
GREAT EDUCATION COLORADO ACTION FUND

Employer identification number 20-2465500

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A Foreign State or Province: Foreign Country:	\$130,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number**

GREAT EDUCATION COLORADO ACTION FUND 20-2465500 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (b) (d) from FMV (or estimate) Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Name of org	anization UCATION COLORADO ACTION FUND			Employer identification number 20-2465500
Part III	Exclusively religious, charitable, etc., comparison of the year the following line entry. For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	rear from any o completing Part r. (Enter this inf	one contributor. Complet III, enter the total of exc formation once. See instr	ed in section 501(c)(7), (8), or ete columns (a) through (e) and lusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and b		ransfer of gift Relations	nip of transferor to transferee
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a	ZIP + 4	ransfer of gift Relations	nip of transferor to transferee
	For. Prov. Country	• · ·		
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and a		ransfer of gift Relationsl	nip of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(с) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and b		ransfer of gift	nip of transferor to transferee
	For. Prov. Country			

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification numbe

GREAT EDUCATION COLORADO ACTION FUND Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements . . . **c** Number of conservation easements on a certified historic structure included on line 2a . . . 2c Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. 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. **b** Assets included in Form 990, Part X.

Part	Organizations Maintaining Co	llections of Art, I	<u> Historica</u>	l Treasures, or	Other Similar Asse	ts (conti	nued)	
3	Using the organization's acquisition, acce	ssion, and other red	ords, chec	k any of the follow	ing that make significar	nt use of it	s	
	collection items (check all that apply).							
а	Public exhibition	(d Lo	an or exchange pi	rogram			
b	Scholarly research	•	• O1	her				
С	c Preservation for future generations							
4								
5								
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Part	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?		-		other assets not			No
b	If "Yes," explain the arrangement in Part 3					Ш.,	<i>,</i>	110
		·	_			Amount		
С	Beginning balance				. 1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			0
2a	Did the organization include an amount of	n Form 990, Part X,	line 21, fo	escrow or custod	ial account liability?	Ye	s X	No
b	If "Yes," explain the arrangement in Part 2	XIII. Check here if th	ne explana	ion has been prov	ided in Part XIII...			
Part	V Endowment Funds.							
	Complete if the organization ans	wered "Yes" on F	orm 990,	Part IV, line 10.				
		(a) Current year	(b) Prior yea	(c) Two years	s back (d) Three years back	ck (e) Fo	ur years	back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses		1					
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	0		0	0	0		0
2	Provide the estimated percentage of the		ance (line	1g, column (a)) he	ld as:			
а	Board designated or quasi-endowment	%						
b	Permanent endowment	%						
С	Term endowment %	,—						
•	The percentages on lines 2a, 2b, and 2c s	·						
3a	Are there endowment funds not in the pos	ssession of the orga	inization th	at are neid and ad	ministered for the	İ	Vaa	Na
	organization by: (i) Unrelated organizations					2-(:)	Yes	No
	.,					3a(i)		
h	(ii) Related organizations					3a(ii) 3b		
ь 4	Describe in Part XIII the intended uses of		•			30	ļ	
			, idowillell	idildo.				
rart	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
	Description of property	(a) Cost or other I) Cost or other basis	(c) Accumulated		ook value	е
		(investment)		(other)	depreciation			
1a	Land		0	0				0
b	Buildings	·	0	0	-			0
С	Leasehold improvements		0	0	-			0
d	Equipment		0	0	-			0
<u>e</u>	Other		0	0	0			0
Total	naa iinee ta throllah 1e /('Allimh /d) muu	ET AGUSI EARM (ICIA) I	JOH Y IINA	THE COLLIMN (PI)	J			(1

Part VII	Investments—Other Securities. Complete if the organization answered "	Yes" on Form 990	Part IV, line 11b. See Form 990, Part X, line 1	12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	
	(including name of security)	(b) book value	Cost or end-of-year market value	
(1) Financia	ll derivatives	0		
(2) Closely I	held equity interests	0		
(3) Other				
(A)				
(B)				
			A	
(H)	n (h) must squal Form 000 Port V line 12 and (PI)	0		
	n (b) must equal Form 990, Part X, line 12, col. (B)).	U		
Part VIII	Investments—Program Related. Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 1	3.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)		* .*		
(5)				
(6)		*		
(7)			•	
(8)		<u> </u>		
(9)				
	n (b) must equal Form 990, Part X, line 13, col. (B)).	0		
Part IX	Other Assets.	V = 000	Deat IV Nov. 44 L Over France 2000 Deat V. Nov. 4	
			Part IV, line 11d. See Form 990, Part X, line 1	15.
(4)	(a) Descrip	ption	(b) Book value	
(1)				
(2) (3)				
(4)		-		
(5)				
(6)				
(7)	X			
(8)				
(9)	()			
	ımn (b) must equal Form 990, Part X, line 15, c	ol. (B))		0
Part X	Other Liabilities. Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11e or 11f. See Form 990, Part X	ζ,
	line 25.		·	
1.	(a) Descripti	ion of liability	(b) Book value	
	I income taxes			0
(2)	▼			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ump (b) must squal Form 000 Port V line 05 -	ol (P))		
	ımn (b) must equal Form 990, Part X, line 25, c			0
	r uncertain tax positions. In Part XIII, provide the tex s liability for uncertain tax positions under FASB AS		e text of the footnote has been provided in Part XIII	

4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 4 1	420.400
1	Total revenue, gains, and other support per audited financial statements	1	130,489
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a			
b			
c d			
u e		2e	0
3	Subtract line 2e from line 1	3	130,489
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	J	100,400
а			
b			
C		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	130,489
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	39,144
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	, ,		
С			
d			
е		2e	0
3	Subtract line 2e from line 1	3	39,144
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a		_	
b		40	0
С 5	Add lines 4a and 4b	4c 5	0 39,144
	t XIII Supplemental Information.		39,144
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	Part \/ line 4: [Part Y line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		art A, iii ic
<u></u>	it ext., into 24 and 15, and 1 are xii, into 24 and 15. Yield complete the part to provide any additional into in	mation	
		mation.	

Schedule D (Fo	rm 990) 2023	GREAT EDUCATION COLORADO ACTION FUND	20-2465500	Page 5
Part XIII	Supplem	GREAT EDUCATION COLORADO ACTION FUND ental Information (continued)		
		• • • • • • • • • • • • • • • • • • • •		
		X		
		~		

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

GREAT EDUCATION COLORADO ACTION FUND	20-2465500
Form 990, Part VI, Section B, Line 11B: A DRAFT OF THE FORM 990 IS PROVIDED TO BC	OARD AND
EXECUTIVE DIRECTOR BEFORE FILING	
Form 990, Part VI, Section B, Line 12C: EACH BOARD MEMBER IS REQUIRED TO SIGN A	N ANNUAL
STATEMENT ATTESTING TO THEIR INDEPENDENCE AND THEIR COMPLIANCE WITH 1	THE ORGANIZATION'S
CONFLICT OF INTEREST POLICY.	
Form 990, Part VI, Section C, Line 19: THE ORGANIZATION MAINTAINS COPIES OF ITS C	SOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS IN ITS	ADMINISTRATIVE OFFICES
FOR USE BY ANY REQUESTING PARTY UPON REASONABLE REQUEST.)
• • • • • • • • • • • • • • • • • • •	

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
GREAT EDUCATION COLORADO ACTION FUND	20-2465500
	•
	-
	<i>J</i> .)
<i>C</i> .	
• ()	
•	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

(b)

(c)

(d)

Total income

(e)

Open to Public Inspection

(f)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(a)

Part I

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

Name of the organization Employer identification number GREAT EDUCATION COLORADO ACTION FUND 20-2465500

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	Name, address, and EIN (if applicable) of disregarded entity		Primary	y activity		domicile (state reign country)	Total income	End-	of-year assets		control entity	ling
<u>(1)</u>												
(2)												
(3)				•								
(4)												
(5)												
(6)												
	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations d			ne organiza	tion ar	nswered "Yes'	on Form 990,	Part	IV, line 34, b	ecause	e it ha	ad
	(a) Name, address, and EIN of related organization	Primar	(b) y activity	(c) Legal domicile or foreign co		(d) Exempt Code sect	(e) ion Public charity (if section 501		(f) Direct contro entity	_	contro	12(b)(13) olled ty?
1355 S. COLO	DRADO BLVD STE 500 DENVER, CO 80222	NONPROF	FIT	СО		501(C)(3)	LINE 7		N/A		Yes	No X
(3)												
(4)												
(5)												
(6)										\dashv		
(7)		-								+		
For Paperwor	k Reduction Act Notice, see the Instructions for Form 9	90		1					Schedule	R (For	m 990	2023

	f Related Organizat						ed "Ye	es" or	n Form 990	Part	IV, line	: 34,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h Dispropo allocat		(i) Code V—UB amount in box of Schedule K (Form 1065)	20 m	(j) eneral or lanaging partner?	(k) Percentage ownership
(4)				,			Yes	No	-	Ye	s No	
(1)												
(2)												
(3)												
(4)												
(5)						9						
(6)												
(7)				V								
Part IV Identification of IV. line 34, becau	f Related Organizat use it had one or mo	ions Taxable	as a Corpora	ation or Trust. C	complete if the	e organizatio during the tax	n ansv k vear	wered	d "Yes" on f	orm 9	990, Pa	art
(a) Name, address, and EIN of rela		(b) Primary activity	(c') (d) pmicile Direct cont	rolling Type	(e) of entity Sha	(f) are of tota ncome	al	(g) Share of nd-of-year assets	(h) Percen owners	tage Se	(i) ection 512(b)(13) controlled entity?
(1)		1)								<u> </u>	es No
(2)												
(3)	$\rightarrow 0$											
(4)												

(5)

(6)

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 1a Χ 1b 1c 1d 1f Х Χ 1q 1h 1i Lease of facilities, equipment, or other assets to related organization(s) 1i Χ Lease of facilities, equipment, or other assets from related organization(s) 1k Χ Performance of services or membership or fundraising solicitations for related organization(s). Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 1n Sharing of paid employees with related organization(s)....... 10 Reimbursement paid to related organization(s) for expenses . . . 1p Reimbursement paid by related organization(s) for expenses . . . 1a Other transfer of cash or property to related organization(s). 1r Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (c) Name of related organization Transaction Amount involved Method of determining amount involved type (a-s) CASH (1) GREAT EDUCATION COLORADO 130.000 (3) (4)

Part VI 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.

or gross revenue) that was not a related								(1-)	(1)	,		(14)
(a)	(b)	(c)	(d)		e)	(f)	(g)	(h)	(i)		j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related,	Are all p	partners tion	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V—UBI amount in box 20	mana	ral or	Percentage ownership
		country)	unrelated, excluded		c)(3)	total income	assets		of Schedule K-1	part	ner?	Ownership
		country)	from tax under		ations?		docoto		(Form 1065)	pur		
			sections 512-514)	Ů								
				Yes	No			Yes No		Yes	No	
(1)												
_(1)												
(2)												
(3)												
_(3)												
-												
(4)												
						* • • • • • • • • • • • • • • • • • • •						
(E)												
(5)												
_(6)												
-3-/												
(T)										ł		
_(7)				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
			*	4	_							
(8)												
_397												
												
(9)												
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(11)												
(12)												
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(13)												
(14)												
(14)												
(15)			1									1
(46)												
(16)	-											
												<u> </u>

Schedule R (For	n 990) 2023	GREAT EDUCATION COLORADO ACTION FUND	20-2465500	Page 5
Part VII	Supplem	nental Information		
	Provide a	additional information for responses to questions on Schedule R. See	instructions.	
		<u>-</u>		
		·/···		
		V		
		▼		

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

iora rax	Exempt Entity
For calendar year 2023, or fiscal year beginning	, 2023, and ending

, 2023, and ending _____, 20 ____

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

Name of filer	EIN or SSN
GREAT EDUCATION COLORADO ACTION FUND	20-2465500
Name and title of officer or person subject to tax	
LISA WEIL	EXECUTIVE DIRECTOR
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check form was black for the return being filed with this form was black form 5330 filers may entered -0- on the reapplicable line below. Do not complete more than one line in Part I. 1a Form 990 check here	neck the box on line 1a, 2a, 3a, 4a, ank, then leave line 1b, 2b, 3b, 4b, eturn, then enter -0- on the 1, line 12)
Part II Declaration and Signature Authorization of Officer or Person Subject	to Tax
Under penalties of perjury, I declare that X I am an officer of the above entity or GREAT EDUCATION COLORADO ACTION FUNE, (EIN) 20-2465500 and the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proceeding the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to init (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the fiprocessing of the electronic payment of taxes to receive confidential information necessary to answer inquisite payment. I have selected a personal identification number (PIN) as my signature for the electronic return electronic funds withdrawal.	at I have examined a copy of the deliberth belief, they are true, correct, and ic return. I consent to allow my and to receive from the IRS (a) and the return or refund, and (c) it is an electronic funds withdrawal of the federal taxes owed on this e U.S. Treasury Financial Agent at mancial institutions involved in the ries and resolve issues related to
PIN: check one box only	
I authorize Patricia DeLuna-Zickefoose PC to enter my PIN ERO firm name	80222 as my signature Enter five numbers, but do not enter all zeros
on the tax year 2023 electronically filed return. If I have indicated within this return that a a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authenter my PIN on the return's disclosure consent screen. X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my electronically filed return. If I have indicated within this return that a copy of the return is regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return.	norize the aforementioned ERO to v signature on the tax year 2023 being filed with a state agency(ies)
Signature of officer or person subject to tax	Date 11/14/2024
Part III Certification and Authentication	_
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 841	58958365 enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-IRS e-file Providers for Business Returns.	
ERO's signature Patricia DeLuna-Zickefoose Date	11/14/2024
ERO Must Retain This Form—See Instructions Do Not Submit This Form to the IRS Unless Requested	

Form 8879-TE

Department of the Treasury Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

•	•
2022	and anding

For calendar year 2023, or fiscal year beginning Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2023

EIN or SSN Name of filer GREAT EDUCATION COLORADO ACTION FUND 20-2465500 Name and title of officer or person subject to tax LISA WEIL **EXECUTIVE DIRECTOR** Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here **b Total revenue**, if any (Form 990-EZ, line 9) Form 1120-POL check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). Form 990-PF check here **5a Form 8868** check here 6a Form 990-T check here Form 4720 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here 8b 9a Form 5330 check here 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here . . . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that ____ I am an officer of the above entity or ____ I am a person subject to tax with respect to (name of entity) GREAT EDUCATION COLORADO ACTION FUNE (EIN) 20-2465500 and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize Patricia DeLuna-Zickefoose PC to enter my PIN 80222 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 11/6/2024 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 84158958365 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Patricia DeLuna-Zickefoose FRO's signature Date **ERO Must Retain This Form—See Instructions**

Do Not Submit This Form to the IRS Unless Requested To Do So