

Filed 5/5/22

STATE OF COLORADO
SECRETARY OF STATE



Registration Statement
For Colorado Charitable Organizations

Renewal

Registration Number: 20203026633

Renewal Id: 20223011558

1. Organization's name: LIVING HER LEGACY

2. Organization's principal address and any other Colorado offices:

Street address: 843 CORONADO AVE

City: FORT COLLINS State: CO Zip: 80526 Country: United States

Mailing address (if different): 2519 SHIELDS ST., #132

City: FORT COLLINS State: CO Zip: 80526 Country: United States

Telephone number: 970-217-4196 Fax number: _____

Email: JUDITH.BARTH@COLOSTATE.EDU

Web site: WWW.LIVINGHERLEGACY.ORG

3. Describe the organization's exempt purpose:

THE LIVING HER LEGACY ORGANIZATION PRESENTS TO THE FORT COLLINS COMMUNITY AND GUESTS A PUBLIC ART/EDUCATION EXHIBIT SHARING THE LOCAL IMPACT OF HISTORIC AND CONTEMPORARY WOMEN. OUR VISION IS TO RECOGNIZE WOMEN'S ACCOMPLISHMENTS AND TO INSPIRE GIRL'S FUTURES. OUR MISSION IS TO INSPIRE WOMEN AND GIRLS TO DISCOVER THEMSELVES THROUGH THE MANY TALENTS, CONTRIBUTIONS, AND ACHIEVEMENTS OF WOMEN, BOTH PAST AND PRESENT, IN OUR FORT COLLINS COMMUNITY. RECOGNIZING WOMEN'S ACCOMPLISHMENTS TO INSPIRE GIRLS AND WOMEN TO CREATE THEIR OWN LEGACIES.

4. FEIN (Federal Employer Identification Number): 83-1940794

5. Has the organization applied for or been granted IRS tax exempt status? : Yes

Date of determination letter, or of application if determination is pending: 09/10/2020

If tax exempt, IRS code: 501(C)(3)

Are contributions to the organization tax deductible?: Yes

6. List the NTEE code(s) that best describes your organization:

ARTS, CULTURE & HUMANITIES
EDUCATION
YOUTH DEVELOPMENT

7. Other names under which organization solicits:

8. Custodian of organization's financial records:

Name: BARTH, JUDITH A

Phone Number: 970-217-4196

Email: JUDITH.BARTH@COLOSTATE.EDU

President/Board Chair:

Name: JUDITH, BARTH A

Phone Number: 9702174196

Email: JUDITH.BARTH@COLOSTATE.EDU

9. Names of officers, directors, trustees, and executive personnel of the charitable organization:

Name: SMITH, PATTI

Title: EXECUTIVE DIRECTOR

Name: SMITH, JASON

Title: VICE PRESIDENT

Name: OKEKE, UJUNWA MELVIS
Title: DIRECTOR

Name: ENYINNAYA, JOY
Title: DIRECTOR

Name: BARTH, JUDITH
Title: PRESIDENT

Name: KOLACZ, SHELIA
Title: DIRECTOR

Name: MC PHAIL, CHRISTOPHER
Title: DIRECTOR

10. Name of authorized officer who signed this registration statement:

Name: JUDITH BARTH
Date: 05/05/2022