



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**  
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2013**  
**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization COLORADO 4-H FOUNDATION GROUP Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 4040 CAMPUS DELIVERY City or town, state or province, country, and ZIP or foreign postal code FORT COLLINS, CO 805234040	<b>D</b> Employer identification number 46-4830470 <b>E</b> Telephone number (970) 491-1537 <b>G</b> Gross receipts \$ 2,143,226
<b>F</b> Name and address of principal officer GARY SMALL 4040 CAMPUS DELIVERY FORT COLLINS, CO 805234040		<b>H(a)</b> Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number <input checked="" type="checkbox"/> 5947
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <input checked="" type="checkbox"/> HTTP://WWW.COLORADO4H.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation <b>M</b> State of legal domicile

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities FUNDS ARE PROVIDED TO OFFSET COSTS ASSOCIATED WITH LOCAL, STATE, REGIONAL, AND NATIONAL 4-H PROGRAMS AND CONFERENCES TO ALLOW MORE YOUTH TO PARTICIPATE			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		12
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		12
<b>5</b>	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>		0
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		3,316
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		0
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>		<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	366,549		606,799
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0		0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,815		14,945
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	923,239		1,034,582
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,298,603		1,656,326
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0		144,716
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0		0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,127,554		1,498,153
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,127,554		1,642,869	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	171,049		13,457	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>		<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	171,049		184,506
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	0		0

**Part II Signature Block**

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

<b>Sign Here</b>	***** Signature of officer	2015-05-12 Date			
	GARY SMALL EXECUTIVE DIRECTOR Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KIMBERLY A RYAN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00829977
	Firm's name <input checked="" type="checkbox"/> RUBINBROWN LLP			Firm's EIN <input checked="" type="checkbox"/> 43-0765316	
	Firm's address <input checked="" type="checkbox"/> 1900 16TH STREET SUITE 300 DENVER, CO 80202			Phone no (303) 698-1883	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part 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  
FUNDS ARE PROVIDED TO OFFSET COSTS ASSOCIATED WITH LOCAL, STATE, REGIONAL, AND NATIONAL 4-H PROGRAMS AND CONFERENCES TO ALLOW MORE YOUTH TO PARTICIPATE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 1,642,869 including grants of \$ 144,716 ) (Revenue \$ )  
FUNDS ARE PROVIDED TO OFFSET COSTS ASSOCIATED WITH LOCAL, STATE, REGIONAL, AND NATIONAL 4-H PROGRAMS AND CONFERENCES TO ALLOW MORE YOUTH TO PARTICIPATE IN THE PROGRAMS

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** 1,642,869

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		No
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> <input checked="" type="checkbox"/>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>20b</b>		

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>		No
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>		No
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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.		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
<b>4a</b>	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)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		No
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	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? . . . . .		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	Yes	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<b>7a</b>	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? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	Yes	
<b>10b</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? . . . . .	Yes	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		No
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		No
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		No
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		No
<b>15b</b>	Other officers or key employees of the organization . . . . .		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</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? . . . . .		

**Section 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 GARY SMALL 4040 CAMPUS DELIVERY  
 FORT COLLINS, CO 80523 (970) 491-1537





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>	173,510				
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	433,289				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	606,799				
<b>Program Service Revenue</b>	<b>2a</b>	_____ Business Code _____					
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	14,945			14,945	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)				
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses				
			<b>c</b> Gain or (loss)				
	<b>d</b>	Net gain or (loss) . . . . .					
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	1,323,394			
			<b>b</b> Less direct expenses . . . . . <b>b</b>	486,900			
<b>c</b> Net income or (loss) from fundraising events . . . . .			836,494			836,494	
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue	Business Code					
<b>11a</b>	MISCELLANEOUS INCOME	900099	198,088	198,088			
		<b>b</b>					
		<b>c</b>					
		<b>d</b> All other revenue . . . . .					
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .	198,088					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .	1,656,326	198,088	0	851,439		

**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 to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	85,668	85,668		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22	59,048	59,048		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages				
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b>	Other employee benefits				
<b>10</b>	Payroll taxes				
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal				
<b>c</b>	Accounting				
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
<b>12</b>	Advertising and promotion	1,368	1,368		
<b>13</b>	Office expenses				
<b>14</b>	Information technology				
<b>15</b>	Royalties				
<b>16</b>	Occupancy	4,795	4,795		
<b>17</b>	Travel	4,320	4,320		
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings	115	115		
<b>20</b>	Interest				
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization				
<b>23</b>	Insurance				
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
<b>a</b>	ACTIVITIES	816,427	816,427		
<b>b</b>	SUPPLIES	277,201	277,201		
<b>c</b>	MISCELLANEOUS EXPENSES	263,215	263,215		
<b>d</b>	DUES	65,236	65,236		
<b>e</b>	All other expenses	65,476	65,476		
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	1,642,869	1,642,869	0	0
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	171,049	<b>1</b>	184,506
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b>		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	171,049	<b>16</b>	184,506	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	171,049	<b>32</b>	184,506
<b>33</b> Total net assets or fund balances . . . . .	171,049	<b>33</b>	184,506	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	171,049	<b>34</b>	184,506	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,656,326
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,642,869
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	13,457
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	171,049
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	184,506

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>2c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 46-4830470  
**Name:** COLORADO 4-H FOUNDATION GROUP

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AARON HELUS CHAPTER LEADER	5 00			X				0	0	0
ALAN DEAN CHAPTER LEADER	5 00			X				0	0	0
ALETA LEBARON CHAPTER LEADER	5 00			X				0	0	0
ALISON SNIDER CHAPTER LEADER	5 00			X				0	0	0
AMANDA CARPENTER CHAPTER LEADER	5 00			X				0	0	0
AMANDA FLOWERS CHAPTER LEADER	5 00			X				0	0	0
AMANDA WISEMON CHAPTER LEADER	5 00			X				0	0	0
AMBER SPENCE CHAPTER LEADER	5 00			X				0	0	0
AMBER WOOD CHAPTER LEADER	5 00			X				0	0	0
AMY DAN HOPPE CHAPTER LEADER	5 00			X				0	0	0
AMY COOKSEY CHAPTER LEADER	5 00			X				0	0	0
AMY DECKER CHAPTER LEADER	5 00			X				0	0	0
AMY FRINK CHAPTER LEADER	5 00			X				0	0	0
AMY HENSCHEN CHAPTER LEADER	5 00			X				0	0	0
AMY KELLEY CHAPTER LEADER	5 00			X				0	0	0
AMY MCFARLAND CHAPTER LEADER	5 00			X				0	0	0
AMY PHILLIPS CHAPTER LEADER	5 00			X				0	0	0
ANGIE HARPER CHAPTER LEADER	5 00			X				0	0	0
ANGIE KNUITSEN CHAPTER LEADER	5 00			X				0	0	0
ANGIE LADEAU CHAPTER LEADER	5 00			X				0	0	0
ANITA BALLINGER CHAPTER LEADER	5 00			X				0	0	0
ANITA HOXIE CHAPTER LEADER	5 00			X				0	0	0
ANITA SMITH CHAPTER LEADER	5 00			X				0	0	0
ANN ARCHULETA CHAPTER LEADER	5 00			X				0	0	0
ANN IRWIN CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANNA LINDT CHAPTER LEADER	5 00			X				0	0	0
ANNE BRECKHEIMER CHAPTER LEADER	5 00			X				0	0	0
ANNE HANSEN CHAPTER LEADER	5 00			X				0	0	0
ANNE KNUTSON CHAPTER LEADER	5 00			X				0	0	0
ASHLEY LYNCH CHAPTER LEADER	5 00			X				0	0	0
AUDREY HASE CHAPTER LEADER	5 00			X				0	0	0
BARB TOOMEY-MONCRIEF CHAPTER LEADER	5 00			X				0	0	0
BARBARA MANZANARES CHAPTER LEADER	5 00			X				0	0	0
BARBARA ZEUTZIUS CHAPTER LEADER	5 00			X				0	0	0
BARRY ACTON CHAPTER LEADER	5 00			X				0	0	0
BECKY HEIDENREICH CHAPTER LEADER	5 00			X				0	0	0
BECKY LEACH CHAPTER LEADER	5 00			X				0	0	0
BECKY LENZ CHAPTER LEADER	5 00			X				0	0	0
BEKI SCHRODER CHAPTER LEADER	5 00			X				0	0	0
BEN DUKE CHAPTER LEADER	5 00			X				0	0	0
BETTY HOOD CHAPTER LEADER	5 00			X				0	0	0
BEVELY SHELDEN CHAPTER LEADER	5 00			X				0	0	0
BEVERLEE KYFFIN CHAPTER LEADER	5 00			X				0	0	0
BILL AND MYLEA CARWIN CHAPTER LEADER	5 00			X				0	0	0
BJ BECKY REESE CHAPTER LEADER	5 00			X				0	0	0
BOB DEBBIE HOMM CHAPTER LEADER	5 00			X				0	0	0
BONNIE LONG CHAPTER LEADER	5 00			X				0	0	0
BRANDI ATKINSON CHAPTER LEADER	5 00			X				0	0	0
BRECHEN SANTERAMO CHAPTER LEADER	5 00			X				0	0	0
BRECHEN SANTERANO CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRENDA SCOTT GARCIA CHAPTER LEADER	5 00			X				0	0	0
BRENDA BALLARD CHAPTER LEADER	5 00			X				0	0	0
BRENDA RALEY CHAPTER LEADER	5 00			X				0	0	0
BRETT REDDEN CHAPTER LEADER	5 00			X				0	0	0
BRIDGET HOLCOMB CHAPTER LEADER	5 00			X				0	0	0
BRITA HORN CHAPTER LEADER	5 00			X				0	0	0
BRUCE HAVENS CHAPTER LEADER	5 00			X				0	0	0
BRYAN HAFFNER CHAPTER LEADER	5 00			X				0	0	0
CALEY GREDIG LISA JENKINS CHAPTER LEADER	5 00			X				0	0	0
CAMMIE JANSSEN CHAPTER LEADER	5 00			X				0	0	0
CANDICE PATTON CHAPTER LEADER	5 00			X				0	0	0
CAREN SCALVA CHAPTER LEADER	5 00			X				0	0	0
CARLA ELLIOTT CHAPTER LEADER	5 00			X				0	0	0
CARMAN JOHNSON CHAPTER LEADER	5 00			X				0	0	0
CARMAN MURRAY CHAPTER LEADER	5 00			X				0	0	0
CARMEN PORTER CHAPTER LEADER	5 00			X				0	0	0
CAROL HEUPEL CHAPTER LEADER	5 00			X				0	0	0
CAROL KOON CHAPTER LEADER	5 00			X				0	0	0
CAROL WEBER CHAPTER LEADER	5 00			X				0	0	0
CAROLINE SMITH CHAPTER LEADER	5 00			X				0	0	0
CARRIE ESPINOSA CHAPTER LEADER	5 00			X				0	0	0
CARRIE JACOBUCCI CHAPTER LEADER	5 00			X				0	0	0
CARYL PEARCE CHAPTER LEADER	5 00			X				0	0	0
CASEY KING CHAPTER LEADER	5 00			X				0	0	0
CATE RITCHEY CHAPTER LEADER	5 00			X				0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CONNIE DREITZ CHAPTER LEADER	5 00			X				0	0	0
CONNIE MANTELLI CHAPTER LEADER	5 00			X				0	0	0
COREY TERESA TRAXLER CHAPTER LEADER	5 00			X				0	0	0
CORI LAYTON CHAPTER LEADER	5 00			X				0	0	0
CRAIG JACKSON CHAPTER LEADER	5 00			X				0	0	0
CRYSTAL MILLER CHAPTER LEADER	5 00			X				0	0	0
CURT SOEHNER CHAPTER LEADER	5 00			X				0	0	0
CYNDI HOFMEISTER CHAPTER LEADER	5 00			X				0	0	0
DALE ANDERSON CHAPTER LEADER	5 00			X				0	0	0
DALE O'DONNELL CHAPTER LEADER	5 00			X				0	0	0
DANA BARTH CHAPTER LEADER	5 00			X				0	0	0
DANA GETTEL CHAPTER LEADER	5 00			X				0	0	0
DANA HANSON CHAPTER LEADER	5 00			X				0	0	0
DANELLE ENER CHAPTER LEADER	5 00			X				0	0	0
DANETTE MEYER CHAPTER LEADER	5 00			X				0	0	0
DANI OWEN CHAPTER LEADER	5 00			X				0	0	0
DARLENE BUGLOVSKY CHAPTER LEADER	5 00			X				0	0	0
DAVID CHRISTENSEN CHAPTER LEADER	5 00			X				0	0	0
DAVID GARNAS CHAPTER LEADER	5 00			X				0	0	0
DAVID JUNCK CHAPTER LEADER	5 00			X				0	0	0
DAVID LIND CHAPTER LEADER	5 00			X				0	0	0
DAWN ARNT CHAPTER LEADER	5 00			X				0	0	0
DAWN MASSEY CHAPTER LEADER	5 00			X				0	0	0
DAWN OLIVO CHAPTER LEADER	5 00			X				0	0	0
DAWN SAMMONS CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAWN WHEELER CHAPTER LEADER	5 00			X				0	0	0
DEANNA CHRISTENSEN CHAPTER LEADER	5 00			X				0	0	0
DEB BORT CHAPTER LEADER	5 00			X				0	0	0
DEB VONFELDT CHAPTER LEADER	5 00			X				0	0	0
DEBBIE ALPE CHAPTER LEADER	5 00			X				0	0	0
DEBBIE HAGERBRENDA HINDMARSH CHAPTER LEADER	5 00			X				0	0	0
DEBBIE THALHAMER CHAPTER LEADER	5 00			X				0	0	0
DEBBIE WELLMAN CHAPTER LEADER	5 00			X				0	0	0
DEBI ANTHONY CHAPTER LEADER	5 00			X				0	0	0
DEBORAH PEDERSEN CHAPTER LEADER	5 00			X				0	0	0
DEE SCHOENDALLER CHAPTER LEADER	5 00			X				0	0	0
DEIDRE BRINKLEY-JONES CHAPTER LEADER	5 00			X				0	0	0
DELORES COMSTOCK CHAPTER LEADER	5 00			X				0	0	0
DENISE ANDERSON CHAPTER LEADER	5 00			X				0	0	0
DENISE JENKINS AND D'ANN HEBBERD CHAPTER LEADER	5 00			X				0	0	0
DENISE SMITH CHAPTER LEADER	5 00			X				0	0	0
DENISE STOVALL CHAPTER LEADER	5 00			X				0	0	0
DENISE TARBUTTON CHAPTER LEADER	5 00			X				0	0	0
DENNY HODGSON CHAPTER LEADER	5 00			X				0	0	0
DESA WATSON CHAPTER LEADER	5 00			X				0	0	0
DEVIN ENGLE CHAPTER LEADER	5 00			X				0	0	0
DIANE BLOCKER CHAPTER LEADER	5 00			X				0	0	0
DIXIE GIBBENS CHAPTER LEADER	5 00			X				0	0	0
DON BREHM CHAPTER LEADER	5 00			X				0	0	0
DONALD JOHNSTON CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA COLCORD CHAPTER LEADER	5 00			X				0	0	0
DONNA GARNETT CHAPTER LEADER	5 00			X				0	0	0
DONNA MAE HOOTS CHAPTER LEADER	5 00			X				0	0	0
DONNA SOROKA CHAPTER LEADER	5 00			X				0	0	0
DONNA VALENCICH CHAPTER LEADER	5 00			X				0	0	0
DORI MEKELBURG CHAPTER LEADER	5 00			X				0	0	0
DOUG LINTON CHAPTER LEADER	5 00			X				0	0	0
DOUG SHIRACK CHAPTER LEADER	5 00			X				0	0	0
EDDIE CARRIE COMISKY CHAPTER LEADER	5 00			X				0	0	0
ERIC WILLIAMS CHAPTER LEADER	5 00			X				0	0	0
ERICA SCHWEITZ CHAPTER LEADER	5 00			X				0	0	0
ERIN SNEED CHAPTER LEADER	5 00			X				0	0	0
ERIN VAN PEER CHAPTER LEADER	5 00			X				0	0	0
FAY FLICK CHAPTER LEADER	5 00			X				0	0	0
FELICIA CASTO CHAPTER LEADER	5 00			X				0	0	0
FOREST YEAGER CHAPTER LEADER	5 00			X				0	0	0
FRAN SNYDER CHAPTER LEADER	5 00			X				0	0	0
GINA GRISENTI CHAPTER LEADER	5 00			X				0	0	0
GLENDIA FARNER CHAPTER LEADER	5 00			X				0	0	0
GLENN SANGER CHAPTER LEADER	5 00			X				0	0	0
GLORIA CUNDALL CHAPTER LEADER	5 00			X				0	0	0
GREG ENGEL CHAPTER LEADER	5 00			X				0	0	0
GREG FELSON CHAPTER LEADER	5 00			X				0	0	0
GREG HANOUW CHAPTER LEADER	5 00			X				0	0	0
GREGG HARTMAN CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREY MELLO CHAPTER LEADER	5 00			X				0	0	0
GWEN NELSON CHAPTER LEADER	5 00			X				0	0	0
HAROLD BLACKHAM CHAPTER LEADER	5 00			X				0	0	0
HEATHER JENKINS CHAPTER LEADER	5 00			X				0	0	0
HEIDI GRIFFITH CHAPTER LEADER	5 00			X				0	0	0
HEIDI SIMPSON CHAPTER LEADER	5 00			X				0	0	0
HELEN RODGERS CHAPTER LEADER	5 00			X				0	0	0
HELENA GERKIN CHAPTER LEADER	5 00			X				0	0	0
HOLLY PERCIVAL CHAPTER LEADER	5 00			X				0	0	0
IVY MCNULTY CHAPTER LEADER	5 00			X				0	0	0
JACK WHEELER CHAPTER LEADER	5 00			X				0	0	0
JACKIE BOTTINI CHAPTER LEADER	5 00			X				0	0	0
JACKIE PAGE AND SHONDA KING CHAPTER LEADER	5 00			X				0	0	0
JACOB CONNIE ROBINSON CHAPTER LEADER	5 00			X				0	0	0
JACQUE BURRIS CHAPTER LEADER	5 00			X				0	0	0
JAMES SMITH CHAPTER LEADER	5 00			X				0	0	0
JAMIE BROWN KELLI PITTINGTON CHAPTER LEADER	5 00			X				0	0	0
JANE LENTZ CHAPTER LEADER	5 00			X				0	0	0
JANET LOWE CHAPTER LEADER	5 00			X				0	0	0
JANET SHEARER CHAPTER LEADER	5 00			X				0	0	0
JANICE DIXON CHAPTER LEADER	5 00			X				0	0	0
JASON CRYSTAL FOOSE CHAPTER LEADER	5 00			X				0	0	0
JEAN MEINZER CHAPTER LEADER	5 00			X				0	0	0
JEAN SEYMOUR CHAPTER LEADER	5 00			X				0	0	0
JEANNETTE LEFFLER CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEANNIE JENKINS CHAPTER LEADER	5 00			X				0	0	0
JENNA SONNTAG CHAPTER LEADER	5 00			X				0	0	0
JENNIFER CRAIG CHAPTER LEADER	5 00			X				0	0	0
JENNIFER DONNELLY CHAPTER LEADER	5 00			X				0	0	0
JENNIFER HART CHAPTER LEADER	5 00			X				0	0	0
JENNIFER HUDSON CHAPTER LEADER	5 00			X				0	0	0
JENNIFER WHEELING CHAPTER LEADER	5 00			X				0	0	0
JENNY WOOD CHAPTER LEADER	5 00			X				0	0	0
JERRI HARTMAN CHAPTER LEADER	5 00			X				0	0	0
JESSICA ADAMS CHAPTER LEADER	5 00			X				0	0	0
JESSICA PAYNE CHAPTER LEADER	5 00			X				0	0	0
JILL PARKER CHAPTER LEADER	5 00			X				0	0	0
JILL YOUNG CHAPTER LEADER	5 00			X				0	0	0
JIM CYRENA CONLAN CHAPTER LEADER	5 00			X				0	0	0
JIMETTA BRASSINGTON CHAPTER LEADER	5 00			X				0	0	0
JOANN MCENDREE STEVE JAMIE MCENDRE CHAPTER LEADER	5 00			X				0	0	0
JOAN PIGON CHAPTER LEADER	5 00			X				0	0	0
JOANN BUSING CHAPTER LEADER	5 00			X				0	0	0
JOANNE AND GRANT ARY CHAPTER LEADER	5 00			X				0	0	0
JODI CORLISS CHAPTER LEADER	5 00			X				0	0	0
JODI KLASSEN CHAPTER LEADER	5 00			X				0	0	0
JODI POOLE CHAPTER LEADER	5 00			X				0	0	0
JODI ZEIER CHAPTER LEADER	5 00			X				0	0	0
JODY RED LEE CHAPTER LEADER	5 00			X				0	0	0
JODY GRIFFINKATHY WOLYN CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JODY KELLY CHAPTER LEADER	5 00			X				0	0	0
JOE AND PETER JAHELKA CHAPTER LEADER	5 00			X				0	0	0
JOHN BONNIE LOGAN CHAPTER LEADER	5 00			X				0	0	0
JOHN HINNERS CHAPTER LEADER	5 00			X				0	0	0
JOLYNN METCALF CHAPTER LEADER	5 00			X				0	0	0
JON WANGNILD CHAPTER LEADER	5 00			X				0	0	0
JONATHAN VRABEC CHAPTER LEADER	5 00			X				0	0	0
JONNA NEGUS-PEMBERTON CHAPTER LEADER	5 00			X				0	0	0
JOY PRATHER CHAPTER LEADER	5 00			X				0	0	0
JUDI BLUM CHAPTER LEADER	5 00			X				0	0	0
JULEE MEINERS CHAPTER LEADER	5 00			X				0	0	0
JULIA HENRICH CHAPTER LEADER	5 00			X				0	0	0
JULIA HURDELBRINKMARY ELLEN FLEMING CHAPTER LEADER	5 00			X				0	0	0
JULIANE FRITZ CHAPTER LEADER	5 00			X				0	0	0
JULIE HURST-FARNHAM CHAPTER LEADER	5 00			X				0	0	0
JULIE MELBYE CHAPTER LEADER	5 00			X				0	0	0
JULIE ROUSH CHAPTER LEADER	5 00			X				0	0	0
JUSTIN ANGELA WYLIE CHAPTER LEADER	5 00			X				0	0	0
JUSTINE DILL CHAPTER LEADER	5 00			X				0	0	0
KARA RUDNICK CHAPTER LEADER	5 00			X				0	0	0
KAREN HOFFNER CHAPTER LEADER	5 00			X				0	0	0
KAREN HUBER CHAPTER LEADER	5 00			X				0	0	0
KARI DAVIS CHAPTER LEADER	5 00			X				0	0	0
KATHIE KRALIK CHAPTER LEADER	5 00			X				0	0	0
KATHY ACTON CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHY BUTLERNANCY NELLIGAN CHAPTER LEADER	5 00			X				0	0	0
KATHY CURCIO CHAPTER LEADER	5 00			X				0	0	0
KATHY WOLFE CHAPTER LEADER	5 00			X				0	0	0
KATI O'HARE CHAPTER LEADER	5 00			X				0	0	0
KATIE BOBOWSKI CHAPTER LEADER	5 00			X				0	0	0
KATIE NAGEL CHAPTER LEADER	5 00			X				0	0	0
KATIE WARFILED CHAPTER LEADER	5 00			X				0	0	0
KATY VINCENT CHAPTER LEADER	5 00			X				0	0	0
KAYE KASZA CHAPTER LEADER	5 00			X				0	0	0
KAYLYN WILSONVALORIE MORTENSEN CHAPTER LEADER	5 00			X				0	0	0
KEITH FENLEY CHAPTER LEADER	5 00			X				0	0	0
KELLE BROWN CHAPTER LEADER	5 00			X				0	0	0
KELLY GLOVER CHAPTER LEADER	5 00			X				0	0	0
KELLY ROTENBERRY CHAPTER LEADER	5 00			X				0	0	0
KELLY SEELHOFF CHAPTER LEADER	5 00			X				0	0	0
KELLY SUTHERLIN CHAPTER LEADER	5 00			X				0	0	0
KELLY UHRIG CHAPTER LEADER	5 00			X				0	0	0
KEN HENSON CHAPTER LEADER	5 00			X				0	0	0
KENDRA SCOTT CHAPTER LEADER	5 00			X				0	0	0
KENDRA WALTER CHAPTER LEADER	5 00			X				0	0	0
KIM GAUNA CHAPTER LEADER	5 00			X				0	0	0
KIM LATOSKI CHAPTER LEADER	5 00			X				0	0	0
KIM MADSEN CHAPTER LEADER	5 00			X				0	0	0
KIM MARTINTODD KINGJODI MAHAFFEY CHAPTER LEADER	5 00			X				0	0	0
KIM O'NEILL CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KIM VERNON CHAPTER LEADER	5 00			X				0	0	0
KIMRA DOUGLASS CHAPTER LEADER	5 00			X				0	0	0
KINDRA PLUMB CHAPTER LEADER	5 00			X				0	0	0
KRIS ELLIOTT CHAPTER LEADER	5 00			X				0	0	0
KRIS STEVENS CHAPTER LEADER	5 00			X				0	0	0
KRISTEN SCHAFFNER CHAPTER LEADER	5 00			X				0	0	0
KRISTIANNA ANDERSON CHAPTER LEADER	5 00			X				0	0	0
KRISTIN STEPHENS CHAPTER LEADER	5 00			X				0	0	0
KRISTY TEAL CHAPTER LEADER	5 00			X				0	0	0
KURT JONES CHAPTER LEADER	5 00			X				0	0	0
LACEY MANN CHAPTER LEADER	5 00			X				0	0	0
LARAY GATES CHAPTER LEADER	5 00			X				0	0	0
LARRY RODENBURG CHAPTER LEADER	5 00			X				0	0	0
LAURA BOLDT CHAPTER LEADER	5 00			X				0	0	0
LAURA JOHNSON CHAPTER LEADER	5 00			X				0	0	0
LAURA MAIN CHAPTER LEADER	5 00			X				0	0	0
LAURA STORM CHAPTER LEADER	5 00			X				0	0	0
LAURE GONGAWARE CHAPTER LEADER	5 00			X				0	0	0
LAUREN WALLACE CHAPTER LEADER	5 00			X				0	0	0
LEANN DUNCAN CHAPTER LEADER	5 00			X				0	0	0
LEISA CARSON CHAPTER LEADER	5 00			X				0	0	0
LEON SPELTS CHAPTER LEADER	5 00			X				0	0	0
LESLIE LOCKARD CHAPTER LEADER	5 00			X				0	0	0
LESLIE PETERSON CHAPTER LEADER	5 00			X				0	0	0
LINDA GRATER CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA MOORES CHAPTER LEADER	5 00			X				0	0	0
LINDA MUNHOLLAND CHAPTER LEADER	5 00			X				0	0	0
LINDA SMITH CHAPTER LEADER	5 00			X				0	0	0
LINDA SQUIBB CHAPTER LEADER	5 00			X				0	0	0
LINDA UNRUH CHAPTER LEADER	5 00			X				0	0	0
LISA BOLAND CHAPTER LEADER	5 00			X				0	0	0
LISA COOPER CHAPTER LEADER	5 00			X				0	0	0
LISA MEGEL CHAPTER LEADER	5 00			X				0	0	0
LISA MIRABITO CHAPTER LEADER	5 00			X				0	0	0
LISA PALMER CHAPTER LEADER	5 00			X				0	0	0
LISA SCOTT CHAPTER LEADER	5 00			X				0	0	0
LISA WALLACE CHAPTER LEADER	5 00			X				0	0	0
LISA WALSH CHAPTER LEADER	5 00			X				0	0	0
LISSAH NORCROSS CHAPTER LEADER	5 00			X				0	0	0
LIZ CHANDLER CHAPTER LEADER	5 00			X				0	0	0
LIZ RUTTER CHAPTER LEADER	5 00			X				0	0	0
LORETTA YOUNG CHAPTER LEADER	5 00			X				0	0	0
LORI DELEHOY CHAPTER LEADER	5 00			X				0	0	0
LORI GUILLORY CHAPTER LEADER	5 00			X				0	0	0
LORI RAE HAMILTON CHAPTER LEADER	5 00			X				0	0	0
LORIE LAUTENBACH CHAPTER LEADER	5 00			X				0	0	0
LORRAE MOON CHAPTER LEADER	5 00			X				0	0	0
LORRI ARNHOLD CHAPTER LEADER	5 00			X				0	0	0
LU BOREN CHAPTER LEADER	5 00			X				0	0	0
LUANN NITSCH CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LYNN JOHNSON CHAPTER LEADER	5 00			X				0	0	0
LYNN MYERS CHAPTER LEADER	5 00			X				0	0	0
LYNN SCHWARTZ CHAPTER LEADER	5 00			X				0	0	0
ML SAMUEL CHAPTER LEADER	5 00			X				0	0	0
MADELAINE LAMM CHAPTER LEADER	5 00			X				0	0	0
MANDY HILL CHAPTER LEADER	5 00			X				0	0	0
MARCIA RHOADS CHAPTER LEADER	5 00			X				0	0	0
MARGUERITE YOWELL CHAPTER LEADER	5 00			X				0	0	0
MARIAN PHILLIPS CHAPTER LEADER	5 00			X				0	0	0
MARIE ADAMS CHAPTER LEADER	5 00			X				0	0	0
MARILYN LASICH CHAPTER LEADER	5 00			X				0	0	0
MARILYN WENTZ CHAPTER LEADER	5 00			X				0	0	0
MARK BRENNEMAN CHAPTER LEADER	5 00			X				0	0	0
MARK KARNS CHAPTER LEADER	5 00			X				0	0	0
MARK NIESLANIK CHAPTER LEADER	5 00			X				0	0	0
MARKLEY WALSH CHAPTER LEADER	5 00			X				0	0	0
MARSHA BENJAMIN CHAPTER LEADER	5 00			X				0	0	0
MARSHA ENCKE CHAPTER LEADER	5 00			X				0	0	0
MARSHA SLEPICKA CHAPTER LEADER	5 00			X				0	0	0
MARTHA STENDER CHAPTER LEADER	5 00			X				0	0	0
MARTI CUDE CHAPTER LEADER	5 00			X				0	0	0
MARTIN TELCK CHAPTER LEADER	5 00			X				0	0	0
MARY ALTON CHAPTER LEADER	5 00			X				0	0	0
MARY BALDWIN CHAPTER LEADER	5 00			X				0	0	0
MARY BETH FISHER CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY ELLEN LEBLANC CHAPTER LEADER	5 00			X				0	0	0
MARY ENDSLEY CHAPTER LEADER	5 00			X				0	0	0
MARY GORE CHAPTER LEADER	5 00			X				0	0	0
MARY LANZAVECCHIA CHAPTER LEADER	5 00			X				0	0	0
MARY LOVITTY CHAPTER LEADER	5 00			X				0	0	0
MARY OLGUIN CHAPTER LEADER	5 00			X				0	0	0
MARY O'MALLEY CHAPTER LEADER	5 00			X				0	0	0
MARY PARENTI CHAPTER LEADER	5 00			X				0	0	0
MARY STEPHENS CHAPTER LEADER	5 00			X				0	0	0
MATT TARA LEMON CHAPTER LEADER	5 00			X				0	0	0
MELANIE BOHREN CHAPTER LEADER	5 00			X				0	0	0
MELANIE ERICKSON CHAPTER LEADER	5 00			X				0	0	0
MELINDA SHADE CHAPTER LEADER	5 00			X				0	0	0
MELISSA CAPE CHAPTER LEADER	5 00			X				0	0	0
MELODY SEMLER CHAPTER LEADER	5 00			X				0	0	0
MELONIE NESS CHAPTER LEADER	5 00			X				0	0	0
MICHAEL MORFORD CHAPTER LEADER	5 00			X				0	0	0
MICHAEL MOSCHETTI CHAPTER LEADER	5 00			X				0	0	0
MICHELLE HARRINGTON CHAPTER LEADER	5 00			X				0	0	0
MICHELLE KOUNS CHAPTER LEADER	5 00			X				0	0	0
MICHELLE LEHMANN CHAPTER LEADER	5 00			X				0	0	0
MICHELLE RICHIE CHAPTER LEADER	5 00			X				0	0	0
MICHELLE STRONG CHAPTER LEADER	5 00			X				0	0	0
MIKE KELLEY CHAPTER LEADER	5 00			X				0	0	0
MIKE LITZENBERGER CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MINDA WITT CHAPTER LEADER	5 00			X				0	0	0
MOLLY MENDOZA CHAPTER LEADER	5 00			X				0	0	0
MOLLY YATES CHAPTER LEADER	5 00			X				0	0	0
MONICA MILLS CHAPTER LEADER	5 00			X				0	0	0
NADINE HENRY CHAPTER LEADER	5 00			X				0	0	0
NANCY DAY CHAPTER LEADER	5 00			X				0	0	0
NANCY KELLER CHAPTER LEADER	5 00			X				0	0	0
NANCY WEBER CHAPTER LEADER	5 00			X				0	0	0
NANCY WHITE CHAPTER LEADER	5 00			X				0	0	0
NANETTE HAWK CHAPTER LEADER	5 00			X				0	0	0
NICOLE WALLACE CHAPTER LEADER	5 00			X				0	0	0
NICOLETTE AHRENS CHAPTER LEADER	5 00			X				0	0	0
NIKKI HOBBY CHAPTER LEADER	5 00			X				0	0	0
NIKKI SHANNON CHAPTER LEADER	5 00			X				0	0	0
PAM HAYNES CHAPTER LEADER	5 00			X				0	0	0
PAM LONG CHAPTER LEADER	5 00			X				0	0	0
PAM PENNINGTON CHAPTER LEADER	5 00			X				0	0	0
PAM PRIEST CHAPTER LEADER	5 00			X				0	0	0
PAM WEBBER CHAPTER LEADER	5 00			X				0	0	0
PAT ALGER CHAPTER LEADER	5 00			X				0	0	0
PAT KUHLMANN CHAPTER LEADER	5 00			X				0	0	0
PATRICIA MORGAN CHAPTER LEADER	5 00			X				0	0	0
PATTY CHURCHWELL CHAPTER LEADER	5 00			X				0	0	0
PATTY ZIEGLER CHAPTER LEADER	5 00			X				0	0	0
PAULETTE WAGGONER CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PEGGY STACEY RUSHTON CHAPTER LEADER	5 00			X				0	0	0
PEGGY EDSON CHAPTER LEADER	5 00			X				0	0	0
PET KJOSNESS CHAPTER LEADER	5 00			X				0	0	0
RACHEL NICHOLS CHAPTER LEADER	5 00			X				0	0	0
RAE CLARK CHAPTER LEADER	5 00			X				0	0	0
RANDY SCHOENECKER CHAPTER LEADER	5 00			X				0	0	0
REBA HOSKINS CHAPTER LEADER	5 00			X				0	0	0
REBECCA GRIFFIN CHAPTER LEADER	5 00			X				0	0	0
REGINA BIVENS CHAPTER LEADER	5 00			X				0	0	0
RENAE NEILSON CHAPTER LEADER	5 00			X				0	0	0
RENE ADAMS CHAPTER LEADER	5 00			X				0	0	0
RENEE HARRIS CHAPTER LEADER	5 00			X				0	0	0
RENEE WATTERS CHAPTER LEADER	5 00			X				0	0	0
RHINA SOFELO CHAPTER LEADER	5 00			X				0	0	0
RHONDA GRAHAM CHAPTER LEADER	5 00			X				0	0	0
RHONDA LEDFORD CHAPTER LEADER	5 00			X				0	0	0
RICK GRENFELL CHAPTER LEADER	5 00			X				0	0	0
RITA JOHNSTON CHAPTER LEADER	5 00			X				0	0	0
ROBERTA CHASE CHAPTER LEADER	5 00			X				0	0	0
ROD HODGE CHAPTER LEADER	5 00			X				0	0	0
ROD JOHNSON CHAPTER LEADER	5 00			X				0	0	0
ROGER COLE CHAPTER LEADER	5 00			X				0	0	0
ROSIE SCANLON CHAPTER LEADER	5 00			X				0	0	0
ROSS BALLARD CHAPTER LEADER	5 00			X				0	0	0
RUSS MORRIS CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RYSHELL SCHRADER CHAPTER LEADER	5 00			X				0	0	0
SARAH MILLER CHAPTER LEADER	5 00			X				0	0	0
SHANE RIDER CHAPTER LEADER	5 00			X				0	0	0
SHANI MCBRIDE CHAPTER LEADER	5 00			X				0	0	0
SHANNA BAKER CHAPTER LEADER	5 00			X				0	0	0
SHANNON HARDMANARNELL MCCLELLAN CHAPTER LEADER	5 00			X				0	0	0
SHARON BLACKHAM CHAPTER LEADER	5 00			X				0	0	0
SHARON GUTHRIE CHAPTER LEADER	5 00			X				0	0	0
SHARON O'PATIK CHAPTER LEADER	5 00			X				0	0	0
SHARON PEINE CHAPTER LEADER	5 00			X				0	0	0
SHAWN BOHALL CHAPTER LEADER	5 00			X				0	0	0
SHAWNY COMER CHAPTER LEADER	5 00			X				0	0	0
SHAYLEN FLOREZ CHAPTER LEADER	5 00			X				0	0	0
SHEILA CFANADAY CHAPTER LEADER	5 00			X				0	0	0
SHEILA JOHNSON CHAPTER LEADER	5 00			X				0	0	0
SHELIA KELLEY CHAPTER LEADER	5 00			X				0	0	0
SHELLEY RIESTER CHAPTER LEADER	5 00			X				0	0	0
SHELLY DICKINSON CHAPTER LEADER	5 00			X				0	0	0
SHELLY FRIGETTO CHAPTER LEADER	5 00			X				0	0	0
SHELLY MOORMAN CHAPTER LEADER	5 00			X				0	0	0
SHELLY SMITH CHAPTER LEADER	5 00			X				0	0	0
SHERA KIESS CHAPTER LEADER	5 00			X				0	0	0
SHERIE HAYES CHAPTER LEADER	5 00			X				0	0	0
SHERRI JERNIGAN CHAPTER LEADER	5 00			X				0	0	0
SHERRY FREESE CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERYL CAMMARATA CHAPTER LEADER	5 00			X				0	0	0
SHIRLEY THYNE CHAPTER LEADER	5 00			X				0	0	0
SONYA VANDERGRIFF CHAPTER LEADER	5 00			X				0	0	0
STACY FARMER CHAPTER LEADER	5 00			X				0	0	0
STEPHANIE DAVID CHAPTER LEADER	5 00			X				0	0	0
STEPHANIE WARBOYS CHAPTER LEADER	5 00			X				0	0	0
STEPHEN AMY WALTERS CHAPTER LEADER	5 00			X				0	0	0
STEVE KONIECZKA CHAPTER LEADER	5 00			X				0	0	0
STEVEN VILLYARD CHAPTER LEADER	5 00			X				0	0	0
SUE MUNDELL CHAPTER LEADER	5 00			X				0	0	0
SUSAN ASNICAR CHAPTER LEADER	5 00			X				0	0	0
SUSAN HUTCHENS CHAPTER LEADER	5 00			X				0	0	0
SUZANNE ANARDE CHAPTER LEADER	5 00			X				0	0	0
TAMERA TAYLOR CHAPTER LEADER	5 00			X				0	0	0
TAMERA VALENTINE CHAPTER LEADER	5 00			X				0	0	0
TAMI LONG CHAPTER LEADER	5 00			X				0	0	0
TAMI RATKOVICH CHAPTER LEADER	5 00			X				0	0	0
TAMI THURSTON CHAPTER LEADER	5 00			X				0	0	0
TARA DREILING CHAPTER LEADER	5 00			X				0	0	0
TARA RUMSEY CHAPTER LEADER	5 00			X				0	0	0
TAYLOR OLIVER CHAPTER LEADER	5 00			X				0	0	0
TERESA GARCIA CHAPTER LEADER	5 00			X				0	0	0
TERESA WILCOX CHAPTER LEADER	5 00			X				0	0	0
TERI LINKE CHAPTER LEADER	5 00			X				0	0	0
TERRY MCCORKINDALE CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TIM JODI HILFERTY CHAPTER LEADER	5 00			X				0	0	0
TINA GOINS CHAPTER LEADER	5 00			X				0	0	0
TINA MCCRAY CHAPTER LEADER	5 00			X				0	0	0
TINA MUSSER CHAPTER LEADER	5 00			X				0	0	0
TINA POHLMANN CHAPTER LEADER	5 00			X				0	0	0
TINA SCHINNER CHAPTER LEADER	5 00			X				0	0	0
TOBY BUNKELMAN CHAPTER LEADER	5 00			X				0	0	0
TODD CLERKIN CHAPTER LEADER	5 00			X				0	0	0
TODD MORRIS CHAPTER LEADER	5 00			X				0	0	0
TOM MEKELBURG CHAPTER LEADER	5 00			X				0	0	0
TOMALEE YOUNG CHAPTER LEADER	5 00			X				0	0	0
TONI LAMBETH CHAPTER LEADER	5 00			X				0	0	0
TRACIE STEWARD CHAPTER LEADER	5 00			X				0	0	0
TRACY DONAGHY CHAPTER LEADER	5 00			X				0	0	0
TRACY TIMKO CHAPTER LEADER	5 00			X				0	0	0
TRAVIS TAYLOR CHAPTER LEADER	5 00			X				0	0	0
TROY TAYLOR CHAPTER LEADER	5 00			X				0	0	0
TRUDY HERMAN CHAPTER LEADER	5 00			X				0	0	0
TWILA KLUSSMAN CHAPTER LEADER	5 00			X				0	0	0
VAL DROWN CHAPTER LEADER	5 00			X				0	0	0
VAL LOOSE CHAPTER LEADER	5 00			X				0	0	0
VALERIE HEDGECOCK CHAPTER LEADER	5 00			X				0	0	0
VAN WANDS CHAPTER LEADER	5 00			X				0	0	0
VERLA NOAKES CHAPTER LEADER	5 00			X				0	0	0
VICKEY MORENO CHAPTER LEADER	5 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VICKI HARRIS	5 00			X				0	0	0
CHAPTER LEADER				X				0	0	0
YVONNE WESTHOFF	5 00			X				0	0	0
CHAPTER LEADER				X				0	0	0

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**  
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**  
**[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

COLORADO 4-H FOUNDATION GROUP

**Employer identification number**

46-4830470

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")				237,625	606,799	844,424
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5				237,625	606,799	844,424
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public support</b> (Subtract line 7c from line 6 )						844,424

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6				237,625	606,799	844,424
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				2,141	14,945	17,086
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b				2,141	14,945	17,086
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				190,318	198,088	388,406
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)				430,084	819,832	1,249,916
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	67.560 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	99.110 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1.370 %
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17	<b>18</b>	0.890 %

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

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

Department of the Treasury Internal Revenue Service

Name of the organization COLORADO 4-H FOUNDATION GROUP

Employer identification number 46-4830470

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes rows 1-10 and a Total row.

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>COMMUNITY BBQ/CONCESSIONS</b> (event type)	(b) Event #2 <b>LIVESTOCK SALES/ HORSE CONGRESS</b> (event type)	(c) Other events <b>13</b> (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	87,876	43,472	178,188	309,536
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	87,876	43,472	178,188	309,536
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	27,382	0	39,438	66,820
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					242,716

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule I (Form 990)

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

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Attach to Form 990

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

Open to Public Inspection

Name of the organization COLORADO 4-H FOUNDATION GROUP

Employer identification number

46-4830470

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	44	59,048		FMV	

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
------------------	-------------

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
COLORADO 4-H FOUNDATION GROUP

**Employer identification number**

46-4830470

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	
FORM 990, PART VI, SECTION B, LINE 11	990 REVIEWED AND APPROVED BY BOARD PRIOR TO FILING
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST