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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C 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) 4040 CAMPUS DELIVERY | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
FORT COLLINS, CO 805234040

D Employer identification number
46-4830470

E Telephone number
(970)491-1537

G Gross receipts $ 2,720,271

F Name and address of principal officer
GARY SMALL
4040 CAMPUS DELIVERY
FORT COLLINS,CO 805234040

H(a) Is this a group return for subordinates? ☑ Yes ☐ No

H(b) Are all subordinates included? ☑ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 5947

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //WWW COLORADO4H ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation | **M** State of legal domicile

Part I Summary

1 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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	3,400
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	606,799	1,142,873
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,945	9,491
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,034,582	600,943
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,656,326	1,753,307

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	144,716	429,918
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,498,153	1,078,943
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,642,869	1,508,861
19	Revenue less expenses Subtract line 18 from line 12	13,457	244,446

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	184,506	428,952
21	Total liabilities (Part X, line 26)	0	0
22	Net assets or fund balances Subtract line 21 from line 20	184,506	428,952

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

Sign Here

****** | 2016-05-10
Signature of officer | Date

GARY SMALL EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KIMBERLY A RYAN	KIMBERLY A RYAN			P00829977

Firm's name ▶ RUBINBROWN LLP | Firm's EIN ▶ 43-0765316

Firm's address ▶ 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 $ 1,508,861 including grants of $ 429,918) (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** ▶ 1,508,861

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	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? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**		
13	Did the organization have a written whistleblower policy?	**13**		No
14	Did the organization have a written document retention and destruction policy?	**14**		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

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, address, and telephone number of the person who possesses the organization's books and records ▶GARY SMALL

4040 CAMPUS DELIVERY
FORT COLLINS,CO 80523 (970)491-1537

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

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

(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			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b	573,182			
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	569,691			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,142,873			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		9,491			9,491
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . .	a	1,464,687			
	b	Less direct expenses . . .	b	966,964			
	c	Net income or (loss) from fundraising events . . ▶			497,723		497,723
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	103,220	103,220		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		103,220			
	12	**Total revenue.** See Instructions . . . . . ▶		1,753,307	103,220	0	507,214

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
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	87,453	87,453		
2 Grants and other assistance to domestic individuals See Part IV, line 22	342,465	342,465		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	4,814	4,814		
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	5,563	5,563		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 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)				
a ACTIVITIES	557,245	557,245		
b SUPPLIES	253,775	253,775		
c DUES	185,724	185,724		
d MISCELLANEOUS EXPENSES	41,590	41,590		
e All other expenses	30,232	30,232		
25 **Total functional expenses.** Add lines 1 through 24e	1,508,861	1,508,861	0	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	184,506	1	428,952
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	184,506	16	428,952
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	184,506	32	428,952
	33	Total net assets or fund balances	184,506	33	428,952
	34	Total liabilities and net assets/fund balances	184,506	34	428,952

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,753,307
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,508,861
3	Revenue less expenses Subtract line 2 from line 1	3	244,446
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	184,506
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	428,952

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

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			
(1) AARON ANDERSEN CHAPTER LEADER	5 00			X				0	0	0
(1) AARON HELUS CHAPTER LEADER	5 00			X				0	0	0
(2) ABBIE REAKSECKER CHAPTER LEADER	5 00			X				0	0	0
(3) ABBY POWER CHAPTER LEADER	5 00			X				0	0	0
(4) ADRIENNE EVERETT CHAPTER LEADER	5 00			X				0	0	0
(5) AIMEE WOOD CHAPTER LEADER	5 00			X				0	0	0
(6) ALETA LEBARON CHAPTER LEADER	5 00			X				0	0	0
(7) ALEXIS GEKELER CHAPTER LEADER	5 00			X				0	0	0
(7) ALEXIS GEKELER CHAPTER LEADER	5 00			X				0	0	0
(8) ALICIA BLACH CHAPTER LEADER	5 00			X				0	0	0
(9) ALICIA CHRISTIE CHAPTER LEADER	5 00			X				0	0	0
(10) ALISHA SHY CHAPTER LEADER	5 00			X				0	0	0
(11) ALISON WOODWARD CHAPTER LEADER	5 00			X				0	0	0
(12) ALLISON JOHNSON CHAPTER LEADER	5 00			X				0	0	0
(13) AMANDA HAWKS CHAPTER LEADER	5 00			X				0	0	0
(14) AMANDA HILL CHAPTER LEADER	5 00			X				0	0	0
(15) AMANDA MONK CHAPTER LEADER	5 00			X				0	0	0
(16) AMANDA PIHL CHAPTER LEADER	5 00			X				0	0	0
(17) AMBER SPENCE CHAPTER LEADER	5 00			X				0	0	0
(18) AMY COOKSEY CHAPTER LEADER	5 00			X				0	0	0
(19) AMY COPE CHAPTER LEADER	5 00			X				0	0	0
(20) AMY DECKER CHAPTER LEADER	5 00			X				0	0	0
(21) AMY FRINK CHAPTER LEADER	5 00			X				0	0	0
(22) AMY HOPPES CHAPTER LEADER	5 00			X				0	0	0
(23) AMY KELLEY CHAPTER LEADER	5 00			X				0	0	0
(24) AMY MASON DVM 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) AMY MCFARLAND CHAPTER LEADER	5 00			X				0	0	0
(1) AMY PEEBLES CHAPTER LEADER	5 00			X				0	0	0
(2) AMY PHILLIPS CHAPTER LEADER	5 00			X				0	0	0
(3) ANASTASIA STRIEGNITZ CHAPTER LEADER	5 00			X				0	0	0
(4) ANGEL DECICCO CHAPTER LEADER	5 00			X				0	0	0
(5) ANGEL SHARPE CHAPTER LEADER	5 00			X				0	0	0
(6) ANGELA WYLIE CHAPTER LEADER	5 00			X				0	0	0
(7) ANGELINA FUOCO CHAPTER LEADER	5 00			X				0	0	0
(8) ANGIE HARPER CHAPTER LEADER	5 00			X				0	0	0
(9) ANITA HOXIE CHAPTER LEADER	5 00			X				0	0	0
(10) ANITA SMITH CHAPTER LEADER	5 00			X				0	0	0
(11) ANN FRANKLIN CHAPTER LEADER	5 00			X				0	0	0
(12) ANN HAHN CHAPTER LEADER	5 00			X				0	0	0
(13) ANN HARTTER CHAPTER LEADER	5 00			X				0	0	0
(14) ANN HECTOR CHAPTER LEADER	5 00			X				0	0	0
(15) ANN MARIE SCRITCHFIELD CHAPTER LEADER	5 00			X				0	0	0
(16) ANNA PARRISH CHAPTER LEADER	5 00			X				0	0	0
(17) ANNE HANSEN CHAPTER LEADER	5 00			X				0	0	0
(18) ANNE JANICKI-KNUTSON CHAPTER LEADER	5 00			X				0	0	0
(19) ANNE M URIE CHAPTER LEADER	5 00			X				0	0	0
(20) ANNIE STRUBLE CHAPTER LEADER	5 00			X				0	0	0
(21) APRIL ROOF CHAPTER LEADER	5 00			X				0	0	0
(22) ARNELL MCCLELLAN CHAPTER LEADER	5 00			X				0	0	0
(23) ASHLEY LYNCH CHAPTER LEADER	5 00			X				0	0	0
(24) AUDRA FELT 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			
(51) AUDRA SCHLOSSER CHAPTER LEADER	5 00			X				0	0	0
(1) AUDREY BROWNELL CHAPTER LEADER	5 00			X				0	0	0
(2) AUDREY GLUSCHKE CHAPTER LEADER	5 00			X				0	0	0
(3) BARBARA JONES CHAPTER LEADER	5 00			X				0	0	0
(4) BARBARA TOOMEY-MONCRIEF CHAPTER LEADER	5 00			X				0	0	0
(5) BARBARA ZEUTZIUS CHAPTER LEADER	5 00			X				0	0	0
(6) BARBIE GARNETT CHAPTER LEADER	5 00			X				0	0	0
(7) BARTON CAMPBELL CHAPTER LEADER	5 00			X				0	0	0
(8) BECKY BALL CHAPTER LEADER	5 00			X				0	0	0
(9) BECKY GEMMER CHAPTER LEADER	5 00			X				0	0	0
(10) BECKY LEACH CHAPTER LEADER	5 00			X				0	0	0
(11) BECKY LENZ CHAPTER LEADER	5 00			X				0	0	0
(12) BEKI SCHRODER CHAPTER LEADER	5 00			X				0	0	0
(13) BEN DUKE CHAPTER LEADER	5 00			X				0	0	0
(14) BERT DAVIS CHAPTER LEADER	5 00			X				0	0	0
(15) BETH JOHNSON CHAPTER LEADER	5 00			X				0	0	0
(16) BETH LASHELL CHAPTER LEADER	5 00			X				0	0	0
(17) BETTY HOOD CHAPTER LEADER	5 00			X				0	0	0
(18) BETTY KRACHT CHAPTER LEADER	5 00			X				0	0	0
(19) BEVERLEE KYFFIN CHAPTER LEADER	5 00			X				0	0	0
(20) BILL EKSTROM CHAPTER LEADER	5 00			X				0	0	0
(21) BOB KLENDA CHAPTER LEADER	5 00			X				0	0	0
(22) BOB RSH CHAPTER LEADER	5 00			X				0	0	0
(23) BOBBIE D RUSH CHAPTER LEADER	5 00			X				0	0	0
(24) BODEN JUMP 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			
(76) BONNIE AMEN CHAPTER LEADER	5 00			X				0	0	0
(1) BONNIE CORYELL CHAPTER LEADER	5 00			X				0	0	0
(2) BRAD FASSETT CHAPTER LEADER	5 00			X				0	0	0
(3) BRANDON CREAMER CHAPTER LEADER	5 00			X				0	0	0
(4) BREANNE HILL CHAPTER LEADER	5 00			X				0	0	0
(5) BRECHEN SANTERANO CHAPTER LEADER	5 00			X				0	0	0
(6) BRENDA BALLARD CHAPTER LEADER	5 00			X				0	0	0
(7) BRENDA CHINN CHAPTER LEADER	5 00			X				0	0	0
(8) BRENDA HINDMARSH CHAPTER LEADER	5 00			X				0	0	0
(9) BRENDA JOHNSTON CHAPTER LEADER	5 00			X				0	0	0
(10) BRENDA MUELLER CHAPTER LEADER	5 00			X				0	0	0
(11) BRENDA RALEY CHAPTER LEADER	5 00			X				0	0	0
(12) BRETT REDDEN CHAPTER LEADER	5 00			X				0	0	0
(13) BRIAN CHRISTIE CHAPTER LEADER	5 00			X				0	0	0
(14) BRIDGET GITTERE CHAPTER LEADER	5 00			X				0	0	0
(15) BRIDGET HOLCOMB CHAPTER LEADER	5 00			X				0	0	0
(16) BRIENDA GARCIA CHAPTER LEADER	5 00			X				0	0	0
(17) BRITA HORN CHAPTER LEADER	5 00			X				0	0	0
(18) CALLY ANDERSON CHAPTER LEADER	5 00			X				0	0	0
(19) CAMMIE JANSSEN CHAPTER LEADER	5 00			X				0	0	0
(20) CANDICE BARTHOLOMEW BROWN CHAPTER LEADER	5 00			X				0	0	0
(21) CARL BEEMAN CHAPTER LEADER	5 00			X				0	0	0
(22) CARLA ELLIOTT CHAPTER LEADER	5 00			X				0	0	0
(23) CARLEEN ANGELA KNUTSEN ANGIE CHAPTER LEADER	5 00			X				0	0	0
(24) CARMEN MOYER 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			
(101) CARMEN PORTER CHAPTER LEADER	5 00			X				0	0	0
(1) CAROL KOON CHAPTER LEADER	5 00			X				0	0	0
(2) CAROL VON MICHAELIS CHAPTER LEADER	5 00			X				0	0	0
(3) CAROLINE BATOROWICZ CHAPTER LEADER	5 00			X				0	0	0
(4) CAROLYN RUDY CHAPTER LEADER	5 00			X				0	0	0
(5) CARRIE ESPINOSA CHAPTER LEADER	5 00			X				0	0	0
(6) CARRIE JACOBUCCI CHAPTER LEADER	5 00			X				0	0	0
(7) CARYL PEARCE CHAPTER LEADER	5 00			X				0	0	0
(8) CASEY RUSSELL CHAPTER LEADER	5 00			X				0	0	0
(9) CASSIE RIDER CHAPTER LEADER	5 00			X				0	0	0
(10) CATE RITCHEY CHAPTER LEADER	5 00			X				0	0	0
(11) CATHY SOLANO CHAPTER LEADER	5 00			X				0	0	0
(12) CEENA ROSSI CHAPTER LEADER	5 00			X				0	0	0
(13) CHARITY NICCOLI CHAPTER LEADER	5 00			X				0	0	0
(14) CHARITY SWIFT CHAPTER LEADER	5 00			X				0	0	0
(15) CHARLENE ANSELMO CHAPTER LEADER	5 00			X				0	0	0
(16) CHARLENE THREET CHAPTER LEADER	5 00			X				0	0	0
(17) CHARLOTTE POET CHAPTER LEADER	5 00			X				0	0	0
(18) CHERIE BLOMQUIST CHAPTER LEADER	5 00			X				0	0	0
(19) CHERINA HEINITZ CHAPTER LEADER	5 00			X				0	0	0
(20) CHERISE HICKS CHAPTER LEADER	5 00			X				0	0	0
(21) CHERYL BROWN CHAPTER LEADER	5 00			X				0	0	0
(22) CHERYL CLAYTON CHAPTER LEADER	5 00			X				0	0	0
(23) CHERYL MCMURRY CHAPTER LEADER	5 00			X				0	0	0
(24) CHERYL THOMPSON 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			
(126) CHRIS ALLEN CHAPTER LEADER	5 00			X				0	0	0
(1) CHRIS CUDE CHAPTER LEADER	5 00			X				0	0	0
(2) CHRIS DEKKER CHAPTER LEADER	5 00			X				0	0	0
(3) CHRIS HALL CHAPTER LEADER	5 00			X				0	0	0
(4) CHRIS PETERSEN CHAPTER LEADER	5 00			X				0	0	0
(5) CHRIS RHYNE CHAPTER LEADER	5 00			X				0	0	0
(6) CHRIS UHING CHAPTER LEADER	5 00			X				0	0	0
(7) CHRIS YOUNG CHAPTER LEADER	5 00			X				0	0	0
(8) CHRISTINA MAYBOCA CHAPTER LEADER	5 00			X				0	0	0
(9) CHRISTINA VAN BIBBER CHAPTER LEADER	5 00			X				0	0	0
(10) CHRISTINE FETZER CHAPTER LEADER	5 00			X				0	0	0
(11) CHRISTINE MURPHY CHAPTER LEADER	5 00			X				0	0	0
(12) CHRISTY FITZPATRICK CHAPTER LEADER	5 00			X				0	0	0
(13) CIMMARON ALEXANDER CHAPTER LEADER	5 00			X				0	0	0
(14) CINDI LEE CHAPTER LEADER	5 00			X				0	0	0
(15) CINDY BUCKARDT CHAPTER LEADER	5 00			X				0	0	0
(16) CINDY DUCKWORTH CHAPTER LEADER	5 00			X				0	0	0
(17) CINDY GARNER CHAPTER LEADER	5 00			X				0	0	0
(18) CINDY MEDINA CHAPTER LEADER	5 00			X				0	0	0
(19) CINDY STILL CHAPTER LEADER	5 00			X				0	0	0
(20) CLARE SHIER CHAPTER LEADER	5 00			X				0	0	0
(21) CLINT SHULTS CHAPTER LEADER	5 00			X				0	0	0
(22) COKY PALMER CHAPTER LEADER	5 00			X				0	0	0
(23) COLLEEN FREUND CHAPTER LEADER	5 00			X				0	0	0
(24) COLLEEN MCDONALD 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(151) COLLEEN RUSS CHAPTER LEADER	5 00			X				0	0	0
(1) COLLEEN VADER CHAPTER LEADER	5 00			X				0	0	0
(2) CONNIE BARBER CHAPTER LEADER	5 00			X				0	0	0
(3) CONNIE CECIL CHAPTER LEADER	5 00			X				0	0	0
(4) CONNIE MANTELLI CHAPTER LEADER	5 00			X				0	0	0
(5) CONNIE ROBINSON CHAPTER LEADER	5 00			X				0	0	0
(6) COREY TRAXLER CHAPTER LEADER	5 00			X				0	0	0
(7) CORI LAYTON CHAPTER LEADER	5 00			X				0	0	0
(8) CORINNA GRAY CHAPTER LEADER	5 00			X				0	0	0
(9) CORTNEY ALDRIDGE CHAPTER LEADER	5 00			X				0	0	0
(10) CRAIG HORTON CHAPTER LEADER	5 00			X				0	0	0
(11) CRAIG JACKSON CHAPTER LEADER	5 00			X				0	0	0
(12) CRAIG SLOAN CHAPTER LEADER	5 00			X				0	0	0
(13) CRYSTAL FOOSE CHAPTER LEADER	5 00			X				0	0	0
(14) CURT SOEHNER CHAPTER LEADER	5 00			X				0	0	0
(15) CYNDI HOFMEISTER CHAPTER LEADER	5 00			X				0	0	0
(16) CYRENA CONLAN CHAPTER LEADER	5 00			X				0	0	0
(17) DALE ANDERSON CHAPTER LEADER	5 00			X				0	0	0
(18) DAN HUTCHENS CHAPTER LEADER	5 00			X				0	0	0
(19) DANA GETTEL CHAPTER LEADER	5 00			X				0	0	0
(20) DANA HANSON CHAPTER LEADER	5 00			X				0	0	0
(21) DANA MCCLURE CHAPTER LEADER	5 00			X				0	0	0
(22) DANELLE ENER CHAPTER LEADER	5 00			X				0	0	0
(23) DANETTE MEYER CHAPTER LEADER	5 00			X				0	0	0
(24) DANETTE R MEYER 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(176) DANIEL GEORGE FISCUS CHAPTER LEADER	5 00			X				0	0	0
(1) DANIEL LAPP CHAPTER LEADER	5 00			X				0	0	0
(2) DANIELLE EGGLESTON CHAPTER LEADER	5 00			X				0	0	0
(3) DARIN SMITH CHAPTER LEADER	5 00			X				0	0	0
(4) DAVE HOLDEN CHAPTER LEADER	5 00			X				0	0	0
(5) DAVID CHRISTENSEN CHAPTER LEADER	5 00			X				0	0	0
(6) DAVID HOLDEN CHAPTER LEADER	5 00			X				0	0	0
(7) DAVID LIND CHAPTER LEADER	5 00			X				0	0	0
(8) DAWN ARNT CHAPTER LEADER	5 00			X				0	0	0
(9) DAWN LOVELESS CHAPTER LEADER	5 00			X				0	0	0
(10) DAWN MASSEY CHAPTER LEADER	5 00			X				0	0	0
(11) DAWN SAMMONS CHAPTER LEADER	5 00			X				0	0	0
(12) DAWN WHEELER CHAPTER LEADER	5 00			X				0	0	0
(13) DAYNA WHITE CHAPTER LEADER	5 00			X				0	0	0
(14) DEANIE SAMUEL CHAPTER LEADER	5 00			X				0	0	0
(15) DEANNA AMES CHAPTER LEADER	5 00			X				0	0	0
(16) DEANNA C CASSIDY CHAPTER LEADER	5 00			X				0	0	0
(17) DEB CARBONE CHAPTER LEADER	5 00			X				0	0	0
(18) DEB LEWIS CHAPTER LEADER	5 00			X				0	0	0
(19) DEBBIE SMITH CHAPTER LEADER	5 00			X				0	0	0
(20) DEBBIE THALHAMER CHAPTER LEADER	5 00			X				0	0	0
(21) DEBORAH A ALPE CHAPTER LEADER	5 00			X				0	0	0
(22) DEBORAH BORT CHAPTER LEADER	5 00			X				0	0	0
(23) DEBORAH HAGER CHAPTER LEADER	5 00			X				0	0	0
(24) DEBORAH PEDERSEN CHAPTER LEADER	5 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(201) DEBORAH VONFELDT CHAPTER LEADER	5 00			X				0	0	0
(1) DEBRA CROSSLAND CHAPTER LEADER	5 00			X				0	0	0
(2) DEE DEE FARAGO CHAPTER LEADER	5 00			X				0	0	0
(3) DEE SCHOENDALLER CHAPTER LEADER	5 00			X				0	0	0
(4) DELORES COMSTOCK CHAPTER LEADER	5 00			X				0	0	0
(5) DENISE ANDERSON CHAPTER LEADER	5 00			X				0	0	0
(6) DENISE JENKINS CHAPTER LEADER	5 00			X				0	0	0
(7) DENISE MASSEY CHAPTER LEADER	5 00			X				0	0	0
(8) DENISE MILLER CHAPTER LEADER	5 00			X				0	0	0
(9) DENISE SMITH CHAPTER LEADER	5 00			X				0	0	0
(10) DENISE TARBUTTON CHAPTER LEADER	5 00			X				0	0	0
(11) DENNIS GREENWALT CHAPTER LEADER	5 00			X				0	0	0
(12) DIANE BLOCKER CHAPTER LEADER	5 00			X				0	0	0
(13) DON BREHM CHAPTER LEADER	5 00			X				0	0	0
(14) DONNA HOOD CHAPTER LEADER	5 00			X				0	0	0
(15) DONNA HUFF CHAPTER LEADER	5 00			X				0	0	0
(16) DONNA MAE HOOTS CHAPTER LEADER	5 00			X				0	0	0
(17) DONNA PATTEE CHAPTER LEADER	5 00			X				0	0	0
(18) DORI MEKELBURG CHAPTER LEADER	5 00			X				0	0	0
(19) DOUG DAVIS CHAPTER LEADER	5 00			X				0	0	0
(20) DOUG SHIRACK CHAPTER LEADER	5 00			X				0	0	0
(21) DOYLE RUONA CHAPTER LEADER	5 00			X				0	0	0
(22) EARLITA ROSS CHAPTER LEADER	5 00			X				0	0	0
(23) EDDY FUOCO CHAPTER LEADER	5 00			X				0	0	0
(24) ELAINE STRICKLETT 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(226) ELEANORE JONES CHAPTER LEADER	5 00			X				0	0	0
(1) ELISHA MORRIS CHAPTER LEADER	5 00			X				0	0	0
(2) ELIZABETH BILLUPS CHAPTER LEADER	5 00			X				0	0	0
(3) ELIZABETH BUTLER CHAPTER LEADER	5 00			X				0	0	0
(4) ELIZABETH WOODWARD CHAPTER LEADER	5 00			X				0	0	0
(5) ELLA TRAVIS CHAPTER LEADER	5 00			X				0	0	0
(6) EMILY BRINKLEY CHAPTER LEADER	5 00			X				0	0	0
(7) EMILY MASSIE CHAPTER LEADER	5 00			X				0	0	0
(8) ERIC HANSON CHAPTER LEADER	5 00			X				0	0	0
(9) ERIC KNIGHT CHAPTER LEADER	5 00			X				0	0	0
(10) ERIC VOGT CHAPTER LEADER	5 00			X				0	0	0
(11) ERICA SCHWEITZ CHAPTER LEADER	5 00			X				0	0	0
(12) ERIN BARKER CHAPTER LEADER	5 00			X				0	0	0
(13) ERIN COMDEN CHAPTER LEADER	5 00			X				0	0	0
(14) ERIN HENSCHEL CHAPTER LEADER	5 00			X				0	0	0
(15) ERIN KENDRICK CHAPTER LEADER	5 00			X				0	0	0
(16) ERIN POST CHAPTER LEADER	5 00			X				0	0	0
(17) ESTHER WORKER CHAPTER LEADER	5 00			X				0	0	0
(18) EUGENE VALDEZ CHAPTER LEADER	5 00			X				0	0	0
(19) FELICIA CASTO CHAPTER LEADER	5 00			X				0	0	0
(20) FOREST YEAGER CHAPTER LEADER	5 00			X				0	0	0
(21) GAIL KOELLER CHAPTER LEADER	5 00			X				0	0	0
(22) GAIL MUEHLETHALER CHAPTER LEADER	5 00			X				0	0	0
(23) GARRETT MILLER CHAPTER LEADER	5 00			X				0	0	0
(24) GAYLE WARE CHAPTER LEADER	5 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(251) GEORGIA COMSTOCK CHAPTER LEADER	5 00			X				0	0	0
(1) GERALD LYNE CHAPTER LEADER	5 00			X				0	0	0
(2) GINA GRISENTI CHAPTER LEADER	5 00			X				0	0	0
(3) GLENDA FARNER CHAPTER LEADER	5 00			X				0	0	0
(4) GLENN SANGER CHAPTER LEADER	5 00			X				0	0	0
(5) GLORIA CUNDALL CHAPTER LEADER	5 00			X				0	0	0
(6) GLORIA TROSPER CHAPTER LEADER	5 00			X				0	0	0
(7) GREG ENGEL CHAPTER LEADER	5 00			X				0	0	0
(8) GREG FELSEN CHAPTER LEADER	5 00			X				0	0	0
(9) GREG HANOUW CHAPTER LEADER	5 00			X				0	0	0
(10) GREG HUFFMAN CHAPTER LEADER	5 00			X				0	0	0
(11) GREGG HARTMAN CHAPTER LEADER	5 00			X				0	0	0
(12) GREGORY GEORGE CHAPTER LEADER	5 00			X				0	0	0
(13) GREY MELLO CHAPTER LEADER	5 00			X				0	0	0
(14) HEATHER BRASLIN CHAPTER LEADER	5 00			X				0	0	0
(15) HEATHER HALL CHAPTER LEADER	5 00			X				0	0	0
(16) HEATHER KERN CHAPTER LEADER	5 00			X				0	0	0
(17) HEATHER TILLMAN CHAPTER LEADER	5 00			X				0	0	0
(18) HEIDI ANDERSON CHAPTER LEADER	5 00			X				0	0	0
(19) HEIDI GRIFFITH CHAPTER LEADER	5 00			X				0	0	0
(20) HEIDI HEIDE CHAPTER LEADER	5 00			X				0	0	0
(21) HEIDI MATTHEWS CHAPTER LEADER	5 00			X				0	0	0
(22) HEIDI SIMPSON CHAPTER LEADER	5 00			X				0	0	0
(23) HELENA GERKIN CHAPTER LEADER	5 00			X				0	0	0
(24) HOLLEY PETRICK CHAPTER LEADER	5 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(276) HOLLY SCOTT CHAPTER LEADER	5 00			X				0	0	0
(1) HOPE WILLIAMS CHAPTER LEADER	5 00			X				0	0	0
(2) IDA BERTRAM CHAPTER LEADER	5 00			X				0	0	0
(3) IVY MCNULTY CHAPTER LEADER	5 00			X				0	0	0
(4) JACK WHEELER CHAPTER LEADER	5 00			X				0	0	0
(5) JACKIE PAGE CHAPTER LEADER	5 00			X				0	0	0
(6) JACKIE SHEA CHAPTER LEADER	5 00			X				0	0	0
(7) JACQUE BURRIS CHAPTER LEADER	5 00			X				0	0	0
(8) JAMES SMITH CHAPTER LEADER	5 00			X				0	0	0
(9) JAMIE BROWN CHAPTER LEADER	5 00			X				0	0	0
(10) JAMIE JO AXTELL CHAPTER LEADER	5 00			X				0	0	0
(11) JAMIE MCDONALD CHAPTER LEADER	5 00			X				0	0	0
(12) JANE LENTZ CHAPTER LEADER	5 00			X				0	0	0
(13) JANEEN CANTY CHAPTER LEADER	5 00			X				0	0	0
(14) JANET FREEBURG CHAPTER LEADER	5 00			X				0	0	0
(15) JANET SHERIDAN CHAPTER LEADER	5 00			X				0	0	0
(16) JASON NEIL CHAPTER LEADER	5 00			X				0	0	0
(17) JASON VERMILLION CHAPTER LEADER	5 00			X				0	0	0
(18) JEAN MEINZER CHAPTER LEADER	5 00			X				0	0	0
(19) JEAN SEYMOUR CHAPTER LEADER	5 00			X				0	0	0
(20) JEAN WALTON CHAPTER LEADER	5 00			X				0	0	0
(21) JEANNETTE LEFFLER CHAPTER LEADER	5 00			X				0	0	0
(22) JEANNIE JENKINS CHAPTER LEADER	5 00			X				0	0	0
(23) JEANNIE JO LOGAN CHAPTER LEADER	5 00			X				0	0	0
(24) JEANNIE LOGAN CHAPTER LEADER	5 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(301) JEFF GONCLAVES CHAPTER LEADER	5 00			X				0	0	0
(1) JEFF LAMBETH CHAPTER LEADER	5 00			X				0	0	0
(2) JEFFREY STERKEL CHAPTER LEADER	5 00			X				0	0	0
(3) JENNIE HUDSON CHAPTER LEADER	5 00			X				0	0	0
(4) JENNIE MCCASLAND CHAPTER LEADER	5 00			X				0	0	0
(5) JENNIFER ADAMS CHAPTER LEADER	5 00			X				0	0	0
(6) JENNIFER BRABAND CHAPTER LEADER	5 00			X				0	0	0
(7) JENNIFER CARLSON CHAPTER LEADER	5 00			X				0	0	0
(8) JENNIFER CRAIG CHAPTER LEADER	5 00			X				0	0	0
(9) JENNIFER HART CHAPTER LEADER	5 00			X				0	0	0
(10) JENNIFER STATES CHAPTER LEADER	5 00			X				0	0	0
(11) JENNIFER VAUGHAN CHAPTER LEADER	5 00			X				0	0	0
(12) JENNIFER WADE CHAPTER LEADER	5 00			X				0	0	0
(13) JENNY LEONETTI CHAPTER LEADER	5 00			X				0	0	0
(14) JERI TRUJILLO CHAPTER LEADER	5 00			X				0	0	0
(15) JEROD ARMSTRONG CHAPTER LEADER	5 00			X				0	0	0
(16) JESSICA ADAMS CHAPTER LEADER	5 00			X				0	0	0
(17) JESSICA FRIGETTO CHAPTER LEADER	5 00			X				0	0	0
(18) JESSICA HARRINGTON CHAPTER LEADER	5 00			X				0	0	0
(19) JILL NORWOOD CHAPTER LEADER	5 00			X				0	0	0
(20) JILL PARKER CHAPTER LEADER	5 00			X				0	0	0
(21) JILL YOUNG CHAPTER LEADER	5 00			X				0	0	0
(22) JILLIAN LARUE CHAPTER LEADER	5 00			X				0	0	0
(23) JIM SAMMONS CHAPTER LEADER	5 00			X				0	0	0
(24) JIMETTA BRASSINGTON CHAPTER LEADER	5 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(326) JO ANN MCENDREE CHAPTER LEADER	5 00			X				0	0	0
(1) JOAN JAHELKA CHAPTER LEADER	5 00			X				0	0	0
(2) JOAN PIGON CHAPTER LEADER	5 00			X				0	0	0
(3) JOANNE ARY CHAPTER LEADER	5 00			X				0	0	0
(4) JOANNE BUSING CHAPTER LEADER	5 00			X				0	0	0
(5) JODI CARLSON CHAPTER LEADER	5 00			X				0	0	0
(6) JODI CORLISS CHAPTER LEADER	5 00			X				0	0	0
(7) JODI HILFERTY CHAPTER LEADER	5 00			X				0	0	0
(8) JODI KLASSEN CHAPTER LEADER	5 00			X				0	0	0
(9) JODI PIKE CHAPTER LEADER	5 00			X				0	0	0
(10) JODI POOLE CHAPTER LEADER	5 00			X				0	0	0
(11) JODI ZEIER CHAPTER LEADER	5 00			X				0	0	0
(12) JODI ZEIER CHAPTER LEADER	5 00			X				0	0	0
(13) JODIE DOUTHIT CHAPTER LEADER	5 00			X				0	0	0
(14) JODIE SCHOEMAKER CHAPTER LEADER	5 00			X				0	0	0
(15) JODIE TUXHORN CHAPTER LEADER	5 00			X				0	0	0
(16) JODY LEE CHAPTER LEADER	5 00			X				0	0	0
(17) JOHANNA BALL CHAPTER LEADER	5 00			X				0	0	0
(18) JOHN HINNERS CHAPTER LEADER	5 00			X				0	0	0
(19) JOHN SCOTT CHAPTER LEADER	5 00			X				0	0	0
(20) JOLYNN MIDCAP CHAPTER LEADER	5 00			X				0	0	0
(21) JONATHAN VRABEC CHAPTER LEADER	5 00			X				0	0	0
(22) JONNA NEGUS-PEMBERTON CHAPTER LEADER	5 00			X				0	0	0
(23) JUDI BLUM CHAPTER LEADER	5 00			X				0	0	0
(24) JUDY BETTINGER CHAPTER LEADER	5 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(351) JULEE MEINERS CHAPTER LEADER	5 00			X				0	0	0
(1) JULIA HENRICH CHAPTER LEADER	5 00			X				0	0	0
(2) JULIA HURDELBRINK CHAPTER LEADER	5 00			X				0	0	0
(3) JULIANNE FRITZ CHAPTER LEADER	5 00			X				0	0	0
(4) JULIE ARMSTRONG CHAPTER LEADER	5 00			X				0	0	0
(5) JULIE HURST-FARNHAM CHAPTER LEADER	5 00			X				0	0	0
(6) JULIE MELBYE CHAPTER LEADER	5 00			X				0	0	0
(7) JULIE OTT CHAPTER LEADER	5 00			X				0	0	0
(8) JULIE RUBALCABA CHAPTER LEADER	5 00			X				0	0	0
(9) JULIE YARNELL CHAPTER LEADER	5 00			X				0	0	0
(10) JUSTIN LOWE CHAPTER LEADER	5 00			X				0	0	0
(11) JUSTIN WYLIE CHAPTER LEADER	5 00			X				0	0	0
(12) KALI BENSON CHAPTER LEADER	5 00			X				0	0	0
(13) KALI FASSETT CHAPTER LEADER	5 00			X				0	0	0
(14) KARA BUTTERWORTH CHAPTER LEADER	5 00			X				0	0	0
(15) KARA RUDNICK CHAPTER LEADER	5 00			X				0	0	0
(16) KAREN CARTHY CHAPTER LEADER	5 00			X				0	0	0
(17) KAREN HOFFNER CHAPTER LEADER	5 00			X				0	0	0
(18) KAREN HUBER CHAPTER LEADER	5 00			X				0	0	0
(19) KARI JENKINS CHAPTER LEADER	5 00			X				0	0	0
(20) KATHI COLLINS CHAPTER LEADER	5 00			X				0	0	0
(21) KATHLEEN BUTLER CHAPTER LEADER	5 00			X				0	0	0
(22) KATHLEEN DAVIS CHAPTER LEADER	5 00			X				0	0	0
(23) KATHY ACTON CHAPTER LEADER	5 00			X				0	0	0
(24) KATHY SEELHOFF 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			
(376) KATHY WOLYN CHAPTER LEADER	5 00			X				0	0	0
(1) KATHY WOOD CHAPTER LEADER	5 00			X				0	0	0
(2) KATIE BOBOWSKI CHAPTER LEADER	5 00			X				0	0	0
(3) KATIE DAY CHAPTER LEADER	5 00			X				0	0	0
(4) KATIE NAGEL CHAPTER LEADER	5 00			X				0	0	0
(5) KATRINA SIMMONS CHAPTER LEADER	5 00			X				0	0	0
(6) KATRINA SPRINGER CHAPTER LEADER	5 00			X				0	0	0
(7) KATY VINCENT CHAPTER LEADER	5 00			X				0	0	0
(8) KAYCEE MANUPPELLA CHAPTER LEADER	5 00			X				0	0	0
(9) KAYLYN WILSON CHAPTER LEADER	5 00			X				0	0	0
(10) KEITH MAXEY CHAPTER LEADER	5 00			X				0	0	0
(11) KELIE TURNER CHAPTER LEADER	5 00			X				0	0	0
(12) KELLE BROWN CHAPTER LEADER	5 00			X				0	0	0
(13) KELLI PITTINGTON CHAPTER LEADER	5 00			X				0	0	0
(14) KELLY DAVIDSON CHAPTER LEADER	5 00			X				0	0	0
(15) KELLY FUNK CHAPTER LEADER	5 00			X				0	0	0
(16) KELLY KURZ CHAPTER LEADER	5 00			X				0	0	0
(17) KELLY SEELJOFF CHAPTER LEADER	5 00			X				0	0	0
(18) KEN HENSON CHAPTER LEADER	5 00			X				0	0	0
(19) KEN HOOD CHAPTER LEADER	5 00			X				0	0	0
(20) KENDRA SCOTT CHAPTER LEADER	5 00			X				0	0	0
(21) KENDRA WALTER CHAPTER LEADER	5 00			X				0	0	0
(22) KENNETH HENSON CHAPTER LEADER	5 00			X				0	0	0
(23) KENNETH MYERS CHAPTER LEADER	5 00			X				0	0	0
(24) KENT DAVIS 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(401) KEP HEINITZ CHAPTER LEADER	5 00			X				0	0	0
(1) KERRI ROBINSON CHAPTER LEADER	5 00			X				0	0	0
(2) KEVIN VENDEGNA CHAPTER LEADER	5 00			X				0	0	0
(3) KIM BELL CHAPTER LEADER	5 00			X				0	0	0
(4) KIM CECIL CHAPTER LEADER	5 00			X				0	0	0
(5) KIM JUUL CHAPTER LEADER	5 00			X				0	0	0
(6) KIM LATOSKI CHAPTER LEADER	5 00			X				0	0	0
(7) KIM MADSEN CHAPTER LEADER	5 00			X				0	0	0
(8) KIM MARTIN CHAPTER LEADER	5 00			X				0	0	0
(9) KIM O'NEILL CHAPTER LEADER	5 00			X				0	0	0
(10) KIM PHILLIPS CHAPTER LEADER	5 00			X				0	0	0
(11) KIM RIDDLE CHAPTER LEADER	5 00			X				0	0	0
(12) KIM WALKER CHAPTER LEADER	5 00			X				0	0	0
(13) KIMBERLY GAUNA CHAPTER LEADER	5 00			X				0	0	0
(14) KIMBERLY LETOURNEAU CHAPTER LEADER	5 00			X				0	0	0
(15) KIMBERLY SCOTT CHAPTER LEADER	5 00			X				0	0	0
(16) KIMRA DOUGLASS CHAPTER LEADER	5 00			X				0	0	0
(17) KINDRA PLUMB CHAPTER LEADER	5 00			X				0	0	0
(18) KRIS ANN STEVENS CHAPTER LEADER	5 00			X				0	0	0
(19) KRISTEN CORRIVEAU CHAPTER LEADER	5 00			X				0	0	0
(20) KRISTEN HOCKADAY CHAPTER LEADER	5 00			X				0	0	0
(21) KRISTEN SCHAFFNER CHAPTER LEADER	5 00			X				0	0	0
(22) KRISTI CLARK CHAPTER LEADER	5 00			X				0	0	0
(23) KRISTI STRACHAN CHAPTER LEADER	5 00			X				0	0	0
(24) KRISTIANNA ANDERSEN 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			
(426) KRISTIE BINDER CHAPTER LEADER	5 00			X				0	0	0
(1) KRISTIE BINER CHAPTER LEADER	5 00			X				0	0	0
(2) KRISTIN ENNEY CHAPTER LEADER	5 00			X				0	0	0
(3) KRISTIN MOYER CHAPTER LEADER	5 00			X				0	0	0
(4) KRISTIN STEPHENS CHAPTER LEADER	5 00			X				0	0	0
(5) KRISTINA TEAL CHAPTER LEADER	5 00			X				0	0	0
(6) KRISTINE ELLIOTT CHAPTER LEADER	5 00			X				0	0	0
(7) KURT BROSSMAN CHAPTER LEADER	5 00			X				0	0	0
(8) LACEY MANN CHAPTER LEADER	5 00			X				0	0	0
(9) LACI MEASE CHAPTER LEADER	5 00			X				0	0	0
(10) LARRY GILLILAND CHAPTER LEADER	5 00			X				0	0	0
(11) LARRY HOOKER CHAPTER LEADER	5 00			X				0	0	0
(12) LARRY RODENBURG CHAPTER LEADER	5 00			X				0	0	0
(13) LAURA BRASHEAR CHAPTER LEADER	5 00			X				0	0	0
(14) LAURA BUFMACK CHAPTER LEADER	5 00			X				0	0	0
(15) LAURA JOHNSON CHAPTER LEADER	5 00			X				0	0	0
(16) LAURA MAIN CHAPTER LEADER	5 00			X				0	0	0
(17) LAURAL BROWNELL CHAPTER LEADER	5 00			X				0	0	0
(18) LAUREN MCLAUGHLIN CHAPTER LEADER	5 00			X				0	0	0
(19) LAURIE BANISTER CHAPTER LEADER	5 00			X				0	0	0
(20) LAURIE COOK CHAPTER LEADER	5 00			X				0	0	0
(21) LAURIE STUTZ CHAPTER LEADER	5 00			X				0	0	0
(22) LEAH CLARK CHAPTER LEADER	5 00			X				0	0	0
(23) LEANN DUNCAN CHAPTER LEADER	5 00			X				0	0	0
(24) LEANN SPRINGER 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(451) LEISA CARSON CHAPTER LEADER	5 00			X				0	0	0
(1) LES FRALEY CHAPTER LEADER	5 00			X				0	0	0
(2) LESLEY LINTON CHAPTER LEADER	5 00			X				0	0	0
(3) LESLIE LOCKARD CHAPTER LEADER	5 00			X				0	0	0
(4) LESLIE PETERSON CHAPTER LEADER	5 00			X				0	0	0
(5) LIBBY KOEHN CHAPTER LEADER	5 00			X				0	0	0
(6) LINDA GRATER CHAPTER LEADER	5 00			X				0	0	0
(7) LINDA KURTZER CHAPTER LEADER	5 00			X				0	0	0
(8) LINDA MEISNER CHAPTER LEADER	5 00			X				0	0	0
(9) LINDA MOORES CHAPTER LEADER	5 00			X				0	0	0
(10) LINDA SQUIBB CHAPTER LEADER	5 00			X				0	0	0
(11) LINDA THOMPSON CHAPTER LEADER	5 00			X				0	0	0
(12) LISA BOLAND CHAPTER LEADER	5 00			X				0	0	0
(13) LISA COOPER CHAPTER LEADER	5 00			X				0	0	0
(14) LISA DEHN CHAPTER LEADER	5 00			X				0	0	0
(15) LISA FRANKS CHAPTER LEADER	5 00			X				0	0	0
(16) LISA JENKINS CHAPTER LEADER	5 00			X				0	0	0
(17) LISA MEGEL CHAPTER LEADER	5 00			X				0	0	0
(18) LISA MIRABITO CHAPTER LEADER	5 00			X				0	0	0
(19) LISA NEIL CHAPTER LEADER	5 00			X				0	0	0
(20) LISA NIESLANIK CHAPTER LEADER	5 00			X				0	0	0
(21) LISA SCOTT CHAPTER LEADER	5 00			X				0	0	0
(22) LISA STAVIG CHAPTER LEADER	5 00			X				0	0	0
(23) LISA WALSH CHAPTER LEADER	5 00			X				0	0	0
(24) LIZ RUTTER 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			
(476) LOLITA SHAFFER CHAPTER LEADER	5 00			X				0	0	0
(1) LOREN FRENCH CHAPTER LEADER	5 00			X				0	0	0
(2) LORETTA YOUNG CHAPTER LEADER	5 00			X				0	0	0
(3) LORI DELEHOY CHAPTER LEADER	5 00			X				0	0	0
(4) LORI RAE HAMILTON CHAPTER LEADER	5 00			X				0	0	0
(5) LORIE LAUTENBACH CHAPTER LEADER	5 00			X				0	0	0
(6) LORRI ARNHOLD CHAPTER LEADER	5 00			X				0	0	0
(7) LUCINDA GUNN CHAPTER LEADER	5 00			X				0	0	0
(8) LUCINDA GUNN CHAPTER LEADER	5 00			X				0	0	0
(9) LYNETTE JOHNSON CHAPTER LEADER	5 00			X				0	0	0
(10) LYNN JOHNSON CHAPTER LEADER	5 00			X				0	0	0
(11) LYNN MYERS CHAPTER LEADER	5 00			X				0	0	0
(12) LYNN SCHWARTZ CHAPTER LEADER	5 00			X				0	0	0
(13) MACKENZIE STOAKS CHAPTER LEADER	5 00			X				0	0	0
(14) MAGDALENE MONTANO CHAPTER LEADER	5 00			X				0	0	0
(15) MALLORY JOHNSON CHAPTER LEADER	5 00			X				0	0	0
(16) MANDY SCOTT CHAPTER LEADER	5 00			X				0	0	0
(17) MARCIA RHOADS CHAPTER LEADER	5 00			X				0	0	0
(18) MARGARET MARR CHAPTER LEADER	5 00			X				0	0	0
(19) MARGUERITE YOWELL CHAPTER LEADER	5 00			X				0	0	0
(20) MARIA RS KATTNIG CHAPTER LEADER	5 00			X				0	0	0
(21) MARIA TRETO CHAPTER LEADER	5 00			X				0	0	0
(22) MARIE ADAMS CHAPTER LEADER	5 00			X				0	0	0
(23) MARILYN WENTZ CHAPTER LEADER	5 00			X				0	0	0
(24) MARK VOLT 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			
(501) MARKLEY WALSH CHAPTER LEADER	5 00			X				0	0	0
(1) MARLO VALDEZ CHAPTER LEADER	5 00			X				0	0	0
(2) MARSHA SLEPICKA CHAPTER LEADER	5 00			X				0	0	0
(3) MARTHA STENDER CHAPTER LEADER	5 00			X				0	0	0
(4) MARY ALTON CHAPTER LEADER	5 00			X				0	0	0
(5) MARY BREWER CHAPTER LEADER	5 00			X				0	0	0
(6) MARY ELLEN LEBLANC CHAPTER LEADER	5 00			X				0	0	0
(7) MARY ENDSLEY CHAPTER LEADER	5 00			X				0	0	0
(8) MARY GORE CHAPTER LEADER	5 00			X				0	0	0
(9) MARY LOVING CHAPTER LEADER	5 00			X				0	0	0
(10) MARY OLGUIN CHAPTER LEADER	5 00			X				0	0	0
(11) MARY O'MALLEY CHAPTER LEADER	5 00			X				0	0	0
(12) MARY PARENTI CHAPTER LEADER	5 00			X				0	0	0
(13) MARY STEPHENS CHAPTER LEADER	5 00			X				0	0	0
(14) MARY WRIGHT CHAPTER LEADER	5 00			X				0	0	0
(15) MATIN TELCK CHAPTER LEADER	5 00			X				0	0	0
(16) MAUREEN BERGENFELD CHAPTER LEADER	5 00			X				0	0	0
(17) MEDORA FRALICK CHAPTER LEADER	5 00			X				0	0	0
(18) MEGAN BLASER CHAPTER LEADER	5 00			X				0	0	0
(19) MEGAN SPANN CHAPTER LEADER	5 00			X				0	0	0
(20) MELANI HENSLEY CHAPTER LEADER	5 00			X				0	0	0
(21) MELANIE BOHREN CHAPTER LEADER	5 00			X				0	0	0
(22) MELANIE ERICKSON CHAPTER LEADER	5 00			X				0	0	0
(23) MELANIE NORTHUP CHAPTER LEADER	5 00			X				0	0	0
(24) MELINDA HUTT CHAPTER LEADER	5 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(526) MELINDA SHADE CHAPTER LEADER	5 00			X				0	0	0
(1) MELISSA CAPE CHAPTER LEADER	5 00			X				0	0	0
(2) MELISSA JONES CHAPTER LEADER	5 00			X				0	0	0
(3) MELISSA NAEB CHAPTER LEADER	5 00			X				0	0	0
(4) MELONIE NESS CHAPTER LEADER	5 00			X				0	0	0
(5) MENDI LUTZE CHAPTER LEADER	5 00			X				0	0	0
(6) MEREDITH DAVIDSEN CHAPTER LEADER	5 00			X				0	0	0
(7) MICHAEL PETERSON CHAPTER LEADER	5 00			X				0	0	0
(8) MICHELLE GERLITZ CHAPTER LEADER	5 00			X				0	0	0
(9) MICHELLE MALONEY CHAPTER LEADER	5 00			X				0	0	0
(10) MIDRED SMELKER CHAPTER LEADER	5 00			X				0	0	0
(11) MIKE BABI CHAPTER LEADER	5 00			X				0	0	0
(12) MIKE LITZENBERGER CHAPTER LEADER	5 00			X				0	0	0
(13) MIKE RITSCHARD CHAPTER LEADER	5 00			X				0	0	0
(14) MIKE STROUSE CHAPTER LEADER	5 00			X				0	0	0
(15) MITCH KENDRICK CHAPTER LEADER	5 00			X				0	0	0
(16) MOLLY CHILSON CHAPTER LEADER	5 00			X				0	0	0
(17) MOLLY MENDOZA CHAPTER LEADER	5 00			X				0	0	0
(18) MYCHELE SMITH CHAPTER LEADER	5 00			X				0	0	0
(19) NADINE HATCH CHAPTER LEADER	5 00			X				0	0	0
(20) NADINE HENRY CHAPTER LEADER	5 00			X				0	0	0
(21) NANCY DAY CHAPTER LEADER	5 00			X				0	0	0
(22) NANCY KELLER CHAPTER LEADER	5 00			X				0	0	0
(23) NANCY NELLIGAN CHAPTER LEADER	5 00			X				0	0	0
(24) NANCY WEBER CHAPTER LEADER	5 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(551) NANCY WHITE CHAPTER LEADER	5 00			X				0	0	0
(1) NANCY ZIMMER CHAPTER LEADER	5 00			X				0	0	0
(2) NAOMI RIESS CHAPTER LEADER	5 00			X				0	0	0
(3) NICKI HOBBY CHAPTER LEADER	5 00			X				0	0	0
(4) NICKIE LAFFERTY CHAPTER LEADER	5 00			X				0	0	0
(5) NICOLAS SCOTT CHAPTER LEADER	5 00			X				0	0	0
(6) NICOLE CARLSON CHAPTER LEADER	5 00			X				0	0	0
(7) NICOLE FRANK CHAPTER LEADER	5 00			X				0	0	0
(8) NICOLE KING CHAPTER LEADER	5 00			X				0	0	0
(9) NICOLE MCCHESNEY CHAPTER LEADER	5 00			X				0	0	0
(10) NICOLE WALLACE CHAPTER LEADER	5 00			X				0	0	0
(11) NICOLETTE AHRENS CHAPTER LEADER	5 00			X				0	0	0
(12) NIKI SMITH CHAPTER LEADER	5 00			X				0	0	0
(13) NIKKI K SHANNON CHAPTER LEADER	5 00			X				0	0	0
(14) NIKKI REID CHAPTER LEADER	5 00			X				0	0	0
(15) NOLA MEANS CHAPTER LEADER	5 00			X				0	0	0
(16) PAM HAYNES CHAPTER LEADER	5 00			X				0	0	0
(17) PAM LATHROP CHAPTER LEADER	5 00			X				0	0	0
(18) PAM LONG CHAPTER LEADER	5 00			X				0	0	0
(19) PAM PRIEST CHAPTER LEADER	5 00			X				0	0	0
(20) PAM STRUCKMEYER CHAPTER LEADER	5 00			X				0	0	0
(21) PAT ALGER CHAPTER LEADER	5 00			X				0	0	0
(22) PAT KINDVALL CHAPTER LEADER	5 00			X				0	0	0
(23) PATRICIA A MORGAN CHAPTER LEADER	5 00			X				0	0	0
(24) PATRICIA KUHLMANN CHAPTER LEADER	5 00			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(576) PATTI CHURCHWELL CHAPTER LEADER	5 00			X				0	0	0
(1) PATTY COOMBS CHAPTER LEADER	5 00			X				0	0	0
(2) PAUL CHATHAM CHAPTER LEADER	5 00			X				0	0	0
(3) PAUL CLAYTON CHAPTER LEADER	5 00			X				0	0	0
(4) PEGGY DELUKE CHAPTER LEADER	5 00			X				0	0	0
(5) PEGGY EDSON CHAPTER LEADER	5 00			X				0	0	0
(6) PEGGY RUSHTON CHAPTER LEADER	5 00			X				0	0	0
(7) PEGGY THATE CHAPTER LEADER	5 00			X				0	0	0
(8) PEGGY TUSHTON CHAPTER LEADER	5 00			X				0	0	0
(9) PENNY CRAWFORD CHAPTER LEADER	5 00			X				0	0	0
(10) PENNY ISENBART CHAPTER LEADER	5 00			X				0	0	0
(11) RACHEL NICHOLS CHAPTER LEADER	5 00			X				0	0	0
(12) RAEJEAN RIEGEL CHAPTER LEADER	5 00			X				0	0	0
(13) RALPH SHELDON CHAPTER LEADER	5 00			X				0	0	0
(14) RANDY JOHNSTON CHAPTER LEADER	5 00			X				0	0	0
(15) RANDY SCHOENECKER CHAPTER LEADER	5 00			X				0	0	0
(16) RAYMOND CARLOCK CHAPTER LEADER	5 00			X				0	0	0
(17) REBA SONNIER-FERTITTA CHAPTER LEADER	5 00			X				0	0	0
(18) REBECCA FRITZ CHAPTER LEADER	5 00			X				0	0	0
(19) REBECCA GRIFFIN CHAPTER LEADER	5 00			X				0	0	0
(20) REBECCA JACOBSON CHAPTER LEADER	5 00			X				0	0	0
(21) REBECCA MITCHELL CHAPTER LEADER	5 00			X				0	0	0
(22) RED LEE CHAPTER LEADER	5 00			X				0	0	0
(23) RENA HORN CHAPTER LEADER	5 00			X				0	0	0
(24) RENAE NEILSON 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			
(601) RENE ADAMS CHAPTER LEADER	5 00			X				0	0	0
(1) RENEE WATTERS CHAPTER LEADER	5 00			X				0	0	0
(2) RHINA SOTELO CHAPTER LEADER	5 00			X				0	0	0
(3) RHONDA GRAHAM CHAPTER LEADER	5 00			X				0	0	0
(4) RHONDA LEDFORD CHAPTER LEADER	5 00			X				0	0	0
(5) RITA JOHNSTON CHAPTER LEADER	5 00			X				0	0	0
(6) ROBERT FRANKLIN CHAPTER LEADER	5 00			X				0	0	0
(7) ROBERTA L CHASE CHAPTER LEADER	5 00			X				0	0	0
(8) ROBIN WILLIAMS CHAPTER LEADER	5 00			X				0	0	0
(9) ROCHELLE CHILES CHAPTER LEADER	5 00			X				0	0	0
(10) ROD COLE CHAPTER LEADER	5 00			X				0	0	0
(11) ROD JOHNSON CHAPTER LEADER	5 00			X				0	0	0
(12) ROISIN MCEWEN CHAPTER LEADER	5 00			X				0	0	0
(13) ROSIE SCANLON CHAPTER LEADER	5 00			X				0	0	0
(14) ROZILYNN WITHERELL CHAPTER LEADER	5 00			X				0	0	0
(15) RUSTY HAMILTON CHAPTER LEADER	5 00			X				0	0	0
(16) RUTH FURRY CHAPTER LEADER	5 00			X				0	0	0
(17) RUTH SHEPARDSON CHAPTER LEADER	5 00			X				0	0	0
(18) SAM LOWRY CHAPTER LEADER	5 00			X				0	0	0
(19) SAMANTHA MARTIN CHAPTER LEADER	5 00			X				0	0	0
(20) SANDRA HOIHJELLE CHAPTER LEADER	5 00			X				0	0	0
(21) SARA SHIELDS CHAPTER LEADER	5 00			X				0	0	0
(22) SARA WARREN CHAPTER LEADER	5 00			X				0	0	0
(23) SARA WENDLAND CHAPTER LEADER	5 00			X				0	0	0
(24) SARAH BACON 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			
(626) SARAH GRIMES CHAPTER LEADER	5 00			X				0	0	0
(1) SARAH KINDVALL CHAPTER LEADER	5 00			X				0	0	0
(2) SARAH POLLY CHAPTER LEADER	5 00			X				0	0	0
(3) SCOTT STINNETT CHAPTER LEADER	5 00			X				0	0	0
(4) SERENA STIEG CHAPTER LEADER	5 00			X				0	0	0
(5) SHANE ROBERTS CHAPTER LEADER	5 00			X				0	0	0
(6) SHANI MCBRIDE CHAPTER LEADER	5 00			X				0	0	0
(7) SHANTEL SATOR CHAPTER LEADER	5 00			X				0	0	0
(8) SHARON BLACKHAM CHAPTER LEADER	5 00			X				0	0	0
(9) SHARON O'PATIK CHAPTER LEADER	5 00			X				0	0	0
(10) SHARON PEINE CHAPTER LEADER	5 00			X				0	0	0
(11) SHAWN MCKINLEY CHAPTER LEADER	5 00			X				0	0	0
(12) SHAWN POLLY CHAPTER LEADER	5 00			X				0	0	0
(13) SHAWN ROBERSON CHAPTER LEADER	5 00			X				0	0	0
(14) SHAWNY COMER CHAPTER LEADER	5 00			X				0	0	0
(15) SHAYLEN FLOREZ CHAPTER LEADER	5 00			X				0	0	0
(16) SHEILA CANADAY CHAPTER LEADER	5 00			X				0	0	0
(17) SHELAGH SWITZER CHAPTER LEADER	5 00			X				0	0	0
(18) SHELBY DUTTON CHAPTER LEADER	5 00			X				0	0	0
(19) SHELLY MATHIS CHAPTER LEADER	5 00			X				0	0	0
(20) SHELLY RIESTER CHAPTER LEADER	5 00			X				0	0	0
(21) SHELLY SABROWSKI CHAPTER LEADER	5 00			X				0	0	0
(22) SHELLY SMITH CHAPTER LEADER	5 00			X				0	0	0
(23) SHERA KIESS CHAPTER LEADER	5 00			X				0	0	0
(24) SHERIE HAYES 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			
(651) SHERRI BRANDT CHAPTER LEADER	5 00			X				0	0	0
(1) SHERRI JERNIGAN CHAPTER LEADER	5 00			X				0	0	0
(2) SHERRY FREESE CHAPTER LEADER	5 00			X				0	0	0
(3) SHERYL WEIBERT CHAPTER LEADER	5 00			X				0	0	0
(4) SHILOH WHALEY CHAPTER LEADER	5 00			X				0	0	0
(5) SHIRLEY THYNE CHAPTER LEADER	5 00			X				0	0	0
(6) SHONDA KING CHAPTER LEADER	5 00			X				0	0	0
(7) STACEY NEAL CHAPTER LEADER	5 00			X				0	0	0
(8) STACEY TUSHTON CHAPTER LEADER	5 00			X				0	0	0
(9) STACY FARMER CHAPTER LEADER	5 00			X				0	0	0
(10) STACY K CANTU CHAPTER LEADER	5 00			X				0	0	0
(11) STEPHANIE DAVID CHAPTER LEADER	5 00			X				0	0	0
(12) STEPHEN KONIECZKA CHAPTER LEADER	5 00			X				0	0	0
(13) STEVE HAMILTON CHAPTER LEADER	5 00			X				0	0	0
(14) STEVEN VILLYARD CHAPTER LEADER	5 00			X				0	0	0
(15) STUART GARDNER CHAPTER LEADER	5 00			X				0	0	0
(16) STUART GEBAUER CHAPTER LEADER	5 00			X				0	0	0
(17) SUE MUNDELL CHAPTER LEADER	5 00			X				0	0	0
(18) SUSAN CORLISS CHAPTER LEADER	5 00			X				0	0	0
(19) SUSAN HUTCHENS CHAPTER LEADER	5 00			X				0	0	0
(20) SUSAN KENDRICK CHAPTER LEADER	5 00			X				0	0	0
(21) SUSAN RUSSELL CHAPTER LEADER	5 00			X				0	0	0
(22) SUZAN PELLONI CHAPTER LEADER	5 00			X				0	0	0
(23) SUZANNE CAVEY CHAPTER LEADER	5 00			X				0	0	0
(24) SUZANNE L SARASIN 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			
(676) SUZANNE MITCHELL CHAPTER LEADER	5 00			X				0	0	0
(1) TAANJIA ENKE CHAPTER LEADER	5 00			X				0	0	0
(2) TALYNN ALLE CHAPTER LEADER	5 00			X				0	0	0
(3) TAMI EGGERS CHAPTER LEADER	5 00			X				0	0	0
(4) TAMI RATKOVICH CHAPTER LEADER	5 00			X				0	0	0
(5) TAMMY HETRICK CHAPTER LEADER	5 00			X				0	0	0
(6) TAMMY TAYLOR CHAPTER LEADER	5 00			X				0	0	0
(7) TARA DREILING CHAPTER LEADER	5 00			X				0	0	0
(8) TARA GARTON CHAPTER LEADER	5 00			X				0	0	0
(9) TARA RUMSEY CHAPTER LEADER	5 00			X				0	0	0
(10) TAWNYA SPRINGER CHAPTER LEADER	5 00			X				0	0	0
(11) TAYLOR OLIVER CHAPTER LEADER	5 00			X				0	0	0
(12) TEDDI BAIRD-THARP CHAPTER LEADER	5 00			X				0	0	0
(13) TEENA MORFORD CHAPTER LEADER	5 00			X				0	0	0
(14) TERESA BURNS CHAPTER LEADER	5 00			X				0	0	0
(15) TERESA JOHNSON CHAPTER LEADER	5 00			X				0	0	0
(16) TERESA RUSK CHAPTER LEADER	5 00			X				0	0	0
(17) TERESA TRAXLER CHAPTER LEADER	5 00			X				0	0	0
(18) TERESA WILCOX CHAPTER LEADER	5 00			X				0	0	0
(19) TERRY MCCORKINDALE CHAPTER LEADER	5 00			X				0	0	0
(20) THEA WAGLER CHAPTER LEADER	5 00			X				0	0	0
(21) THERESA OMMEN CHAPTER LEADER	5 00			X				0	0	0
(22) THOMAS COFFIELD CHAPTER LEADER	5 00			X				0	0	0
(23) THOMAS TORRES CHAPTER LEADER	5 00			X				0	0	0
(24) THOMAS WENDLAND 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			
(701) TIANA SMITH CHAPTER LEADER	5 00			X				0	0	0
(1) TIFFANY BRACCO CHAPTER LEADER	5 00			X				0	0	0
(2) TIFFANY MARTIN CHAPTER LEADER	5 00			X				0	0	0
(3) TIM KARP CHAPTER LEADER	5 00			X				0	0	0
(4) TIM O'GRADY CHAPTER LEADER	5 00			X				0	0	0
(5) TIM TROSPER CHAPTER LEADER	5 00			X				0	0	0
(6) TINA BOUTWELL CHAPTER LEADER	5 00			X				0	0	0
(7) TINA DILL CHAPTER LEADER	5 00			X				0	0	0
(8) TINA MCCRAY CHAPTER LEADER	5 00			X				0	0	0
(9) TINA POHLMANN CHAPTER LEADER	5 00			X				0	0	0
(10) TJ GOSS CHAPTER LEADER	5 00			X				0	0	0
(11) TOBY BUNKELMAN CHAPTER LEADER	5 00			X				0	0	0
(12) TOM MEKELBURG CHAPTER LEADER	5 00			X				0	0	0
(13) TOM WENDLAND CHAPTER LEADER	5 00			X				0	0	0
(14) TOMALEE YOUNG CHAPTER LEADER	5 00			X				0	0	0
(15) TONI LAMBETH CHAPTER LEADER	5 00			X				0	0	0
(16) TONI STATES CHAPTER LEADER	5 00			X				0	0	0
(17) TONIA ODONNELL CHAPTER LEADER	5 00			X				0	0	0
(18) TONYA THIEMAN CHAPTER LEADER	5 00			X				0	0	0
(19) TONYA YATES CHAPTER LEADER	5 00			X				0	0	0
(20) TRACEY FEIST CHAPTER LEADER	5 00			X				0	0	0
(21) TRACI MOON CHAPTER LEADER	5 00			X				0	0	0
(22) TRACY BALDWIN CHAPTER LEADER	5 00			X				0	0	0
(23) TRACY DONAGHY CHAPTER LEADER	5 00			X				0	0	0
(24) TRACY SMITH 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			
(726) TRAVIS CHAMBLIN CHAPTER LEADER	5 00			X				0	0	0
(1) TRAVIS TAYLOR CHAPTER LEADER	5 00			X				0	0	0
(2) TRICIA LEONE CHAPTER LEADER	5 00			X				0	0	0
(3) TRISTAN PFEFFER CHAPTER LEADER	5 00			X				0	0	0
(4) TROY PATTON CHAPTER LEADER	5 00			X				0	0	0
(5) TROY TAYLOR CHAPTER LEADER	5 00			X				0	0	0
(6) TRUDY HERMAN CHAPTER LEADER	5 00			X				0	0	0
(7) TRUDY HOESLI CHAPTER LEADER	5 00			X				0	0	0
(8) VAL LOOSE CHAPTER LEADER	5 00			X				0	0	0
(9) VERA BOTT CHAPTER LEADER	5 00			X				0	0	0
(10) VERLA NOAKES CHAPTER LEADER	5 00			X				0	0	0
(11) VERONICA WILKINS CHAPTER LEADER	5 00			X				0	0	0
(12) VICKI CONLEY CHAPTER LEADER	5 00			X				0	0	0
(13) VICKI HARRIS CHAPTER LEADER	5 00			X				0	0	0
(14) VICKI HUTSON CHAPTER LEADER	5 00			X				0	0	0
(15) VICKY MORENO CHAPTER LEADER	5 00			X				0	0	0
(16) VINCHENZA KINZA BURNEY CHAPTER LEADER	5 00			X				0	0	0
(17) VIRGINIA CHRISTENSEN CHAPTER LEADER	5 00			X				0	0	0
(18) WADE GERBER CHAPTER LEADER	5 00			X				0	0	0
(19) WENDEE CORSENTINO CHAPTER LEADER	5 00			X				0	0	0
(20) WENDY ANEMAET CHAPTER LEADER	5 00			X				0	0	0
(21) WENDY FISCHER CHAPTER LEADER	5 00			X				0	0	0
(22) WILLIAN AAROE CHAPTER LEADER	5 00			X				0	0	0
(23) YVONNE MORFITT CHAPTER LEADER	5 00			X				0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")			237,625	606,799	1,142,873	1,987,297
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5			237,625	606,799	1,142,873	1,987,297
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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
c Add lines 7a and 7b						0
8 **Public support** (Subtract line 7c from line 6)						1,987,297

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6			237,625	606,799	1,142,873	1,987,297
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			2,141	14,945	9,491	26,577
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			2,141	14,945	9,491	26,577
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			190,318	198,088	103,220	491,626
13 **Total support.** (Add lines 9, 10c, 11, and 12)			430,084	819,832	1,255,584	2,505,500

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	SUPPLY AND MISCELLANEOUS INCOME - 2012 AMOUNT $ 190,318 2013 AMOUNT $ 198,088 2014 AMOUNT $ 103,220

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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 ALL CHAPTER EVENTS (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,464,687			1,464,687
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	1,464,687			1,464,687
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	966,964			966,964
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(966,964)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				497,723

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 _____

11 Does the organization conduct 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 activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ 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 provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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*.**

OMB No 1545-0047

2014

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? . . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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.

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

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 Domestic Individuals.** 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 AND AWARDS	5733	342,465		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

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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 990-EZ 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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
COLORADO 4-H FOUNDATION GROUP	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