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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545 1150

Open to Public Inspection

<u> </u>			nenuar year, or tax year beginning , 2010	o, and ending			<u>. </u>			
₽_		Check if applicable C Address change				D Employer identification number				
F	า	Name change CONSUMERS UNITED ASSOCIATION			26-0043289					
F	╡				E Telephone number					
늗	=				720-479-3200					
F	i,d									
	╡	ation pending				Group Ex Number	cemption ▶			
G	Acco	unting Met	hod Cash X Accrual Other (specify) ►	н с	heck ►	X If the	organization is not			
ſ	Webs	site: 🟲 w	ww.cuacolorado.org				Schedule B			
J	Tax-e	xempt status	(check only one) $ \boxed{ 501(c)(3)}$ \boxed{X} $501(c)(4)$ $\boxed{4}$ (insert no) $\boxed{ 4947(6)}$	a)(1) or 527 (F	orm 99	0, 990-EZ	Z, or 990-PF)			
K		of organiz								
L	Add I	lines 5b, 6d ts (Part II.	c, and 7b to line 9 to determine gross receipts. If gross receipts are scolumn (B) below) are \$500,000 or more, file Form 990 instead of F	\$200,000 or more, or orm 990-F7	ıf total	⊳ \$	160,394.			
P	art I		ue, Expenses, and Changes in Net Assets or Fund B		ınstri					
نا			the organization used Schedule O to respond to any question in this	•	, 1115(11	actions	X			
	1		ons, gifts, grants, and similar amounts received			1				
	2	Program s	service revenue including government fees and contracts			2				
	3	Membersh	hip dues and assessments			3	158,454.			
	4	Investmer	nt income			4	1,940.			
	5 a	Gross am	ount from sale of assets other than inventory	5 a		x.				
	Ь	Less cost	t or other basis and sales expenses	5 b		7 7				
	C	: Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from line 5a)			5 c				
	6	Gaming a	nd fundraising events				 _			
R	a	Gross inco	ome from gaming (attach Schedule G if greater than \$15,000)	6 a						
REVEZU	Ь		ome from fundraising events (not including \$	of contributions						
Ŭ	1		raising events reported on line 1) (attach Schedule G if the sum ross income and contributions exceeds \$15,000)	6b						
E		-								
	1		ect expenses from gaming and fundraising events	6 c						
	d	Net incom 6b and su	ne or (loss) from gaming and fundraising events (add lines 6a and libtract line 6c)			6 d				
	7 a	Gross sale	es of inventory, less returns and allowances	7 a						
	b	Less cos	t of goods sold	7 b						
	C		of tor goods sold			7 c				
	8		enue (describe 版\$chedule O)			8				
_	9		enue. Add lines 🖫 /2, 3A4/ Sc. 16d3 7cg and 8 🥳			<u> </u>	160,394.			
	20,	Grants an	nd similar amounts paid (list in Schedule O)			10	13,308.			
_	710		paid to or for members			11				
X	12:		other compensation and employee benefits			12	50,400.			
E	131		nal fees and other payments to independent contractors			13	<u>38,645.</u>			
PENSES	14)	-	cy, rent, utilities, and maintenance			14				
Ę Ş	15		publications, postage, and shipping	Car Cab ada a		15	16			
				See Schedule	U	16	29,214.			
	97		enses. Add lines 10 through 16	_ -		<u>► 17</u>	131,583.			
А	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	28,811.			
NS EET	195	 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 								
ŦĒ	12	figure reported on prior year's return)				19	326,401.			
S	20		inges in net assets or fund balances (explain in Schedule O)			20				
	21	ivet assets	s or fund balances at end of year Combine lines 18 through 20			▶ 21	355,212.			

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BAA For Paperwork Reduction Act Notice, see the separate instructions.

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1 41	Check if the organization used Sched		tion in this Part II				X
				(A) Beginning	of year	T	(B) End of year
22	Cash, savings, and investments			312	,290.	22	328,902.
23	Land and buildings	Coo Cobodul	- 0			23	
24	Other assets (describe in Schedule O)	See Schedule	e U	14	,136.	24	26,310.
25	Total assets	001.11	0	326	,426.	25	355,212.
26							0.
_27	<u> </u>						355,212.
Par	t III Statement of Program Service Accor	mplishments (see the instruction	ons for Part III)		(37)		Expenses
	Check if the organization used Sche	edule O to respond to any qu	estion in this Part III				ured for section 501
What	is the organization's primary exempt purpose? See	Schedule O					and 501(c)(4)
Desc	cribe the organization's program service acc sured by expenses. In a clear and concise	complishments for each of its manner, describe the service	three largest progra s provided, the num	m services, as her of persons			nizations, optional hers)
bene	fited, and other relevant information for each	ch program title					,
28	See_Schedule_O]		·
	(Grants \$ 13, 308.) If thi	s amount includes foreign gra	ants, check here			28 a	13,308.
29							
						- 1	
	(Grants \$) If the	s amount includes foreign gra	ants, check here		P	29 a	
30							
				 -			
		s amount includes foreign gra	ants, check here		<u> </u>	30 a	
31	Other program services (describe in Schei					l	
		s amount includes foreign gra	ants, check here			31 a	
	Total program service expenses (add line		<u> </u>	·- <u>-</u>		32	13,308.
Par	t IV List of Officers, Directors, Tr			,	ısated —	see th	e instructions for Part IV) 🦳
	Check if the organization used Sche	edule O to respond to any qui	estion in this Part IV				
	(a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensa (Forms W-2/1099 MIS	contributions	n benefits, to employ	yee	(e) Estimated amount of
	(L) Hame and this	position	(if not paid, enter -0-	. I beliefly bialis	, and defe nsation	rred	other compensation
REN	NEE BEAUREGARD						
	Treas	20	50,40	10		0.1	0.
	4 HELMERS					<u> </u>	<u></u>
	cector	1		0.1		0.1	0.
	CK WEBER						
Dir	rector	1		0.		0.	0.
	AD SHANE						
Dii	rector	1		0.		0.	0.
SCC	OTT EARL						
Pre	esident	1		0.		0.	0.
	RRELL MANN						
	airman	1		0.		0.	<u> </u>
	IN RUBY						
	rector	1		0.		0.	0.
	AD GENTRY					İ	
<u>Di</u>	rector	1		0.		0.	0.
							
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		TEEA0812L 1	2/22/15				F 600 67 100
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ra	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
33	If 'Yes,' provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents of they reflect			
25	a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 8	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35.		T,,
	of If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 a		<u> </u>
	was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	33 0	<u> </u>	
	reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant			
27.	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37 ь		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	3/1		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
t	olf 'Yes,' complete Schedule L, Part II and enter the total			<u> </u>
39	amount involved Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39 b N/A			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A	}		
	section 4911 N/A, section 4912 N/A, section 4955 N/A			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess.			
	benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ ² if 'Yes,' complete Schedule L, Part I. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization	40 b		X
•	managers or disqualified persons during the year under sections 4912, 4955, and 4958	,	*	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed	,	»	
	by the organization • 0.		,	ž.,
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed None	400		
	The organization's books are in care of Mountain West CU Association Telephone no. 720-4 Located at 1009 Grant Street Denver CO ZIP + 4 80203 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)? If 'Yes,' enter the name of the foreign country	79-32 42 b	200 Yes	No X
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country	42 c		X
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	, 	Yes	N/A N/A No
44 a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 ь		<u></u>
	Did the organization receive any payments for indoor tanning services during the year?	44 c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			
45 -	If 'No,' provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44 d		
	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,'	45 a		<u>X</u>
	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		Х
	TEEA0812L 12/22/16 Fc	rm 99	1-E7 (

		•					Yes	No
46		e organization engage, directly or indirect dates for public office? If 'Yes,' complete t		activities on behalf of o	or in opposition to	46		X
Par	t VI	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51.		questions 47-49b a	nd 52, and complet	te the tab	les	
		Check if the organization used Schedule	O to respond to any gu	uestion in this Part VI				П
47	Did th	ie organization engage in lobbying activitie			rung the tax year? If 'Ve		Yes	No
47		lete Schedule C, Part II	es of flave a section 50	r(ii) election in ellect du	ining the tax year in Tes	47		
		organization a school as described in sec		•	ıle E	48		
		ie organization make any transfers to an e s,' was the related organization a section!	*	elated organization?		49 a		├ ──
		elete this table for the organization's five h		ployees (other than offi	cers, directors, trustees		L	
	emplo	byees) who each received more than \$100	,000 of compensation fi	rom the organization If	there is none, enter 'Nor	ne '		
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
			_					
						 		
f	Total	number of other employees paid over \$10	0.000		<u> </u>	L		
	Comp	lete this table for the organization's five h	ighest compensated inc	dependent contractors w	_ rho each received more t	han \$100,00	0 of	
	<u>-</u>	ensation from the organization. If there is		(h) Tura		(c) Com		
		(a) Name and business address of each independent co		(b) Type	of Service	(c) Comp		
						-		
						<u> </u>		
					-			
						-		
		number of other independent contractors						
	compl	ne organization complete Schedule A? No leted Schedule A		<u> </u>		► Yes	[<u>No</u>
Under p	orrect, a	of perjury, I declare that I have examined this return, incl nd complete Declaration of preparer (other than office	r) is based on all information of	ind statements, and to the best of which preparer has any knowledge.	ledge			
¢:	_	Signature of officer			Date			
Sigr Here	9	Shaun Ongstad Type or print name and title			Senior VP/Cont	roller		
		Print/Type preparer's name	Preparer's signature	Date		PTIN	_	
Paid		Eric L. Jones	Erica dones	1/3	Check if self-employed	P0063417	00	
Prep.		Firm's name > Jones Mertschin	g CFAs, PC					
Use (Only	Firm's address > 32186 Castle Ct			Firm's EIN	84-0919		
May 1	the IRS	Evergreen, CO 8 S discuss this return with the preparer sho		tions	Phone no (30	03) 480- ► X Ye		No
,,.uy		5 3.5005 and retain with the preparer site	above oce matruc		· 	Form 9		

26-0043289

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Form 990-EZ (2016) CONSUMERS UNITED ASSOCIATION

SCHEDULE O (Form 990 or 990-EZ)

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.

► 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.

2016
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CONSUMERS UNITED ASSOCIATION

Form 990-EZ, Part I, Line 16

Other Expenses

Employer identification number 26-0043289

- ······ -···· -··· -·· -·· -·· -·· -··		
Advertising and Promotion Awards and Recognition Insurance	\$	2,255. 2,937. 1,791.
Member Services Miscellaneous		385. 363.
Office Expenses Web-Site Services	· 	145. 21,338.
	Total &	29 214

Form 990-EZ, Part II, Line 24 Other Assets

		<u>Beg</u>	<u>inning</u>	 <u>Ending</u>
Accounts Receivable Prepaid Expenses and Deferred Charges	Total	\$ <u>\$</u>	9,680. 4,456. 14,136.	 18,467. 7,843. 26,310.

Form 990-EZ, Part II, Line 26 Total Liabilities

			<u>Beginn</u>	<u>ing</u>	 <u>Ending</u>
Accounts Payable and Accrued	Expenses		\$	25.	\$ 0.
-	-	Total	\$	25.	\$ 0.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The Corporation is organized for consumer educational, informational and advocacy purposes. The mission of Consumers United Association is to improve the financial lives of consumers by providing financial education and advocacy.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Right on the Money Financial Education Awards:

The Right on the Money Award seeks to honor the efforts of Colorado non profits, schools, organizations and others who are providing vital financial education to children, high school and college age young people and adults.