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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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](#)

Department of the Treasury  
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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)Room/suite

4040 Campus Delivery

City or town, state or province, country, and ZIP or foreign postal code

Fort Collins, CO 805234040

F Name and address of principal officer

Kent Singer

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

D Employer identification number

46-4830470

E Telephone number

(970) 491-1537

G Gross receipts \$ 2,923,914

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

Activities & Governance

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

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .

6 Total number of volunteers (estimate if necessary) . . . . .

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .

7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . .

9 Program service revenue (Part VIII, line 2g) . . . . .

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . .

21 Total liabilities (Part X, line 26) . . . . .

22 Net assets or fund balances Subtract line 21 from line 20 . . . . .

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

Signature of officer

Kent Singer Trustee/President

Type or print name and title

2018-05-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Kimberly A Ryan

Preparer's signature

Kimberly A Ryan

Date

Check ☐ if self-employed

PTIN P00829977

Firm's name ▶ RubinBrown LLP

Firm's EIN ▶ 43-0765316

Firm's address ▶ 1900 16th Street Suite 300

Phone no (303) 698-1883

Denver, CO 80202

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . .

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**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

The Colorado 4-H Foundation provides positive youth development and education by raising and distributing funds in support of diverse Colorado 4-H programs

**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 \$ 1,996,005 including grants of \$ 247,717 ) (Revenue \$ )  
See Additional Data






**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 ▶ 1,996,005

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> 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	<b>10</b>	No
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b>	No
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</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	<b>12b</b>	No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	<b>18</b> Yes	
<b>19</b> 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 	<b>19</b>	No

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		No
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	0	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</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	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand.	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 13		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 13		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>	Yes	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	<b>9</b>		No

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

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

**Section C. Disclosure**

<b>17</b> List the States with which a copy of this Form 990 is required to be filed▶	
<b>18</b> 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b> 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.	
<b>20</b> State the name, address, and telephone number of the person who possesses the organization's books and records. ▶Janice Schemp 4040 CAMPUS DELIVERY FORT COLLINS, CO 80523 (970) 491-1537	

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

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

Form **990** (2016)

[illegible]

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			

<b>1</b> 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.		
<b>(A)</b>	<b>(B)</b>	<b>(C)</b>
Name and business address	Description of services	Compensation

Form **990** (2016)



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>	677,505			
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	620,610			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		1,298,115			
<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> _____					
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		12,420			12,420
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b> Royalties . . . . . ▶					
			(i) Real	(ii) Personal		
	<b>6a</b> Gross rents					
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other		
	<b>7a</b> Gross amount from sales of assets other than inventory					
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>		1,545,696			
	<b>b</b> Less direct expenses . . . . . <b>b</b>		705,004			
	<b>c</b> Net income or (loss) from fundraising events . . . ▶		840,692			840,692
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . ▶					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue		Business Code				
<b>11a</b> MISCELLANEOUS INCOME		900099	67,683	67,683		
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			67,683			
<b>12 Total revenue.</b> See Instructions . . . . . ▶			2,218,910	67,683	0	853,112

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	30,616	30,616		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	217,101	217,101		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.				
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
<b>9</b> Other employee benefits.				
<b>10</b> Payroll taxes.				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.				
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
<b>12</b> Advertising and promotion.	280	280		
<b>13</b> Office expenses.				
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	11,259	11,259		
<b>17</b> Travel.				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.				
<b>23</b> Insurance.	2,489	2,489		
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> ACTIVITIES	932,437	932,437		
<b>b</b> DUES	259,519	259,519		
<b>c</b> TROPHIES/AWARDS	255,054	255,054		
<b>d</b> SUPPLIES	231,635	231,635		
<b>e</b> All other expenses	55,615	55,615		
<b>25</b> Total functional expenses. Add lines 1 through 24e.	1,996,005	1,996,005	0	0
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		548,090	<b>1</b>	770,995
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .			<b>4</b>	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			<b>9</b>	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>		<b>10c</b>	
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>			
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			<b>15</b>	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		548,090	<b>16</b>	770,995	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .			<b>17</b>	
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .			<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D.			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.			<b>25</b>	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets			<b>27</b>	
	<b>28</b>	Temporarily restricted net assets . . . . .			<b>28</b>	
	<b>29</b>	Permanently restricted net assets			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		0	<b>30</b>	0
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		0	<b>31</b>	0
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds		548,090	<b>32</b>	770,995
<b>33</b>	<b>Total net assets or fund balances . . . . .</b>		548,090	<b>33</b>	770,995	
<b>34</b>	<b>Total liabilities and net assets/fund balances . . . . .</b>		548,090	<b>34</b>	770,995	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,218,910
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,996,005
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	222,905
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	548,090
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	770,995

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 46-4830470

**Name:** Colorado 4-H Foundation Group

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

The Colorado 4-H Foundation provides positive youth development and education by raising and distributing funds in support of diverse Colorado 4-H programs

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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			
Kent Singer ..... Trustee/President	20 00 .....			X				0	0	0
Barbara Walz ..... President	10 00 .....			X				0	0	0
Mary Gearhart ..... Vice President/Treas	15 00 .....			X				0	0	0
Paula Waggoner ..... Trustee/Vpres	10 00 .....			X				0	0	0
Jodie Martin-Witt ..... Treasurer	5 00 .....			X				0	0	0
Tom Dougherty ..... Secretary	10 00 .....			X				0	0	0
Rachel Skanson ..... Trustee	5 00 .....			X				0	0	0
Matthew Koly ..... Trustee	5 00 .....			X				0	0	0
Michael A Thero ..... Trustee	5 00 .....			X				0	0	0
Jim Van Someren ..... Trustee	5 00 .....			X				0	0	0

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

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)							Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Rob Ryan ..... Trustee	5 00 .....			X					0	0	0
Andy Glover ..... Trustee	5 00 .....			X					0	0	0
Major Jon Barba ..... Trustee	5 00 .....			X					0	0	0
Marvin Witt ..... Trustee	5 00 .....			X					0	0	0
Gary Small ..... Executive Director	43 00 .....			X					0	0	0
Janice Schemp ..... Program Assist	40 00 .....			X					0	0	0
Aaron Andersen ..... CLUB LEADER	5 00 .....			X					0	0	0
Aaron Helus ..... CLUB LEADER	5 00 .....			X					0	0	0
Abby Power ..... CLUB LEADER	5 00 .....			X					0	0	0
Abby Reaksecker ..... CLUB 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			
ADAM JONES ..... CLUB LEADER	5 00 .....			X				0	0	0
Adrienne Roberts ..... CLUB LEADER	5 00 .....			X				0	0	0
Adrienne Weber ..... CLUB LEADER	5 00 .....			X				0	0	0
Aimee Wood ..... CLUB LEADER	5 00 .....			X				0	0	0
Alan Waldref ..... CLUB LEADER	5 00 .....			X				0	0	0
Aleta Lebaron ..... CLUB LEADER	5 00 .....			X				0	0	0
Alexis Gekeler ..... CLUB LEADER	5 00 .....			X				0	0	0
Alicia Christie ..... CLUB LEADER	5 00 .....			X				0	0	0
Alisha Shy ..... CLUB LEADER	5 00 .....			X				0	0	0
Alison Woodward ..... CLUB 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			
ALLEN HUTT ..... CLUB LEADER	5 00 .....			X				0	0	0
Amanda Higgins ..... CLUB LEADER	5 00 .....			X				0	0	0
Amanda Monk ..... CLUB LEADER	5 00 .....			X				0	0	0
Amanda Wahl ..... CLUB LEADER	5 00 .....			X				0	0	0
Amber Hersh ..... CLUB LEADER	5 00 .....			X				0	0	0
Amber Spence ..... CLUB LEADER	5 00 .....			X				0	0	0
Amberlyn Lake ..... CLUB LEADER	5 00 .....			X				0	0	0
Amy Cooksey ..... CLUB LEADER	5 00 .....			X				0	0	0
Amy Cope ..... CLUB LEADER	5 00 .....			X				0	0	0
Amy Decker ..... CLUB 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			
Amy Frink ..... CLUB LEADER	5 00 .....			X				0	0	0
Amy Mason ..... CLUB LEADER	5 00 .....			X				0	0	0
Amy Peebles ..... CLUB LEADER	5 00 .....			X				0	0	0
Amy Perkins ..... CLUB LEADER	5 00 .....			X				0	0	0
Angel DeCicco ..... CLUB LEADER	5 00 .....			X				0	0	0
Angela Fountain ..... CLUB LEADER	5 00 .....			X				0	0	0
Angela Sandy ..... CLUB LEADER	5 00 .....			X				0	0	0
ANGELA WYLIE ..... CLUB LEADER	5 00 .....			X				0	0	0
Angelina Salazar ..... CLUB LEADER	5 00 .....			X				0	0	0
Angie Harper ..... CLUB 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			
Anne Marie Scritchfield ..... CLUB LEADER	5 00 .....			X				0	0	0
Anne Urie ..... CLUB LEADER	5 00 .....			X				0	0	0
Annette Lebsock ..... CLUB LEADER	5 00 .....			X				0	0	0
Annette Nusser ..... CLUB LEADER	5 00 .....			X				0	0	0
Annette Shipley ..... CLUB LEADER	5 00 .....			X				0	0	0
Annie Struble ..... CLUB LEADER	5 00 .....			X				0	0	0
April Potyondy ..... CLUB LEADER	5 00 .....			X				0	0	0
April Roof ..... CLUB LEADER	5 00 .....			X				0	0	0
Ashley Lynch ..... CLUB LEADER	5 00 .....			X				0	0	0
Audra Felt ..... CLUB 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			
Audra Schlosser ..... CLUB LEADER	5 00 .....			X				0	0	0
Barb Toomey-Moncrief ..... CLUB LEADER	5 00 .....			X				0	0	0
Barbara Jones ..... CLUB LEADER	5 00 .....			X				0	0	0
Barbara Zeutzius ..... CLUB LEADER	5 00 .....			X				0	0	0
Barbie Garnett ..... CLUB LEADER	5 00 .....			X				0	0	0
Bart Campbell ..... CLUB LEADER	5 00 .....			X				0	0	0
Becky Bowen ..... CLUB LEADER	5 00 .....			X				0	0	0
Becky Gemmer ..... CLUB LEADER	5 00 .....			X				0	0	0
Becky Heid ..... CLUB LEADER	5 00 .....			X				0	0	0
Becky Leach ..... CLUB 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)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRENDA GARCIA ..... CLUB LEADER	5 00 .....			X				0	0	0
BRENDA GREGERSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
Brenda Hindmarsh ..... CLUB LEADER	5 00 .....			X				0	0	0
Brenda Johnston ..... CLUB LEADER	5 00 .....			X				0	0	0
Brenda Kwang ..... CLUB LEADER	5 00 .....			X				0	0	0
Brenda Lantz ..... CLUB LEADER	5 00 .....			X				0	0	0
Brenda Miltenberger ..... CLUB LEADER	5 00 .....			X				0	0	0
Brenda Mueller ..... CLUB LEADER	5 00 .....			X				0	0	0
Brenda Raley ..... CLUB LEADER	5 00 .....			X				0	0	0
Brett Redden ..... CLUB 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			
Carol von Michaelis ..... CLUB LEADER	5 00 .....			X				0	0	0
Carolyn Rudy ..... CLUB LEADER	5 00 .....			X				0	0	0
Carrie Espinosa ..... CLUB LEADER	5 00 .....			X				0	0	0
Carrie Jacobucci ..... CLUB LEADER	5 00 .....			X				0	0	0
CASEY RUSSELL ..... CLUB LEADER	5 00 .....			X				0	0	0
Cassandra Shenk ..... CLUB LEADER	5 00 .....			X				0	0	0
Cate Ritchey ..... CLUB LEADER	5 00 .....			X				0	0	0
Cathy Solano ..... CLUB LEADER	5 00 .....			X				0	0	0
Charity Niccoli ..... CLUB LEADER	5 00 .....			X				0	0	0
Charlene Anselmo ..... CLUB LEADER	5 00 .....			X				0	0	0





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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christy Kimble ..... CLUB LEADER	5 00 .....			X				0	0	0
Cimmaron Alexander ..... CLUB LEADER	5 00 .....			X				0	0	0
Cinda Gunn ..... CLUB LEADER	5 00 .....			X				0	0	0
Cindi Lee ..... CLUB LEADER	5 00 .....			X				0	0	0
Cindy Buckardt ..... CLUB LEADER	5 00 .....			X				0	0	0
Cindy Duckworth ..... CLUB LEADER	5 00 .....			X				0	0	0
Cindy Lowman ..... CLUB LEADER	5 00 .....			X				0	0	0
Cindy Medina ..... CLUB LEADER	5 00 .....			X				0	0	0
Cindy Still ..... CLUB LEADER	5 00 .....			X				0	0	0
Clare Shier ..... CLUB LEADER	5 00 .....			X				0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Cortney Aldridge ..... CLUB LEADER	5 00 .....			X				0	0	0
Courtney Jenkins ..... CLUB LEADER	5 00 .....			X				0	0	0
Craig Horton ..... CLUB LEADER	5 00 .....			X				0	0	0
Crystal Foose ..... CLUB LEADER	5 00 .....			X				0	0	0
Crystal Morris ..... CLUB LEADER	5 00 .....			X				0	0	0
Curt Soehner ..... CLUB LEADER	5 00 .....			X				0	0	0
Cyndi Hofmeister ..... CLUB LEADER	5 00 .....			X				0	0	0
Dale Anderson ..... CLUB LEADER	5 00 .....			X				0	0	0
Dan Fiscuss ..... CLUB LEADER	5 00 .....			X				0	0	0
Dana Gettel ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dana Hanson ..... CLUB LEADER	5 00 .....			X				0	0	0
Dana McClure ..... CLUB LEADER	5 00 .....			X				0	0	0
Danelle Ener ..... CLUB LEADER	5 00 .....			X				0	0	0
Danette Meyer ..... CLUB LEADER	5 00 .....			X				0	0	0
Daniel Lapp ..... CLUB LEADER	5 00 .....			X				0	0	0
Danielle Eggleston ..... CLUB LEADER	5 00 .....			X				0	0	0
Danielle Wollert ..... CLUB LEADER	5 00 .....			X				0	0	0
D'ANN HEBBERD ..... CLUB LEADER	5 00 .....			X				0	0	0
Darin Smith ..... CLUB LEADER	5 00 .....			X				0	0	0
Dave Holden ..... CLUB LEADER	5 00 .....			X				0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Christensen ..... CLUB LEADER	5 00 .....			X				0	0	0
David Lind ..... CLUB LEADER	5 00 .....			X				0	0	0
Dawn Arnt ..... CLUB LEADER	5 00 .....			X				0	0	0
Dawn Sammons ..... CLUB LEADER	5 00 .....			X				0	0	0
Dawn Wheeler ..... CLUB LEADER	5 00 .....			X				0	0	0
Dayna White ..... CLUB LEADER	5 00 .....			X				0	0	0
Deanie Samuel ..... CLUB LEADER	5 00 .....			X				0	0	0
Deanna Ames ..... CLUB LEADER	5 00 .....			X				0	0	0
DeAnna Cassidy ..... CLUB LEADER	5 00 .....			X				0	0	0
Deanna Higgins ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Deb Bort ..... CLUB LEADER	5 00 .....			X				0	0	0
Deb Carbone ..... CLUB LEADER	5 00 .....			X				0	0	0
Deb Crossland ..... CLUB LEADER	5 00 .....			X				0	0	0
Deb Heeney ..... CLUB LEADER	5 00 .....			X				0	0	0
Deb Lester ..... CLUB LEADER	5 00 .....			X				0	0	0
Deb VonFeldt ..... CLUB LEADER	5 00 .....			X				0	0	0
Debbie Cornelius ..... CLUB LEADER	5 00 .....			X				0	0	0
DEBBIE HOMM ..... CLUB LEADER	5 00 .....			X				0	0	0
Debbie Lewis ..... CLUB LEADER	5 00 .....			X				0	0	0
Debbie Smith ..... CLUB 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)

(B)

(C)

(D)

(E)

(F)

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Debbie Thalhammer ..... CLUB LEADER	5 00 .....			X				0	0	0
Debbie Wellman ..... CLUB LEADER	5 00 .....			X				0	0	0
Dee Schoendaller ..... CLUB LEADER	5 00 .....			X				0	0	0
DeeDee Farago ..... CLUB LEADER	5 00 .....			X				0	0	0
Delores Comstock ..... CLUB LEADER	5 00 .....			X				0	0	0
Denise Jenkins ..... CLUB LEADER	5 00 .....			X				0	0	0
Denise Miller ..... CLUB LEADER	5 00 .....			X				0	0	0
Denise Revell ..... CLUB LEADER	5 00 .....			X				0	0	0
Denise Smith ..... CLUB LEADER	5 00 .....			X				0	0	0
Denise Tarbutton ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Devin Engle ..... CLUB LEADER	5 00 .....			X				0	0	0
Diane Blocker ..... CLUB LEADER	5 00 .....			X				0	0	0
Dixie Gibbens ..... CLUB LEADER	5 00 .....			X				0	0	0
DJ MOORES ..... CLUB LEADER	5 00 .....			X				0	0	0
Don Brehm ..... CLUB LEADER	5 00 .....			X				0	0	0
Donna Hood ..... CLUB LEADER	5 00 .....			X				0	0	0
Donna Huff ..... CLUB LEADER	5 00 .....			X				0	0	0
Donna Pattee ..... CLUB LEADER	5 00 .....			X				0	0	0
Doris Bair ..... CLUB LEADER	5 00 .....			X				0	0	0
Doug Davis ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Doug Shirack ..... CLUB LEADER	5 00 .....			X				0	0	0
Elisha Morris ..... CLUB LEADER	5 00 .....			X				0	0	0
Elizabeth A Woodward ..... CLUB LEADER	5 00 .....			X				0	0	0
Elizabeth Billups ..... CLUB LEADER	5 00 .....			X				0	0	0
Elizabeth Butler ..... CLUB LEADER	5 00 .....			X				0	0	0
Ellie Jones ..... CLUB LEADER	5 00 .....			X				0	0	0
Emily Brinkley ..... CLUB LEADER	5 00 .....			X				0	0	0
Emily Gifford ..... CLUB LEADER	5 00 .....			X				0	0	0
Emily Waldron ..... CLUB LEADER	5 00 .....			X				0	0	0
Eric Engle ..... CLUB 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)

(B)

(C)

(D)

(E)

(F)

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Erica Schweitz ..... CLUB LEADER	5 00 .....			X				0	0	0
Erin Babcock ..... CLUB LEADER	5 00 .....			X				0	0	0
Erin Barker ..... CLUB LEADER	5 00 .....			X				0	0	0
Erin Comden ..... CLUB LEADER	5 00 .....			X				0	0	0
ERIN HENSCHEL ..... CLUB LEADER	5 00 .....			X				0	0	0
ERIN KENDRICK ..... CLUB LEADER	5 00 .....			X				0	0	0
Erna Waterman ..... CLUB LEADER	5 00 .....			X				0	0	0
Esther Worker ..... CLUB LEADER	5 00 .....			X				0	0	0
Felicia Casto ..... CLUB LEADER	5 00 .....			X				0	0	0
Gail Muehlethaler ..... CLUB 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)

(B)

(C)

(D)

(E)

(F)

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<div>Gayle Ware</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Geneva Stuke</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Gerald Lyne</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Gina Grisenti</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Glenn Sanger</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Gloria Cundall</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Gloria Ramenz</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Gloria Trosper</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>GRANT ARY</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Greg Felsen</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0

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Greg George ..... CLUB LEADER	5 00 .....			X				0	0	0
Greg Huffman ..... CLUB LEADER	5 00 .....			X				0	0	0
Gregg Hartman ..... CLUB LEADER	5 00 .....			X				0	0	0
Gus Westerman ..... CLUB LEADER	5 00 .....			X				0	0	0
Harold Blackham ..... CLUB LEADER	5 00 .....			X				0	0	0
Heather Braslin ..... CLUB LEADER	5 00 .....			X				0	0	0
HEATHER HALL ..... CLUB LEADER	5 00 .....			X				0	0	0
Heather Kalous ..... CLUB LEADER	5 00 .....			X				0	0	0
Heather Kem ..... CLUB LEADER	5 00 .....			X				0	0	0
Heather Sauls ..... CLUB LEADER	5 00 .....			X				0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Heather Tillman ..... CLUB LEADER	5 00 .....			X				0	0	0
Heather Worrell ..... CLUB LEADER	5 00 .....			X				0	0	0
Heidi Anderson ..... CLUB LEADER	5 00 .....			X				0	0	0
Heidi Griffith ..... CLUB LEADER	5 00 .....			X				0	0	0
Heidi Matthews ..... CLUB LEADER	5 00 .....			X				0	0	0
Heidi Simpson ..... CLUB LEADER	5 00 .....			X				0	0	0
Heidi White ..... CLUB LEADER	5 00 .....			X				0	0	0
Hillary Merwin ..... CLUB LEADER	5 00 .....			X				0	0	0
Holly Scott ..... CLUB LEADER	5 00 .....			X				0	0	0
Ida Bertram ..... CLUB LEADER	5 00 .....			X				0	0	0

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Ivy McNulty ..... CLUB LEADER	5 00 .....			X				0	0	0
Jackie Page ..... CLUB LEADER	5 00 .....			X				0	0	0
Jackie Shea ..... CLUB LEADER	5 00 .....			X				0	0	0
Jacque Burris ..... CLUB LEADER	5 00 .....			X				0	0	0
Jamie Axtell ..... CLUB LEADER	5 00 .....			X				0	0	0
Jamie McDonald ..... CLUB LEADER	5 00 .....			X				0	0	0
Jamie Turner ..... CLUB LEADER	5 00 .....			X				0	0	0
Janae Maker ..... CLUB LEADER	5 00 .....			X				0	0	0
Jane Lentz ..... CLUB LEADER	5 00 .....			X				0	0	0
Janeen Canty ..... CLUB LEADER	5 00 .....			X				0	0	0

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(A)(B)(C)(D)(E)(F)

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Janet Cook ..... CLUB LEADER	5 00 .....			X				0	0	0
Janet Freeburg ..... CLUB LEADER	5 00 .....			X				0	0	0
Janet Sheridan ..... CLUB LEADER	5 00 .....			X				0	0	0
Janice Prosser ..... CLUB LEADER	5 00 .....			X				0	0	0
Jason FOOSE ..... CLUB LEADER	5 00 .....			X				0	0	0
Jason Neil ..... CLUB LEADER	5 00 .....			X				0	0	0
Jay Hill ..... CLUB LEADER	5 00 .....			X				0	0	0
Jean Meinzer ..... CLUB LEADER	5 00 .....			X				0	0	0
Jean Seymour ..... CLUB LEADER	5 00 .....			X				0	0	0
Jeannette Leffler ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeannie Jenkins ..... CLUB LEADER	5 00 .....			X				0	0	0
Jeannie Jo Logan ..... CLUB LEADER	5 00 .....			X				0	0	0
Jeff Lambeth ..... CLUB LEADER	5 00 .....			X				0	0	0
Jeff Sterkel ..... CLUB LEADER	5 00 .....			X				0	0	0
Jennie McCasland ..... CLUB LEADER	5 00 .....			X				0	0	0
Jennie Phippen ..... CLUB LEADER	5 00 .....			X				0	0	0
Jennifer Adams ..... CLUB LEADER	5 00 .....			X				0	0	0
Jennifer Carlson ..... CLUB LEADER	5 00 .....			X				0	0	0
Jennifer Fetzer ..... CLUB LEADER	5 00 .....			X				0	0	0
Jennifer Hart ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jennifer Sager ..... CLUB LEADER	5 00 .....			X				0	0	0
Jennifer Wade ..... CLUB LEADER	5 00 .....			X				0	0	0
Jennifer Wells ..... CLUB LEADER	5 00 .....			X				0	0	0
Jenny Leonetti ..... CLUB LEADER	5 00 .....			X				0	0	0
Jenny States ..... CLUB LEADER	5 00 .....			X				0	0	0
Jeri Trujillo ..... CLUB LEADER	5 00 .....			X				0	0	0
Jerod Armstrong ..... CLUB LEADER	5 00 .....			X				0	0	0
Jesse Mease ..... CLUB LEADER	5 00 .....			X				0	0	0
Jessica Adams ..... CLUB LEADER	5 00 .....			X				0	0	0
Jessica Frigetto ..... CLUB 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			
Jessica Harrington ..... CLUB LEADER	5 00 .....			X				0	0	0
Jill Norwood ..... CLUB LEADER	5 00 .....			X				0	0	0
Jill Parker ..... CLUB LEADER	5 00 .....			X				0	0	0
Jill Young ..... CLUB LEADER	5 00 .....			X				0	0	0
Jimetta Brassington ..... CLUB LEADER	5 00 .....			X				0	0	0
Jo Ann McEndree ..... CLUB LEADER	5 00 .....			X				0	0	0
Jo Sickendick ..... CLUB LEADER	5 00 .....			X				0	0	0
Joan Jahelka ..... CLUB LEADER	5 00 .....			X				0	0	0
Joan Owens ..... CLUB LEADER	5 00 .....			X				0	0	0
JoAnne Ary ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JoAnne Busing ..... CLUB LEADER	5 00 .....			X				0	0	0
Jodi Carlson ..... CLUB LEADER	5 00 .....			X				0	0	0
Jodi Corliss ..... CLUB LEADER	5 00 .....			X				0	0	0
JODI HILFERTY ..... CLUB LEADER	5 00 .....			X				0	0	0
Jodi Klassen ..... CLUB LEADER	5 00 .....			X				0	0	0
Jodi Mahaffey ..... CLUB LEADER	5 00 .....			X				0	0	0
Jodi Pike ..... CLUB LEADER	5 00 .....			X				0	0	0
Jodi Reed ..... CLUB LEADER	5 00 .....			X				0	0	0
Jodie Douthit ..... CLUB LEADER	5 00 .....			X				0	0	0
Jodie Schoemaker ..... CLUB 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)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jodie Tuxhorn ..... CLUB LEADER	5 00 .....			X				0	0	0
Jody LEE ..... CLUB LEADER	5 00 .....			X				0	0	0
Johanna Ball ..... CLUB LEADER	5 00 .....			X				0	0	0
John Hinners ..... CLUB LEADER	5 00 .....			X				0	0	0
John Scott ..... CLUB LEADER	5 00 .....			X				0	0	0
Joie Kendrick ..... CLUB LEADER	5 00 .....			X				0	0	0
JoLynn Midcap ..... CLUB LEADER	5 00 .....			X				0	0	0
Jonanthan Vrabec ..... CLUB LEADER	5 00 .....			X				0	0	0
Jonna Negus-Pemberton ..... CLUB LEADER	5 00 .....			X				0	0	0
Jordyn Neely ..... CLUB 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			
Judi Blum ..... CLUB LEADER	5 00 .....			X				0	0	0
Julee Meiners ..... CLUB LEADER	5 00 .....			X				0	0	0
Julia Henrich ..... CLUB LEADER	5 00 .....			X				0	0	0
Julia Hurdelbrink ..... CLUB LEADER	5 00 .....			X				0	0	0
Juliane Fritz ..... CLUB LEADER	5 00 .....			X				0	0	0
Julie Crain ..... CLUB LEADER	5 00 .....			X				0	0	0
Julie Hurst-Farnham ..... CLUB LEADER	5 00 .....			X				0	0	0
Julie Melbye ..... CLUB LEADER	5 00 .....			X				0	0	0
Julie RubalcabA ..... CLUB LEADER	5 00 .....			X				0	0	0
JUSTIN WHITE ..... CLUB 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)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Justin Wylie ..... CLUB LEADER	5 00 .....			X				0	0	0
Kali Fassett ..... CLUB LEADER	5 00 .....			X				0	0	0
Kara Butterworth ..... CLUB LEADER	5 00 .....			X				0	0	0
Kara Rudnick ..... CLUB LEADER	5 00 .....			X				0	0	0
Karen Hersh ..... CLUB LEADER	5 00 .....			X				0	0	0
Karen Hoffner ..... CLUB LEADER	5 00 .....			X				0	0	0
Karen Huber ..... CLUB LEADER	5 00 .....			X				0	0	0
Kari Jenkins ..... CLUB LEADER	5 00 .....			X				0	0	0
Karl Redd ..... CLUB LEADER	5 00 .....			X				0	0	0
Kathi Collins ..... CLUB LEADER	5 00 .....			X				0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kaycee Manuppella ..... CLUB LEADER	5 00 .....			X				0	0	0
Kaye Kasza ..... CLUB LEADER	5 00 .....			X				0	0	0
Keith Maxey ..... CLUB LEADER	5 00 .....			X				0	0	0
Kelle Brown ..... CLUB LEADER	5 00 .....			X				0	0	0
Kellie Huppert ..... CLUB LEADER	5 00 .....			X				0	0	0
Kellie Stoll ..... CLUB LEADER	5 00 .....			X				0	0	0
Kellie Turner ..... CLUB LEADER	5 00 .....			X				0	0	0
Kelly Fischer ..... CLUB LEADER	5 00 .....			X				0	0	0
Kelly Kurz ..... CLUB LEADER	5 00 .....			X				0	0	0
Kelly Seelhoff ..... CLUB LEADER	5 00 .....			X				0	0	0

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(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			
Ken Henson ..... CLUB LEADER	5 00 .....			X				0	0	0
Kendra McConnell ..... CLUB LEADER	5 00 .....			X				0	0	0
Kendra Scott ..... CLUB LEADER	5 00 .....			X				0	0	0
Kendra Walter ..... CLUB LEADER	5 00 .....			X				0	0	0
Kent Davis ..... CLUB LEADER	5 00 .....			X				0	0	0
Kenzie Krinkee ..... CLUB LEADER	5 00 .....			X				0	0	0
Kevin Vendegna ..... CLUB LEADER	5 00 .....			X				0	0	0
Kim Bell ..... CLUB LEADER	5 00 .....			X				0	0	0
Kim Latoski ..... CLUB LEADER	5 00 .....			X				0	0	0
Kim LeTourneau ..... CLUB LEADER	5 00 .....			X				0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kim Madsen ..... CLUB LEADER	5 00 .....			X				0	0	0
Kim Martin ..... CLUB LEADER	5 00 .....			X				0	0	0
Kim Morrison ..... CLUB LEADER	5 00 .....			X				0	0	0
Kim Mortensen ..... CLUB LEADER	5 00 .....			X				0	0	0
Kim O'Neill ..... CLUB LEADER	5 00 .....			X				0	0	0
Kim Phillips ..... CLUB LEADER	5 00 .....			X				0	0	0
Kim Riddle ..... CLUB LEADER	5 00 .....			X				0	0	0
Kim Scott ..... CLUB LEADER	5 00 .....			X				0	0	0
Kim Sterkel ..... CLUB LEADER	5 00 .....			X				0	0	0
Kim Walker ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
<div>Kimberly Dame</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Kindra Plumb</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Kira Hershman</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Kirk Peine</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Kirsten Jensen</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Kris Elliott</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Kris Stevens</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Krista Monger</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Krista Rector</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			X				0	0	0
<div>Kristen Corriveau</div> <div>.....</div> <div>CLUB LEADER</div>	<div>5 00</div> <div>.....</div>			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			
Kristen Schaffner ..... CLUB LEADER	5 00 .....			X				0	0	0
Kristen Smith ..... CLUB LEADER	5 00 .....			X				0	0	0
Kristi Clark ..... CLUB LEADER	5 00 .....			X				0	0	0
Kristi Moyer ..... CLUB LEADER	5 00 .....			X				0	0	0
Kristianna Andersen ..... CLUB LEADER	5 00 .....			X				0	0	0
Kristin Enney ..... CLUB LEADER	5 00 .....			X				0	0	0
Kristin Stephens ..... CLUB LEADER	5 00 .....			X				0	0	0
Kristina Teal ..... CLUB LEADER	5 00 .....			X				0	0	0
Kristy Schneider ..... CLUB LEADER	5 00 .....			X				0	0	0
Kurt Brossman ..... CLUB 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			
Laurie Stutz ..... CLUB LEADER	5 00 .....			X				0	0	0
Leah Clark ..... CLUB LEADER	5 00 .....			X				0	0	0
LeAnn Duncan ..... CLUB LEADER	5 00 .....			X				0	0	0
Leisa Carson ..... CLUB LEADER	5 00 .....			X				0	0	0
Les Fraley ..... CLUB LEADER	5 00 .....			X				0	0	0
Lesley Linton ..... CLUB LEADER	5 00 .....			X				0	0	0
Libby Meyring ..... CLUB LEADER	5 00 .....			X				0	0	0
Linda Grater ..... CLUB LEADER	5 00 .....			X				0	0	0
Linda Moores ..... CLUB LEADER	5 00 .....			X				0	0	0
Linda Smith ..... CLUB LEADER	5 00 .....			X				0	0	0

<b>Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors</b>	(C)	(D)	
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(A) Compensated Employees, and Independent Contractors		(B)						(C)		(D)		(E)		(F)	
Name and Title		Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations				
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former							
Linda Squibb ..... CLUB LEADER	5 00 .....			X					0	0	0				
Lisa Belmonte ..... CLUB LEADER	5 00 .....			X					0	0	0				
Lisa Boland ..... CLUB LEADER	5 00 .....			X					0	0	0				
Lisa Byrne ..... CLUB LEADER	5 00 .....			X					0	0	0				
Lisa Cooper ..... CLUB LEADER	5 00 .....			X					0	0	0				
Lisa Franks ..... CLUB LEADER	5 00 .....			X					0	0	0				
Lisa Marie Jacobs ..... CLUB LEADER	5 00 .....			X					0	0	0				
Lisa Megel ..... CLUB LEADER	5 00 .....			X					0	0	0				
Lisa Mirabito ..... CLUB LEADER	5 00 .....			X					0	0	0				
LISA Nieslanik ..... CLUB LEADER	5 00 .....			X					0	0	0				

(A) Name and Title	(B) Average hours per week (list any hours outside of the organization)	(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 (\$15,000 or more)	(E) Reportable compensation from other organization (\$15,000 or more)
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(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			
Lisa Scott ..... CLUB LEADER	5 00 .....			X				0	0	0
Lisa Sholten ..... CLUB LEADER	5 00 .....			X				0	0	0
Lisa Stavig ..... CLUB LEADER	5 00 .....			X				0	0	0
Lolita Shaffer ..... CLUB LEADER	5 00 .....			X				0	0	0
Loren French ..... CLUB LEADER	5 00 .....			X				0	0	0
Loretta Young ..... CLUB LEADER	5 00 .....			X				0	0	0
Lori Chase ..... CLUB LEADER	5 00 .....			X				0	0	0
Lori Delehoy ..... CLUB LEADER	5 00 .....			X				0	0	0
Lorri Arnhold ..... CLUB LEADER	5 00 .....			X				0	0	0
Lynette Clock ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lynette Johnson ..... CLUB LEADER	5 00 .....			X				0	0	0
Lynn Johnson ..... CLUB LEADER	5 00 .....			X				0	0	0
Lynn Schwartz ..... CLUB LEADER	5 00 .....			X				0	0	0
Magdaline Montano ..... CLUB LEADER	5 00 .....			X				0	0	0
Maggie Repp ..... CLUB LEADER	5 00 .....			X				0	0	0
Mandie Hill ..... CLUB LEADER	5 00 .....			X				0	0	0
Margaret Marr ..... CLUB LEADER	5 00 .....			X				0	0	0
Margery Richter ..... CLUB LEADER	5 00 .....			X				0	0	0
Margie Corpron ..... CLUB LEADER	5 00 .....			X				0	0	0
Maria Kattnig ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Maria Treto ..... CLUB LEADER	5 00 .....			X				0	0	0
Marie Adams ..... CLUB LEADER	5 00 .....			X				0	0	0
Marilyn Wentz ..... CLUB LEADER	5 00 .....			X				0	0	0
Mark Nieslanik ..... CLUB LEADER	5 00 .....			X				0	0	0
Mark Volt ..... CLUB LEADER	5 00 .....			X				0	0	0
Marlo Valdez ..... CLUB LEADER	5 00 .....			X				0	0	0
Martha Stender ..... CLUB LEADER	5 00 .....			X				0	0	0
Martin Telck ..... CLUB LEADER	5 00 .....			X				0	0	0
Mary Alton ..... CLUB LEADER	5 00 .....			X				0	0	0
Mary Brewer ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Ellen LeBlanc ..... CLUB LEADER	5 00 .....			X				0	0	0
Mary Endsley ..... CLUB LEADER	5 00 .....			X				0	0	0
Mary Gore ..... CLUB LEADER	5 00 .....			X				0	0	0
Mary Loving ..... CLUB LEADER	5 00 .....			X				0	0	0
Mary Olguin ..... CLUB LEADER	5 00 .....			X				0	0	0
Mary O'Malley ..... CLUB LEADER	5 00 .....			X				0	0	0
Mary Parenti ..... CLUB LEADER	5 00 .....			X				0	0	0
Mary Sharp ..... CLUB LEADER	5 00 .....			X				0	0	0
Mary Stephens ..... CLUB LEADER	5 00 .....			X				0	0	0
Matt Katzenberger ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Matt Lemon ..... CLUB LEADER	5 00 .....			X				0	0	0
Maureen Bergenfeld ..... CLUB LEADER	5 00 .....			X				0	0	0
Megan Blaser ..... CLUB LEADER	5 00 .....			X				0	0	0
Melani Hensley ..... CLUB LEADER	5 00 .....			X				0	0	0
Melanie Bohren ..... CLUB LEADER	5 00 .....			X				0	0	0
Melanie Erickson ..... CLUB LEADER	5 00 .....			X				0	0	0
Melanie Northup ..... CLUB LEADER	5 00 .....			X				0	0	0
MELINDA HUTT ..... CLUB LEADER	5 00 .....			X				0	0	0
Melinda Shade ..... CLUB LEADER	5 00 .....			X				0	0	0
Melissa Hackett ..... CLUB 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			
Mendi Lutze ..... CLUB LEADER	5 00 .....			X				0	0	0
Mendy Grisenti ..... CLUB LEADER	5 00 .....			X				0	0	0
Meri Moller ..... CLUB LEADER	5 00 .....			X				0	0	0
Michael Morford ..... CLUB LEADER	5 00 .....			X				0	0	0
Michael Peterson ..... CLUB LEADER	5 00 .....			X				0	0	0
Michelle Shelby Dutton ..... CLUB LEADER	5 00 .....			X				0	0	0
Michelle Lehmann ..... CLUB LEADER	5 00 .....			X				0	0	0
Michelle Maloney ..... CLUB LEADER	5 00 .....			X				0	0	0
Mike Litzenberger ..... CLUB LEADER	5 00 .....			X				0	0	0
Mike Ritschard ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mike Strouse ..... CLUB LEADER	5 00 .....			X				0	0	0
MIKE THYNE ..... CLUB LEADER	5 00 .....			X				0	0	0
Mildred Smelker ..... CLUB LEADER	5 00 .....			X				0	0	0
Missy Chavez ..... CLUB LEADER	5 00 .....			X				0	0	0
MISSY JONES ..... CLUB LEADER	5 00 .....			X				0	0	0
Misty Davis ..... CLUB LEADER	5 00 .....			X				0	0	0
Misty Taylor ..... CLUB LEADER	5 00 .....			X				0	0	0
Mitch Kendrick ..... CLUB LEADER	5 00 .....			X				0	0	0
Molly Mendoza ..... CLUB LEADER	5 00 .....			X				0	0	0
Nadine Henry ..... CLUB LEADER	5 00 .....			X				0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nicolette Allen ..... CLUB LEADER	5 00 .....			X				0	0	0
Niki Smith ..... CLUB LEADER	5 00 .....			X				0	0	0
Nikki Hobby ..... CLUB LEADER	5 00 .....			X				0	0	0
Nikki Lafferty ..... CLUB LEADER	5 00 .....			X				0	0	0
Nikki Reid ..... CLUB LEADER	5 00 .....			X				0	0	0
Nikki Shannon ..... CLUB LEADER	5 00 .....			X				0	0	0
Pam Haynes ..... CLUB LEADER	5 00 .....			X				0	0	0
Pam Long ..... CLUB LEADER	5 00 .....			X				0	0	0
Pam Struckmeyer ..... CLUB LEADER	5 00 .....			X				0	0	0
Pat Alger ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Patricia Kuhlmann ..... CLUB LEADER	5 00 .....			X				0	0	0
Patti Churchwell ..... CLUB LEADER	5 00 .....			X				0	0	0
Patty Coombs ..... CLUB LEADER	5 00 .....			X				0	0	0
Paul Chatham ..... CLUB LEADER	5 00 .....			X				0	0	0
Paul Clayton ..... CLUB LEADER	5 00 .....			X				0	0	0
Peggy Edson ..... CLUB LEADER	5 00 .....			X				0	0	0
Peggy Rushton ..... CLUB LEADER	5 00 .....			X				0	0	0
Peggy Thate ..... CLUB LEADER	5 00 .....			X				0	0	0
Penny Crawford ..... CLUB LEADER	5 00 .....			X				0	0	0
Priscilla Shannahan ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rachel Nichols ..... CLUB LEADER	5 00 .....			X				0	0	0
Rachel Walke ..... CLUB LEADER	5 00 .....			X				0	0	0
Raejean Riegel ..... CLUB LEADER	5 00 .....			X				0	0	0
Raeme Padgett ..... CLUB LEADER	5 00 .....			X				0	0	0
Randy Schoenecker ..... CLUB LEADER	5 00 .....			X				0	0	0
Raymond Carlock ..... CLUB LEADER	5 00 .....			X				0	0	0
Reba Sonnier-Fertitta ..... CLUB LEADER	5 00 .....			X				0	0	0
Rebecca Fritz ..... CLUB LEADER	5 00 .....			X				0	0	0
Rebecca Griffin ..... CLUB LEADER	5 00 .....			X				0	0	0
Rebecca Mills-Honstein ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rebecca Mitchell ..... CLUB LEADER	5 00 .....			X				0	0	0
Red Lee ..... CLUB LEADER	5 00 .....			X				0	0	0
Renae Neilson ..... CLUB LEADER	5 00 .....			X				0	0	0
Renee Watters ..... CLUB LEADER	5 00 .....			X				0	0	0
rhina sotelo ..... CLUB LEADER	5 00 .....			X				0	0	0
Rhonda Graham ..... CLUB LEADER	5 00 .....			X				0	0	0
Rhonda Ledford ..... CLUB LEADER	5 00 .....			X				0	0	0
RINDI YOUNG ..... CLUB LEADER	5 00 .....			X				0	0	0
Rita Johnston ..... CLUB LEADER	5 00 .....			X				0	0	0
Robert Franklin ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robin Shearer ..... CLUB LEADER	5 00 .....			X				0	0	0
Robin Williams ..... CLUB LEADER	5 00 .....			X				0	0	0
Rod Johnson ..... CLUB LEADER	5 00 .....			X				0	0	0
Rod Wille ..... CLUB LEADER	5 00 .....			X				0	0	0
Rozilynn Witherell ..... CLUB LEADER	5 00 .....			X				0	0	0
Russell Morris ..... CLUB LEADER	5 00 .....			X				0	0	0
Rusty Greer ..... CLUB LEADER	5 00 .....			X				0	0	0
Ruth Shepardson ..... CLUB LEADER	5 00 .....			X				0	0	0
Sabrina Elliott ..... CLUB LEADER	5 00 .....			X				0	0	0
Sally Kaufman ..... CLUB LEADER	5 00 .....			X				0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SAM MARTIN ..... CLUB LEADER	5 00 .....			X				0	0	0
Sami Lechman ..... CLUB LEADER	5 00 .....			X				0	0	0
Sandra Hoihjelle ..... CLUB LEADER	5 00 .....			X				0	0	0
Sangeetha Chandrashekar ..... CLUB LEADER	5 00 .....			X				0	0	0
Sara McCourt ..... CLUB LEADER	5 00 .....			X				0	0	0
Sara Shields ..... CLUB LEADER	5 00 .....			X				0	0	0
Sarah Bacon ..... CLUB LEADER	5 00 .....			X				0	0	0
SARAH DEVOSS ..... CLUB LEADER	5 00 .....			X				0	0	0
Sarah Kindvall ..... CLUB LEADER	5 00 .....			X				0	0	0
Sarah Klassen ..... CLUB 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)

(B)

(C)

(D)

(E)

(F)

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SARAH POLLY ..... CLUB LEADER	5 00 .....			X				0	0	0
SCOTT GARCIA ..... CLUB LEADER	5 00 .....			X				0	0	0
Scott Stinett ..... CLUB LEADER	5 00 .....			X				0	0	0
Serens Stieg ..... CLUB LEADER	5 00 .....			X				0	0	0
Shane Rider ..... CLUB LEADER	5 00 .....			X				0	0	0
Shani McBride ..... CLUB LEADER	5 00 .....			X				0	0	0
Shantel Sator ..... CLUB LEADER	5 00 .....			X				0	0	0
Shari Yeager ..... CLUB LEADER	5 00 .....			X				0	0	0
SHARON BLACKHAM ..... CLUB LEADER	5 00 .....			X				0	0	0
Sharon O'Patik ..... CLUB 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)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON PEINE ..... CLUB LEADER	5 00 .....			X				0	0	0
SHARON SHIRACK ..... CLUB LEADER	5 00 .....			X				0	0	0
Shawn McKinley ..... CLUB LEADER	5 00 .....			X				0	0	0
Shawn Meyers ..... CLUB LEADER	5 00 .....			X				0	0	0
Shawn Polly ..... CLUB LEADER	5 00 .....			X				0	0	0
Sheila Canaday ..... CLUB LEADER	5 00 .....			X				0	0	0
Shelagh Switzer ..... CLUB LEADER	5 00 .....			X				0	0	0
Shelly Mathis ..... CLUB LEADER	5 00 .....			X				0	0	0
Shelly McCoy ..... CLUB LEADER	5 00 .....			X				0	0	0
Shelly McIntire ..... CLUB 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)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
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Shelly Riester ..... CLUB LEADER	5 00 .....			X				0	0	0
Shelly Sabrowski ..... CLUB LEADER	5 00 .....			X				0	0	0
Shelly Smith ..... CLUB LEADER	5 00 .....			X				0	0	0
Shera Kiess ..... CLUB LEADER	5 00 .....			X				0	0	0
Sherrri Brandt ..... CLUB LEADER	5 00 .....			X				0	0	0
Sherrri Jernigan ..... CLUB LEADER	5 00 .....			X				0	0	0
Sherry Freese ..... CLUB LEADER	5 00 .....			X				0	0	0
Shiloh Whaley ..... CLUB LEADER	5 00 .....			X				0	0	0
Shirley Thyne ..... CLUB LEADER	5 00 .....			X				0	0	0
Shonda King ..... CLUB LEADER	5 00 .....			X				0	0	0

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(A)

(B)

(C)

(D)

(E)

(F)

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Silvia Otabachian-Smith ..... CLUB LEADER	5 00 .....			X				0	0	0
Sonia Eyre ..... CLUB LEADER	5 00 .....			X				0	0	0
Spencer Adleman ..... CLUB LEADER	5 00 .....			X				0	0	0
Stacey Neal ..... CLUB LEADER	5 00 .....			X				0	0	0
Stacie Strignitz ..... CLUB LEADER	5 00 .....			X				0	0	0
Stacy Cantu ..... CLUB LEADER	5 00 .....			X				0	0	0
Stacy Farmer ..... CLUB LEADER	5 00 .....			X				0	0	0
Stephanie David ..... CLUB LEADER	5 00 .....			X				0	0	0
Steve Konieczka ..... CLUB LEADER	5 00 .....			X				0	0	0
Steven Villyard ..... CLUB LEADER	5 00 .....			X				0	0	0

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Stuart Gebauer ..... CLUB LEADER	5 00 .....			X				0	0	0
Sue Mundell ..... CLUB LEADER	5 00 .....			X				0	0	0
Susan Benson ..... CLUB LEADER	5 00 .....			X				0	0	0
Susan Colfer ..... CLUB LEADER	5 00 .....			X				0	0	0
Susan Dieterly ..... CLUB LEADER	5 00 .....			X				0	0	0
Susan Hutchens ..... CLUB LEADER	5 00 .....			X				0	0	0
Susan Kendrick ..... CLUB LEADER	5 00 .....			X				0	0	0
Suzan Pelloni ..... CLUB LEADER	5 00 .....			X				0	0	0
Suzannae Sarasin ..... CLUB LEADER	5 00 .....			X				0	0	0
Suzanne Cavey ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Suzanne Mitchell ..... CLUB LEADER	5 00 .....			X				0	0	0
Suzanne Sarasin ..... CLUB LEADER	5 00 .....			X				0	0	0
Talynn Allen ..... CLUB LEADER	5 00 .....			X				0	0	0
Tamara Dorris ..... CLUB LEADER	5 00 .....			X				0	0	0
Tamera Taylor ..... CLUB LEADER	5 00 .....			X				0	0	0
Tami Ratkovich ..... CLUB LEADER	5 00 .....			X				0	0	0
Tami Thurston ..... CLUB LEADER	5 00 .....			X				0	0	0
Tammy Hetrick ..... CLUB LEADER	5 00 .....			X				0	0	0
Tana Strasia ..... CLUB LEADER	5 00 .....			X				0	0	0
Tara Dreiling ..... CLUB LEADER	5 00 .....			X				0	0	0

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Tara Garton ..... CLUB LEADER	5 00 .....			X				0	0	0
Tara Rumsey ..... CLUB LEADER	5 00 .....			X				0	0	0
Tawnya Springer ..... CLUB LEADER	5 00 .....			X				0	0	0
Taylor Oliver ..... CLUB LEADER	5 00 .....			X				0	0	0
Teddi Baird-Tharp ..... CLUB LEADER	5 00 .....			X				0	0	0
Teresa Garcia ..... CLUB LEADER	5 00 .....			X				0	0	0
TERESA TRAXLER ..... CLUB LEADER	5 00 .....			X				0	0	0
Teresa Wilcox ..... CLUB LEADER	5 00 .....			X				0	0	0
Terri Kelling ..... CLUB LEADER	5 00 .....			X				0	0	0
Terri Parks ..... CLUB LEADER	5 00 .....			X				0	0	0





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Tim Trosper ..... CLUB LEADER	5 00 .....			X				0	0	0
Tina Boutwell ..... CLUB LEADER	5 00 .....			X				0	0	0
Tina Dill ..... CLUB LEADER	5 00 .....			X				0	0	0
Tina McCray ..... CLUB LEADER	5 00 .....			X				0	0	0
Tina Pohlmann ..... CLUB LEADER	5 00 .....			X				0	0	0
Tom Hooten ..... CLUB LEADER	5 00 .....			X				0	0	0
Tom Knowles ..... CLUB LEADER	5 00 .....			X				0	0	0
Tom Mekelburg ..... CLUB LEADER	5 00 .....			X				0	0	0
Tom Sharpe ..... CLUB LEADER	5 00 .....			X				0	0	0
Tom Wendland ..... CLUB LEADER	5 00 .....			X				0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tomalee Young ..... CLUB LEADER	5 00 .....			X				0	0	0
Toni Lambeth ..... CLUB LEADER	5 00 .....			X				0	0	0
Toni States ..... CLUB LEADER	5 00 .....			X				0	0	0
Tonia O'Donnell ..... CLUB LEADER	5 00 .....			X				0	0	0
Tonya Thieman ..... CLUB LEADER	5 00 .....			X				0	0	0
Tonya Yates ..... CLUB LEADER	5 00 .....			X				0	0	0
Tracey Bernett ..... CLUB LEADER	5 00 .....			X				0	0	0
Tracy Baldwin ..... CLUB LEADER	5 00 .....			X				0	0	0
Tracy Donaghy ..... CLUB LEADER	5 00 .....			X				0	0	0
Travis Chamblin ..... CLUB 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			
Travis Hoesli ..... CLUB LEADER	5 00 .....			X				0	0	0
Trent Hollister ..... CLUB LEADER	5 00 .....			X				0	0	0
Trevor Henschel ..... CLUB LEADER	5 00 .....			X				0	0	0
Tricia Leone ..... CLUB LEADER	5 00 .....			X				0	0	0
Troy Patton ..... CLUB LEADER	5 00 .....			X				0	0	0
TY KENDRICK ..... CLUB LEADER	5 00 .....			X				0	0	0
TYANNE ENGLE ..... CLUB LEADER	5 00 .....			X				0	0	0
Val Loose ..... CLUB LEADER	5 00 .....			X				0	0	0
Valerie McEntee ..... CLUB LEADER	5 00 .....			X				0	0	0
Vera Bott ..... CLUB 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)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Verla Noakes ..... CLUB LEADER	5 00 .....			X				0	0	0
Veronica M Capraro ..... CLUB LEADER	5 00 .....			X				0	0	0
Veronica Wilkins ..... CLUB LEADER	5 00 .....			X				0	0	0
Vicki Harris ..... CLUB LEADER	5 00 .....			X				0	0	0
VICKI HUTSON ..... CLUB LEADER	5 00 .....			X				0	0	0
Vickie Olson ..... CLUB LEADER	5 00 .....			X				0	0	0
Vicky Moreno ..... CLUB LEADER	5 00 .....			X				0	0	0
Vinchenza Kinza Burney ..... CLUB LEADER	5 00 .....			X				0	0	0
Virginia Christensen ..... CLUB LEADER	5 00 .....			X				0	0	0
Wade Gerber ..... CLUB 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			
Wendy Anemaet ..... CLUB LEADER	5 00 .....			X				0	0	0
Wendy Fischer ..... CLUB LEADER	5 00 .....			X				0	0	0
Wendy Heywood ..... CLUB LEADER	5 00 .....			X				0	0	0
Wendy Palyo ..... CLUB LEADER	5 00 .....			X				0	0	0
Wendy Simmons ..... CLUB LEADER	5 00 .....			X				0	0	0
Willian Aaroe ..... CLUB LEADER	5 00 .....			X				0	0	0
Xela Ianier ..... CLUB LEADER	5 00 .....			X				0	0	0
Yvonne Buoy ..... CLUB LEADER	5 00 .....			X				0	0	0
Yvonne Morfitt ..... CLUB LEADER	5 00 .....			X				0	0	0
Zach Coryell ..... CLUB 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			
ZUELLA ANNEN ..... CLUB LEADER	5 00 .....			X				0	0	0

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .	OMB No 1545-0047 <b>2016</b> <b>Open to Public Inspection</b>
	Department of the Treasury Internal Revenue Service Name of the organization Colorado 4-H Foundation Group	Employer identification number 46-4830470

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10 ☒ 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 )
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 . . . . . ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	366,549	606,799	1,142,873	1,313,162	1,298,115	4,727,498
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	366,549	606,799	1,142,873	1,313,162	1,298,115	4,727,498
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
<b>c</b> Add lines 7a and 7b						0
<b>8 Public support.</b> (Subtract line 7c from line 6.)						4,727,498

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6	366,549	606,799	1,142,873	1,313,162	1,298,115	4,727,498
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,815	14,945	9,491	12,536	12,420	58,207
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	8,815	14,945	9,491	12,536	12,420	58,207
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	923,239	1,034,582	600,943	813,787	908,374	4,280,925
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,298,603	1,656,326	1,753,307	2,139,485	2,218,909	9,066,630
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input checked="" type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b 33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>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.</i>		
<b>2a</b>		
<b>b</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? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013. . . . .			
c Excess from 2014. . . . .			
d Excess from 2015. . . . .			
e Excess from 2016. . . . .			

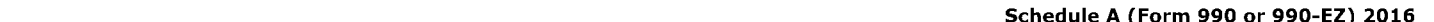
**Part VI Supplemental Information.**

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).

<b>Facts And Circumstances Test</b>

**990 Schedule A, Supplemental Information**

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 2015 Amount \$ 16,858 2016 Amount \$ 67,683 SPECIAL EVENT INCOME - 2012 Amount \$ 732,921 2013 Amount \$ 836,494 2014 Amount \$ 497,723 2015 Amount \$ 796,929 2016 Amount \$ 840,691





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" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

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" on 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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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?		(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
		Yes	No			
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" on 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>All Chapter Events</b> (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
<b>1</b>	Gross receipts . . . . .	1,545,696			1,545,696
<b>2</b>	Less Contributions . . . . .				
<b>3</b>	Gross income (line 1 minus line 2) . . . . .	1,545,696			1,545,696
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	705,004			705,004
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				705,004
<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				840,692	

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

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

**9** Enter the state(s) in which the organization 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 activity conducted in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► .....

Address ► .....

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

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

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

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

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

Return Reference

Explanation

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As Filed Data -

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Schedule I  
(Form 990)

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

Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2016

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
Colorado 4-H Foundation Group

Employer identification number  
46-4830470

Part IGeneral Information on Grants and Assistance

- 1Does 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
- 2Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part IIGrants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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
(1) Westmeath Foundation 501 Silverside Rd Ste 123 Wilmington, DE 19809	46-1350014	501 (C) (3)	20,000		FMV		Supplies
(2) National Rifle Association of America 11250 Waples Mill Rd Rairfax, VA 220307550	52-1710886	501 (C) (4)	10,197		FMV		Supplies

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

3Enter 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" on 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	700	217,101		FMV	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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

Name of the organization  
Colorado 4-H Foundation Group

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

**Employer identification number**

46-4830470

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	TULA CORPORATION HAS MANAGEMENT RESPONSIBILITIES AS IT RELATES TO ACTIVITIES OF CERTAIN 4-H FOUNDATION PROGRAMS AND FUNDRAISING ACTIVITIES, INCLUDING CHECK REQUEST AUTHORIZATIONS

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	990 REVIEWED AND APPROVED BY BOARD PRIOR TO FILING

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST