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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

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 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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

D Employer identification number

46-4830470

E Telephone number

(970) 491-1537

G Gross receipts \$ 2,814,711

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 2011

M State of legal domicile CO

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 2017 (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

2019-05-10

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 (2017)

**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 \$ 2,055,352 including grants of \$ 228,893 ) (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 ▶ 2,055,352

**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>		No
<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.	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	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.	2a	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		
	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>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?	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>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?		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?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: **►**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: **►** JANE MIRANDETTE 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** (2017)

[illegible]

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

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

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

Form 990 (2017)



**Part VIII** **Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐**Contributions, Gifts, Grants  
and Other Similar Amounts**

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>1a</b> Federated campaigns . . .	<b>1a</b>			
<b>b</b> Membership dues . . .	<b>1b</b>	628,476		
<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>	529,940		
<b>g</b> Noncash contributions included in lines 1a-1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .		1,158,416		

**Program Service Revenue**

	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 . . . . .					

**Other Revenue**

<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		14,057			14,057
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents	(i) Real	(ii) Personal			
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
<b>b</b> Less cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss) . . . . .					
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	1,405,026			
<b>b</b> Less direct expenses . . . . .	<b>b</b>	625,861			
<b>c</b> Net income or (loss) from fundraising events . . . . .		779,165			779,165
<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	237,212	237,212		
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .		237,212			
<b>12 Total revenue.</b> See Instructions . . . . .		2,188,850	237,212	0	793,222

**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.				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	228,893	228,893		
<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.	1,477	1,477		
<b>c</b> Accounting.	2,400	2,400		
<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.	5,111	5,111		
<b>13</b> Office expenses.	163,852	163,852		
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	9,930	9,930		
<b>17</b> Travel.	31,067	31,067		
<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.	3,849	3,849		
<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	867,416	867,416		
<b>b</b> TROPHIES/AWARDS	282,818	282,818		
<b>c</b> DUES	211,555	211,555		
<b>d</b> CLOTHING	53,973	53,973		
<b>e</b> All other expenses	193,011	193,011		
<b>25</b> Total functional expenses. Add lines 1 through 24e.	2,055,352	2,055,352	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 . . . . .	770,995	<b>1</b>	904,493
	<b>2</b>	Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	<b>10c</b>	
	<b>11</b>	Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b>	Intangible assets . . . . .		<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	770,995	<b>16</b>	904,493	
<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 . . . . .	770,995	<b>32</b>	904,493
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .	770,995	<b>33</b>	904,493	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	770,995	<b>34</b>	904,493	

**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>	2,188,850
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,055,352
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	133,498
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	770,995
<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>	904,493

**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 (2017)

**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

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
PAULA WAGGONER ..... TRUSTEE/VICE PRESIDENT	10 00 .....			X				0	0	0
ANDY GLOVER ..... TRUSTEE/TREASURER	5 00 .....			X				0	0	0
MAJOR JON BARBA ..... TRUSTEE/SECRETARY	10 00 .....			X				0	0	0
MARY GERHART ..... TRUSTEE/TREASURER	5 00 .....			X				0	0	0
TOM DOUGHERTY ..... TRUSTEE/SECRETARY	10 00 .....			X				0	0	0
JIM VAN SOMEREN ..... TRUSTEE	5 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

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			
ROB RYAN ..... TRUSTEE	5 00 .....			X				0	0	0
MARVIN WITT ..... TRUSTEE	5 00 .....			X				0	0	0
MARK TROSTEL ..... TRUSTEE	5 00 .....			X				0	0	0
TAMRA REYNOLDS ..... TRUSTEE	5 00 .....			X				0	0	0
CHAD S CABY ..... TRUSTEE	5 00 .....			X				0	0	0
ROCHELLE PLATTER ..... EXECUTIVE DIRECTOR	43 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
KENZIE KRINKEE ..... CLUB LEADER	5 00 .....			X				0	0	0
JEFF STERKEL ..... 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			
JULIA HURDELBRINK ..... CLUB LEADER	5 00 .....			X				0	0	0
JENNIFER SAGER ..... CLUB LEADER	5 00 .....			X				0	0	0
WENDY ANEMAET ..... CLUB LEADER	5 00 .....			X				0	0	0
KENZIE KIMMEL ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRIS UHING ..... CLUB LEADER	5 00 .....			X				0	0	0
ROSIE ROSETTA SCANLON ..... CLUB LEADER	5 00 .....			X				0	0	0
LAURA BRASHEAR ..... CLUB LEADER	5 00 .....			X				0	0	0
TERRI BRYANT ..... CLUB LEADER	5 00 .....			X				0	0	0
AMANDA DAHLMAN ..... CLUB LEADER	5 00 .....			X				0	0	0
DIANE BLOCKER ..... 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			
MOLLY KITSMILLER ..... CLUB LEADER	5 00 .....			X				0	0	0
GLORIA CUNDALL ..... CLUB LEADER	5 00 .....			X				0	0	0
VINCENZA KINZA BURNEY ..... CLUB LEADER	5 00 .....			X				0	0	0
CAMMIE JANSSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
SUZANNE MITCHELL ..... CLUB LEADER	5 00 .....			X				0	0	0
JODI PIKE ..... CLUB LEADER	5 00 .....			X				0	0	0
BRIANA CARLETON ..... CLUB LEADER	5 00 .....			X				0	0	0
STACEY NEAL ..... CLUB LEADER	5 00 .....			X				0	0	0
CATE RITCHEY ..... CLUB LEADER	5 00 .....			X				0	0	0
JIMETTA BRASSINGTON ..... 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			
CATHY NUCKOLS ..... CLUB LEADER	5 00 .....			X				0	0	0
MERI MOLLER ..... CLUB LEADER	5 00 .....			X				0	0	0
WENDY FISCHER ..... CLUB LEADER	5 00 .....			X				0	0	0
DANIELLE MONDRAGON ..... CLUB LEADER	5 00 .....			X				0	0	0
DAWN SAMMONS ..... CLUB LEADER	5 00 .....			X				0	0	0
HEATHER TILLMAN ..... CLUB LEADER	5 00 .....			X				0	0	0
ROXANNE BROCKELMAN ..... CLUB LEADER	5 00 .....			X				0	0	0
SHAYLEN FLOREZ ..... CLUB LEADER	5 00 .....			X				0	0	0
SUZANNE SARASIN ..... CLUB LEADER	5 00 .....			X				0	0	0
RODNEY BROCKELMAN ..... 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			
KATY VINCENT ..... CLUB LEADER	5 00 .....			X				0	0	0
JONANTHAN VRABEC ..... CLUB LEADER	5 00 .....			X				0	0	0
TYLER HETTICH ..... CLUB LEADER	5 00 .....			X				0	0	0
JANET COOK ..... CLUB LEADER	5 00 .....			X				0	0	0
MARY O'MALLEY ..... CLUB LEADER	5 00 .....			X				0	0	0
CAROLYN RUDY ..... CLUB LEADER	5 00 .....			X				0	0	0
SHELAGH SWITZER ..... CLUB LEADER	5 00 .....			X				0	0	0
JESSICA COMPTON ..... CLUB LEADER	5 00 .....			X				0	0	0
RACHEL WIKOWSKY ..... CLUB LEADER	5 00 .....			X				0	0	0
RUSSELL MORRIS ..... 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			
WONDAME DAVIS ..... CLUB LEADER	5 00 .....			X				0	0	0
DEANNA AMES ..... CLUB LEADER	5 00 .....			X				0	0	0
BECKY JACOBSON ..... CLUB LEADER	5 00 .....			X				0	0	0
CARLA ELLIOTT ..... CLUB LEADER	5 00 .....			X				0	0	0
JENNIFER HART ..... CLUB LEADER	5 00 .....			X				0	0	0
LYNN JOHNSON ..... CLUB LEADER	5 00 .....			X				0	0	0
TERRY SCHAAF ..... CLUB LEADER	5 00 .....			X				0	0	0
LISA SCOTT ..... CLUB LEADER	5 00 .....			X				0	0	0
PAUL CHATHAM ..... CLUB LEADER	5 00 .....			X				0	0	0
JENNIFER MAXWELL ..... 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			
LISA BYRNE ..... CLUB LEADER	5 00 .....			X				0	0	0
JO ANN MCENDREE ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTY FRANKLIN ..... CLUB LEADER	5 00 .....			X				0	0	0
GREG HUFFMAN ..... CLUB LEADER	5 00 .....			X				0	0	0
BEKI SCHRODER ..... CLUB LEADER	5 00 .....			X				0	0	0
TAMMY HETRICK ..... CLUB LEADER	5 00 .....			X				0	0	0
TAMMY MCCALL ..... CLUB LEADER	5 00 .....			X				0	0	0
COUNTY EXTENSION AGENT ..... CLUB LEADER	5 00 .....			X				0	0	0
LORI CHASE ..... CLUB LEADER	5 00 .....			X				0	0	0
WESTERN PRAIRIE ..... 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			
NIKKI LAFFERTY ..... CLUB LEADER	5 00 .....			X				0	0	0
MICHELLE LITTLE ..... CLUB LEADER	5 00 .....			X				0	0	0
CARMEN PORTER ..... CLUB LEADER	5 00 .....			X				0	0	0
KARLI HARDESTY ..... CLUB LEADER	5 00 .....			X				0	0	0
ANNE JANICKI ..... CLUB LEADER	5 00 .....			X				0	0	0
ELLA TRAVIS ..... CLUB LEADER	5 00 .....			X				0	0	0
DONNA PATTEE ..... CLUB LEADER	5 00 .....			X				0	0	0
BRANDE CHARNOFF ..... CLUB LEADER	5 00 .....			X				0	0	0
AARON ANDERSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
MELANIE BOHREN ..... 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			
DEANNA CASSIDY ..... CLUB LEADER	5 00 .....			X				0	0	0
NICOLE MCGEE ..... CLUB LEADER	5 00 .....			X				0	0	0
MELANIE HANSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
KENDRA MCCONNELL ..... CLUB LEADER	5 00 .....			X				0	0	0
KIM MADSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
CANDICE BARTHOLOMEW-BROWN ..... CLUB LEADER	5 00 .....			X				0	0	0
AMY TROMBLY ..... CLUB LEADER	5 00 .....			X				0	0	0
TINA POHLMANN ..... CLUB LEADER	5 00 .....			X				0	0	0
ANNETTE NUSSSER ..... CLUB LEADER	5 00 .....			X				0	0	0
RICH KOOPMANN ..... 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			
SONYA MILAM ..... CLUB LEADER	5 00 .....			X				0	0	0
ANNE KNUTSON ..... CLUB LEADER	5 00 .....			X				0	0	0
KELLY KURZ ..... CLUB LEADER	5 00 .....			X				0	0	0
MIKE LITZENBERGER ..... CLUB LEADER	5 00 .....			X				0	0	0
KELLIE H KVAN ..... CLUB LEADER	5 00 .....			X				0	0	0
CASEY KING ..... CLUB LEADER	5 00 .....			X				0	0	0
ANDREA TORRES ..... CLUB LEADER	5 00 .....			X				0	0	0
MARY KLINGBEIL ..... CLUB LEADER	5 00 .....			X				0	0	0
ELIZABETH BUTLER ..... CLUB LEADER	5 00 .....			X				0	0	0
ANNE HANSEN ..... 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			
VERONICA WILKINS ..... CLUB LEADER	5 00 .....			X				0	0	0
CLARE SHIER ..... CLUB LEADER	5 00 .....			X				0	0	0
TANYSS COBLE ..... CLUB LEADER	5 00 .....			X				0	0	0
KIRA HERSHMAN ..... CLUB LEADER	5 00 .....			X				0	0	0
SONDRA PIERCE ..... CLUB LEADER	5 00 .....			X				0	0	0
TOM WENDLAND ..... CLUB LEADER	5 00 .....			X				0	0	0
ANGELINA SALAZAR ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTY FITZPTRICK ..... CLUB LEADER	5 00 .....			X				0	0	0
KIM LETOURNEAU ..... CLUB LEADER	5 00 .....			X				0	0	0
JAMIE BAKER ..... 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			
MICHELE ANDERSON ..... CLUB LEADER	5 00 .....			X				0	0	0
ADRIENNE WEBER ..... CLUB LEADER	5 00 .....			X				0	0	0
BARBARA JONES ..... CLUB LEADER	5 00 .....			X				0	0	0
SARAH PRIDEMORE ..... CLUB LEADER	5 00 .....			X				0	0	0
NANCY ROBERTS ..... CLUB LEADER	5 00 .....			X				0	0	0
LARA RICHARDSON ..... CLUB LEADER	5 00 .....			X				0	0	0
ALEXIS GEKELER ..... CLUB LEADER	5 00 .....			X				0	0	0
LISA SCHELER ..... CLUB LEADER	5 00 .....			X				0	0	0
SARAH HYLE ..... CLUB LEADER	5 00 .....			X				0	0	0
KURT BROSSMAN ..... 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			
ALEXIS GEKELER ..... CLUB LEADER	5 00 .....			X				0	0	0
ANGELA MAYHAN ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTINE CROUSE ..... CLUB LEADER	5 00 .....			X				0	0	0
ANN HECTOR ..... CLUB LEADER	5 00 .....			X				0	0	0
JANEEN CANTY ..... CLUB LEADER	5 00 .....			X				0	0	0
SHANNON ..... CLUB LEADER	5 00 .....			X				0	0	0
MICHAEL PETERSON ..... CLUB LEADER	5 00 .....			X				0	0	0
STEVE CORDOVA ..... CLUB LEADER	5 00 .....			X				0	0	0
JULIE STOVALL ..... CLUB LEADER	5 00 .....			X				0	0	0
SUSAN RUSSELL ..... 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			
KACI MASON ..... CLUB LEADER	5 00 .....			X				0	0	0
KRISTINA OLDSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
TASHENA PELTIER ..... CLUB LEADER	5 00 .....			X				0	0	0
KATRINA SIMMONS ..... CLUB LEADER	5 00 .....			X				0	0	0
REBECCA GRIFFIN ..... CLUB LEADER	5 00 .....			X				0	0	0
JANET FREEBURG ..... CLUB LEADER	5 00 .....			X				0	0	0
ALISHA SHY ..... CLUB LEADER	5 00 .....			X				0	0	0
SARA SHIELDS ..... CLUB LEADER	5 00 .....			X				0	0	0
LYNETTE JOHNSON ..... CLUB LEADER	5 00 .....			X				0	0	0
HEIDI SIMPSON ..... 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			
AMY PERKINS ..... CLUB LEADER	5 00 .....			X				0	0	0
AMY PEEBLES ..... CLUB LEADER	5 00 .....			X				0	0	0
JACKIE SHEA ..... CLUB LEADER	5 00 .....			X				0	0	0
HEATHER BRASLIN ..... CLUB LEADER	5 00 .....			X				0	0	0
MARY GORE ..... CLUB LEADER	5 00 .....			X				0	0	0
KENT DAVIS ..... CLUB LEADER	5 00 .....			X				0	0	0
LEANN DUNCAN ..... CLUB LEADER	5 00 .....			X				0	0	0
ROBIN WILLIAMS ..... CLUB LEADER	5 00 .....			X				0	0	0
GAYLE WARE ..... CLUB LEADER	5 00 .....			X				0	0	0
LISA HOLLEMBEAK ..... 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			
JANICE PROSSER ..... CLUB LEADER	5 00 .....			X				0	0	0
JO DEXTER ..... CLUB LEADER	5 00 .....			X				0	0	0
LARRY ANDERSON ..... CLUB LEADER	5 00 .....			X				0	0	0
TONYA ANDERSON ..... CLUB LEADER	5 00 .....			X				0	0	0
RUTH FURY ..... CLUB LEADER	5 00 .....			X				0	0	0
BRIDGET GITTERE ..... CLUB LEADER	5 00 .....			X				0	0	0
NICOLE CARLSON ..... CLUB LEADER	5 00 .....			X				0	0	0
JOANNA MAUCK ..... CLUB LEADER	5 00 .....			X				0	0	0
LORETTA YOUNG ..... CLUB LEADER	5 00 .....			X				0	0	0
SHAWN MEYERS ..... 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			
KIMBERLY DAME ..... CLUB LEADER	5 00 .....			X				0	0	0
DAWN ARNT ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTINA VAN BIBBER ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTINE SIJELMASSI ..... CLUB LEADER	5 00 .....			X				0	0	0
CINDY DUCKWORTH ..... CLUB LEADER	5 00 .....			X				0	0	0
MARY BALDWIN ..... CLUB LEADER	5 00 .....			X				0	0	0
LAURIE BANISTER ..... CLUB LEADER	5 00 .....			X				0	0	0
CRAIG SLOAN ..... CLUB LEADER	5 00 .....			X				0	0	0
SHELBY CUNNINGHAM-GRESHAM ..... CLUB LEADER	5 00 .....			X				0	0	0
PAUL CLAYTON ..... 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			
CLAUDIA MEEKS ..... CLUB LEADER	5 00 .....			X				0	0	0
MARY PARENTI ..... CLUB LEADER	5 00 .....			X				0	0	0
KATHI COLLINS ..... CLUB LEADER	5 00 .....			X				0	0	0
JOHN HINNERS ..... CLUB LEADER	5 00 .....			X				0	0	0
MICHELLE GERLITZ ..... CLUB LEADER	5 00 .....			X				0	0	0
KAREN HUBER ..... CLUB LEADER	5 00 .....			X				0	0	0
JENNIFER SUMMERVILL ..... CLUB LEADER	5 00 .....			X				0	0	0
PAM LONG ..... CLUB LEADER	5 00 .....			X				0	0	0
KIMRA DOUGLASS ..... CLUB LEADER	5 00 .....			X				0	0	0
SUE WEINROTH ..... 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			
SUNNY ARBOGAST ..... CLUB LEADER	5 00 .....			X				0	0	0
ZACHARY POOL ..... CLUB LEADER	5 00 .....			X				0	0	0
DEB BORT ..... CLUB LEADER	5 00 .....			X				0	0	0
LAURA HOPKINS ..... CLUB LEADER	5 00 .....			X				0	0	0
MORIAH ECKERT ..... CLUB LEADER	5 00 .....			X				0	0	0
GAIL MUEHLETHALER ..... CLUB LEADER	5 00 .....			X				0	0	0
VICKIE OLSON ..... CLUB LEADER	5 00 .....			X				0	0	0
JENNY LEONETTI ..... CLUB LEADER	5 00 .....			X				0	0	0
SHELLY MCCOY ..... CLUB LEADER	5 00 .....			X				0	0	0
EMILY DARROUGH ..... 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			
KORRINE WINSTEAD ..... CLUB LEADER	5 00 .....			X				0	0	0
JENNY I LEONETTI ..... CLUB LEADER	5 00 .....			X				0	0	0
DORIS BAIR ..... CLUB LEADER	5 00 .....			X				0	0	0
KARI DOUGLAS ..... CLUB LEADER	5 00 .....			X				0	0	0
ANNA GERARD-PONCE ..... CLUB LEADER	5 00 .....			X				0	0	0
MICHELLE MALONEY ..... CLUB LEADER	5 00 .....			X				0	0	0
MARY STEPHENS ..... CLUB LEADER	5 00 .....			X				0	0	0
KENDRA SCOTT ..... CLUB LEADER	5 00 .....			X				0	0	0
KEN ARMSTRONG ..... CLUB LEADER	5 00 .....			X				0	0	0
TARA TAYLOR ..... 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			
MAUREEN BERGENFELD ..... CLUB LEADER	5 00 .....			X				0	0	0
ALICIA CHRISTIE ..... CLUB LEADER	5 00 .....			X				0	0	0
DAWN WHEELER ..... CLUB LEADER	5 00 .....			X				0	0	0
TERRI PARKS ..... CLUB LEADER	5 00 .....			X				0	0	0
LANACI WOODS ..... CLUB LEADER	5 00 .....			X				0	0	0
MAGGIE KENOYER ..... CLUB LEADER	5 00 .....			X				0	0	0
ROBERT MULCAHEY ..... CLUB LEADER	5 00 .....			X				0	0	0
YVETTE THOMPSON ..... CLUB LEADER	5 00 .....			X				0	0	0
CINDY STILL ..... CLUB LEADER	5 00 .....			X				0	0	0
JEAN MEINZER ..... 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 STEFFES ..... CLUB LEADER	5 00 .....			X				0	0	0
AL ANDREWS ..... CLUB LEADER	5 00 .....			X				0	0	0
STACY CANTU ..... CLUB LEADER	5 00 .....			X				0	0	0
SHEILA CANADAY ..... CLUB LEADER	5 00 .....			X				0	0	0
REBECCA RAVEN ..... CLUB LEADER	5 00 .....			X				0	0	0
KRISTINE MANYIK ..... CLUB LEADER	5 00 .....			X				0	0	0
RHINA SOTELO ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRIS DEKKER ..... CLUB LEADER	5 00 .....			X				0	0	0
DAWN RHYMER ..... CLUB LEADER	5 00 .....			X				0	0	0
TRAVIS CHAMBLIN ..... 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			
SCOTT PATRICK ..... CLUB LEADER	5 00 .....			X				0	0	0
JASON GOERTZ ..... CLUB LEADER	5 00 .....			X				0	0	0
TERESA LAMOTHE ..... CLUB LEADER	5 00 .....			X				0	0	0
GENEVA STUKE ..... CLUB LEADER	5 00 .....			X				0	0	0
APRIL ROOF ..... CLUB LEADER	5 00 .....			X				0	0	0
JACKIE MEAD ..... CLUB LEADER	5 00 .....			X				0	0	0
SANDRA HOIHJELLE ..... CLUB LEADER	5 00 .....			X				0	0	0
JOAN JAHELKA ..... CLUB LEADER	5 00 .....			X				0	0	0
TALYNN ALLEN ..... CLUB LEADER	5 00 .....			X				0	0	0
TANYA JO CORNELIUS ..... 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			
VICKI HUTSON ..... CLUB LEADER	5 00 .....			X				0	0	0
STEVEN VILLYARD ..... CLUB LEADER	5 00 .....			X				0	0	0
JIM CARRIKER ..... CLUB LEADER	5 00 .....			X				0	0	0
IONE VANEK ..... CLUB LEADER	5 00 .....			X				0	0	0
GARRET MILLER ..... CLUB LEADER	5 00 .....			X				0	0	0
KIRBY BRINCEFIELD ..... CLUB LEADER	5 00 .....			X				0	0	0
KIM TERVORT ..... CLUB LEADER	5 00 .....			X				0	0	0
HEATHER GRIFFIN ..... CLUB LEADER	5 00 .....			X				0	0	0
KATHLEEN OBRECHT ..... CLUB LEADER	5 00 .....			X				0	0	0
AIMEE CABRERA ..... 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			
SARAH KLASSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
VICKI HUTSON ..... CLUB LEADER	5 00 .....			X				0	0	0
COLLEEN FREUND ..... CLUB LEADER	5 00 .....			X				0	0	0
KRISTA RECTOR ..... CLUB LEADER	5 00 .....			X				0	0	0
PATRICIA CHURCHWELL ..... CLUB LEADER	5 00 .....			X				0	0	0
COLLEEN GRANT ..... CLUB LEADER	5 00 .....			X				0	0	0
SHELLY MCINTIRE ..... CLUB LEADER	5 00 .....			X				0	0	0
LAURA BUFMACK ..... CLUB LEADER	5 00 .....			X				0	0	0
MARIE ADAMS ..... CLUB LEADER	5 00 .....			X				0	0	0
JOLEE PEARSALL ..... 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			
BRITTANY CARR ..... CLUB LEADER	5 00 .....			X				0	0	0
MARTIN TELCK ..... CLUB LEADER	5 00 .....			X				0	0	0
LAURA TAYLOR ..... CLUB LEADER	5 00 .....			X				0	0	0
PAT WILES ..... CLUB LEADER	5 00 .....			X				0	0	0
DELORES COMSTOCK ..... CLUB LEADER	5 00 .....			X				0	0	0
VERLA NOAKES ..... CLUB LEADER	5 00 .....			X				0	0	0
MELINDA SHADE ..... CLUB LEADER	5 00 .....			X				0	0	0
NIKKI HOBBY ..... CLUB LEADER	5 00 .....			X				0	0	0
DOYLE RUONA ..... CLUB LEADER	5 00 .....			X				0	0	0
JOANNE ARY ..... 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			
GRANT ARY ..... CLUB LEADER	5 00 .....			X				0	0	0
AMY LEIBLI ..... CLUB LEADER	5 00 .....			X				0	0	0
TOMALEE YOUNG ..... CLUB LEADER	5 00 .....			X				0	0	0
RENEE WATTERS ..... CLUB LEADER	5 00 .....			X				0	0	0
TAMI RATKOVICH ..... CLUB LEADER	5 00 .....			X				0	0	0
LISA NIESLANIK ..... CLUB LEADER	5 00 .....			X				0	0	0
STEPHANIE HINKLEY ..... CLUB LEADER	5 00 .....			X				0	0	0
MISTY BRISCOE-GARCIA ..... CLUB LEADER	5 00 .....			X				0	0	0
TINA MCCRAY ..... CLUB LEADER	5 00 .....			X				0	0	0
MIRANDA JONES ..... 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			
HEATHER TUCKSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
JASON NEIL ..... CLUB LEADER	5 00 .....			X				0	0	0
BROOKE BARBATA ..... CLUB LEADER	5 00 .....			X				0	0	0
JANA FARRIS ..... CLUB LEADER	5 00 .....			X				0	0	0
MELINDA LEWIS ..... CLUB LEADER	5 00 .....			X				0	0	0
CARLA FARRAND ..... CLUB LEADER	5 00 .....			X				0	0	0
TERRASA MERAZ ..... CLUB LEADER	5 00 .....			X				0	0	0
JACQUE BURRIS ..... CLUB LEADER	5 00 .....			X				0	0	0
MOLLY MENDOZA ..... CLUB LEADER	5 00 .....			X				0	0	0
MIKE GOSCHA ..... 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			
JOHANNA BALL ..... CLUB LEADER	5 00 .....			X				0	0	0
JULIE HURST-FARNHAM ..... CLUB LEADER	5 00 .....			X				0	0	0
STACEY ELLIBEE ..... CLUB LEADER	5 00 .....			X				0	0	0
WENDY CHAPMAN ..... CLUB LEADER	5 00 .....			X				0	0	0
VERONICA M CAPRARO ..... CLUB LEADER	5 00 .....			X				0	0	0
CORI RIDER ..... CLUB LEADER	5 00 .....			X				0	0	0
ANDI JOHNSON ..... CLUB LEADER	5 00 .....			X				0	0	0
COURTNEY JENKINS ..... CLUB LEADER	5 00 .....			X				0	0	0
BRENDA BRAND ..... CLUB LEADER	5 00 .....			X				0	0	0
KIM O'NEILL ..... 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			
DEBBIE LEWIS ..... CLUB LEADER	5 00 .....			X				0	0	0
AMANDA WAHL ..... CLUB LEADER	5 00 .....			X				0	0	0
ASHLEY BOBO ..... CLUB LEADER	5 00 .....			X				0	0	0
KRISTI MOYER ..... CLUB LEADER	5 00 .....			X				0	0	0
ANGEL DECICCO ..... CLUB LEADER	5 00 .....			X				0	0	0
TRAVIS HOESLI ..... CLUB LEADER	5 00 .....			X				0	0	0
MARCY WHEATLEY ..... CLUB LEADER	5 00 .....			X				0	0	0
LISA MIRABITO ..... CLUB LEADER	5 00 .....			X				0	0	0
SAMIJEAN LECHMAN ..... 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			
BRETT REDDEN ..... CLUB LEADER	5 00 .....			X				0	0	0
IVY MCNULTY ..... CLUB LEADER	5 00 .....			X				0	0	0
MARIA KATTNIG ..... CLUB LEADER	5 00 .....			X				0	0	0
MEGAN SPANN ..... CLUB LEADER	5 00 .....			X				0	0	0
PATRICIA PATTON ..... CLUB LEADER	5 00 .....			X				0	0	0
ERIC MCPHAIL ..... CLUB LEADER	5 00 .....			X				0	0	0
JEROD RHEA ..... CLUB LEADER	5 00 .....			X				0	0	0
SHELLY SABROWSKI ..... CLUB LEADER	5 00 .....			X				0	0	0
CARL BEEMAN ..... CLUB LEADER	5 00 .....			X				0	0	0
REBECCA MITCHELL ..... 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			
SHERRY FREESE ..... CLUB LEADER	5 00 .....			X				0	0	0
CHARLENE ANSELMO ..... CLUB LEADER	5 00 .....			X				0	0	0
DEB HEENEY ..... CLUB LEADER	5 00 .....			X				0	0	0
SAM MARTIN ..... CLUB LEADER	5 00 .....			X				0	0	0
ANGIE HARPER ..... CLUB LEADER	5 00 .....			X				0	0	0
JEANNIE JENKINS ..... CLUB LEADER	5 00 .....			X				0	0	0
ERIN BABCOCK ..... CLUB LEADER	5 00 .....			X				0	0	0
MIKE THYNE ..... CLUB LEADER	5 00 .....			X				0	0	0
SHIRLEY THYNE ..... CLUB LEADER	5 00 .....			X				0	0	0
BARBIE GARNETT ..... 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			
CAROL VON MICHAELIS ..... CLUB LEADER	5 00 .....			X				0	0	0
LISA STAVIG ..... CLUB LEADER	5 00 .....			X				0	0	0
KRISTIN ENNEY ..... CLUB LEADER	5 00 .....			X				0	0	0
DARIN SMITH ..... CLUB LEADER	5 00 .....			X				0	0	0
CINDY LOWMAN ..... CLUB LEADER	5 00 .....			X				0	0	0
EMILY GIFFORD ..... CLUB LEADER	5 00 .....			X				0	0	0
HEATHER WORRELL ..... CLUB LEADER	5 00 .....			X				0	0	0
MELANI HENSLEY ..... CLUB LEADER	5 00 .....			X				0	0	0
MYCHELE SMITH ..... CLUB LEADER	5 00 .....			X				0	0	0
GLENN SANGER ..... 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 DAILEY ..... CLUB LEADER	5 00 .....			X				0	0	0
BETH BONHAM ..... CLUB LEADER	5 00 .....			X				0	0	0
HEATHER ROBERTSON ..... CLUB LEADER	5 00 .....			X				0	0	0
TIM TROSPER ..... CLUB LEADER	5 00 .....			X				0	0	0
GLORIA TROSPER ..... CLUB LEADER	5 00 .....			X				0	0	0
DEBBIE CORNELIUS ..... CLUB LEADER	5 00 .....			X				0	0	0
JENNIE MCCASLAND ..... CLUB LEADER	5 00 .....			X				0	0	0
ANGELA EINSPAHR ..... CLUB LEADER	5 00 .....			X				0	0	0
TREVOR HENSCHEL ..... CLUB LEADER	5 00 .....			X				0	0	0
ERIN HENSCHEL ..... 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			
BECKY GRAMM ..... CLUB LEADER	5 00 .....			X				0	0	0
SCOTT STINETT ..... CLUB LEADER	5 00 .....			X				0	0	0
KARI FOX ..... CLUB LEADER	5 00 .....			X				0	0	0
KANE CODY ..... CLUB LEADER	5 00 .....			X				0	0	0
RODRIGO ROBLES ..... CLUB LEADER	5 00 .....			X				0	0	0
KRISTIE ROBLES ..... CLUB LEADER	5 00 .....			X				0	0	0
SHANE RIDER ..... CLUB LEADER	5 00 .....			X				0	0	0
JASON FOOSE ..... CLUB LEADER	5 00 .....			X				0	0	0
CRYSTAL FOOSE ..... CLUB LEADER	5 00 .....			X				0	0	0
MELISSA NICHOLS ..... 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			
SCOTT SCHRIVERS ..... CLUB LEADER	5 00 .....			X				0	0	0
JAMIE MCDONALD ..... CLUB LEADER	5 00 .....			X				0	0	0
VICKY MORENO ..... CLUB LEADER	5 00 .....			X				0	0	0
GREG FELSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
SHAWNTAE LESKY ..... CLUB LEADER	5 00 .....			X				0	0	0
KALI FASSETT ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRIS REED ..... CLUB LEADER	5 00 .....			X				0	0	0
RHONDA LEDFORD ..... CLUB LEADER	5 00 .....			X				0	0	0
KARI JENKINS ..... CLUB LEADER	5 00 .....			X				0	0	0
BETH LASHELL ..... 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			
MEGAN STEPHENSON ..... CLUB LEADER	5 00 .....			X				0	0	0
DOUG DAVIS ..... CLUB LEADER	5 00 .....			X				0	0	0
TEDDI BAIRD-THARP ..... CLUB LEADER	5 00 .....			X				0	0	0
NATALIE HOWARD ..... CLUB LEADER	5 00 .....			X				0	0	0
RUSTY GREER ..... CLUB LEADER	5 00 .....			X				0	0	0
RAEJEAN RIEGEL ..... CLUB LEADER	5 00 .....			X				0	0	0
SARA MCCOURT ..... CLUB LEADER	5 00 .....			X				0	0	0
TIM KARP ..... CLUB LEADER	5 00 .....			X				0	0	0
JANEL SANBURG ..... CLUB LEADER	5 00 .....			X				0	0	0
MICHAEL LATHEM ..... 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 LATHEN ..... CLUB LEADER	5 00 .....			X				0	0	0
KIRK PEINE ..... CLUB LEADER	5 00 .....			X				0	0	0
SHARON PEINE ..... CLUB LEADER	5 00 .....			X				0	0	0
SUZANNE CAVEY ..... CLUB LEADER	5 00 .....			X				0	0	0
LEISA CARSON ..... CLUB LEADER	5 00 .....			X				0	0	0
LORI DELEHOY ..... CLUB LEADER	5 00 .....			X				0	0	0
NANCY DAY ..... CLUB LEADER	5 00 .....			X				0	0	0
ELLIE JONES ..... CLUB LEADER	5 00 .....			X				0	0	0
KARA RUDNICK ..... CLUB LEADER	5 00 .....			X				0	0	0
TERESA WILCOX ..... 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			
KRISTIN STEPHENS ..... CLUB LEADER	5 00 .....			X				0	0	0
MARILYN LASICH ..... CLUB LEADER	5 00 .....			X				0	0	0
JAY CROUSE ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTINE HIATT ..... CLUB LEADER	5 00 .....			X				0	0	0
DENNISN GREENWALT ..... CLUB LEADER	5 00 .....			X				0	0	0
TRACY GREENWALT ..... CLUB LEADER	5 00 .....			X				0	0	0
ROSEMARY GRAFF ..... CLUB LEADER	5 00 .....			X				0	0	0
ALISON WOODWARD ..... CLUB LEADER	5 00 .....			X				0	0	0
JENNIFER WADE ..... CLUB LEADER	5 00 .....			X				0	0	0
SUSAN HUTCHENS ..... 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			
STACY FARMER ..... CLUB LEADER	5 00 .....			X				0	0	0
DON BREHM ..... CLUB LEADER	5 00 .....			X				0	0	0
CINDY BUCKARDT ..... CLUB LEADER	5 00 .....			X				0	0	0
JULEE MEINERS ..... CLUB LEADER	5 00 .....			X				0	0	0
MEGAN BLASER ..... CLUB LEADER	5 00 .....			X				0	0	0
ANGELA SANDY ..... CLUB LEADER	5 00 .....			X				0	0	0
DANETTE MEYER ..... CLUB LEADER	5 00 .....			X				0	0	0
DEEDEE FARAGO ..... CLUB LEADER	5 00 .....			X				0	0	0
AMBER HERSH ..... CLUB LEADER	5 00 .....			X				0	0	0
JUDI BLUM ..... 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			
MILDRED SMELKER ..... CLUB LEADER	5 00 .....			X				0	0	0
SHERRI JERNIGAN ..... CLUB LEADER	5 00 .....			X				0	0	0
SCOTT CARTER ..... CLUB LEADER	5 00 .....			X				0	0	0
STEPHANIE MORRISON ..... CLUB LEADER	5 00 .....			X				0	0	0
MERRITT DUPON ..... CLUB LEADER	5 00 .....			X				0	0	0
JUSTIN MICK ..... CLUB LEADER	5 00 .....			X				0	0	0
STEPHANIE MICK ..... CLUB LEADER	5 00 .....			X				0	0	0
KELLY FISCHER ..... CLUB LEADER	5 00 .....			X				0	0	0
NICOLE WAGNER ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTINA RUFFATTI ..... 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			
RITA HENNING ..... CLUB LEADER	5 00 .....			X				0	0	0
JANE LENTZ ..... CLUB LEADER	5 00 .....			X				0	0	0
DOUG SHIRACK ..... CLUB LEADER	5 00 .....			X				0	0	0
SHARON SHIRACK ..... CLUB LEADER	5 00 .....			X				0	0	0
PAT ALGER ..... CLUB LEADER	5 00 .....			X				0	0	0
ROD JOHNSON ..... CLUB LEADER	5 00 .....			X				0	0	0
BETH JOHNSON ..... CLUB LEADER	5 00 .....			X				0	0	0
SHANNON SHREVE ..... CLUB LEADER	5 00 .....			X				0	0	0
JODIE TUXHORN ..... CLUB LEADER	5 00 .....			X				0	0	0
ERIN COMDEN ..... 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			
KENDRA WALTER ..... CLUB LEADER	5 00 .....			X				0	0	0
MARLO VALDEZ ..... CLUB LEADER	5 00 .....			X				0	0	0
KRISSY LARSON ..... CLUB LEADER	5 00 .....			X				0	0	0
RYAN NEWPORT ..... CLUB LEADER	5 00 .....			X				0	0	0
LAURA NEWPORT ..... CLUB LEADER	5 00 .....			X				0	0	0
CONNIE MANTELLI ..... CLUB LEADER	5 00 .....			X				0	0	0
LORRI ARNHOLD ..... CLUB LEADER	5 00 .....			X				0	0	0
WILLIAN AAROE ..... CLUB LEADER	5 00 .....			X				0	0	0
JEFF LAMBETH ..... CLUB LEADER	5 00 .....			X				0	0	0
JASON STODGHILL ..... 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			
JESSICA OLGUIN ..... CLUB LEADER	5 00 .....			X				0	0	0
MANDIE HILL ..... CLUB LEADER	5 00 .....			X				0	0	0
TONI LAMBETH ..... CLUB LEADER	5 00 .....			X				0	0	0
TAMRA BEARD ..... CLUB LEADER	5 00 .....			X				0	0	0
NIKKI SHANNON ..... CLUB LEADER	5 00 .....			X				0	0	0
RENAE SAFFER ..... CLUB LEADER	5 00 .....			X				0	0	0
NIKKI REID ..... CLUB LEADER	5 00 .....			X				0	0	0
WENDY SIMMONS ..... CLUB LEADER	5 00 .....			X				0	0	0
TRAVIS TAYLOR ..... CLUB LEADER	5 00 .....			X				0	0	0
TIM HILFERTY ..... 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			
JODI HILFERTY ..... CLUB LEADER	5 00 .....			X				0	0	0
CHERYL THOMPSON ..... CLUB LEADER	5 00 .....			X				0	0	0
JAY HILL ..... CLUB LEADER	5 00 .....			X				0	0	0
APRIL POTYONDY ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTINE FETZER ..... CLUB LEADER	5 00 .....			X				0	0	0
MELANIE NORTHUP ..... CLUB LEADER	5 00 .....			X				0	0	0
JEROD ARMSTRONG ..... CLUB LEADER	5 00 .....			X				0	0	0
JANAE MAKER ..... CLUB LEADER	5 00 .....			X				0	0	0
ALLEN HUTT ..... CLUB LEADER	5 00 .....			X				0	0	0
MELINDA HUTT ..... 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			
THERESA OMMEN ..... CLUB LEADER	5 00 .....			X				0	0	0
SHANTEL SATOR ..... CLUB LEADER	5 00 .....			X				0	0	0
BONNIE AMEN ..... CLUB LEADER	5 00 .....			X				0	0	0
NAN THOMAS ..... CLUB LEADER	5 00 .....			X				0	0	0
KRISTY SCHNEIDER ..... CLUB LEADER	5 00 .....			X				0	0	0
DEB VONFELDT ..... CLUB LEADER	5 00 .....			X				0	0	0
BECKY REEVES ..... CLUB LEADER	5 00 .....			X				0	0	0
JACKIE WILLIAMS DIPAOLO ..... CLUB LEADER	5 00 .....			X				0	0	0
MATT LEMON ..... CLUB LEADER	5 00 .....			X				0	0	0
NICOLE KING ..... 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			
ALETA LEBARON ..... CLUB LEADER	5 00 .....			X				0	0	0
BECKY DRAPER ..... CLUB LEADER	5 00 .....			X				0	0	0
EMILY BRINKLEY ..... CLUB LEADER	5 00 .....			X				0	0	0
FELICIA CASTO ..... CLUB LEADER	5 00 .....			X				0	0	0
ANNIE STRUBLE ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRIS YOUNG ..... CLUB LEADER	5 00 .....			X				0	0	0
RINDI YOUNG ..... CLUB LEADER	5 00 .....			X				0	0	0
JESSE MEASE ..... CLUB LEADER	5 00 .....			X				0	0	0
KATHY CAPPS ..... CLUB LEADER	5 00 .....			X				0	0	0
LINDA MOORES ..... 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			
DANELLE ENER ..... CLUB LEADER	5 00 .....			X				0	0	0
SPENCER ADLEMAN ..... CLUB LEADER	5 00 .....			X				0	0	0
MATT KATZENBERGER ..... CLUB LEADER	5 00 .....			X				0	0	0
KRISTINA TEAL ..... CLUB LEADER	5 00 .....			X				0	0	0
LINDSAY WEBER ..... CLUB LEADER	5 00 .....			X				0	0	0
KIM HOWARD ..... CLUB LEADER	5 00 .....			X				0	0	0
ANN HAHN ..... CLUB LEADER	5 00 .....			X				0	0	0
HEIDI WHITE ..... CLUB LEADER	5 00 .....			X				0	0	0
MARIA TRETO ..... CLUB LEADER	5 00 .....			X				0	0	0
JILL YOUNG ..... 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			
RUTH SHEPARDSON ..... CLUB LEADER	5 00 .....			X				0	0	0
TIFFANY BRACCO ..... CLUB LEADER	5 00 .....			X				0	0	0
JENNIE HUDSON ..... CLUB LEADER	5 00 .....			X				0	0	0
TOM SHARPE ..... CLUB LEADER	5 00 .....			X				0	0	0
WADE GERBER ..... CLUB LEADER	5 00 .....			X				0	0	0
CHERIE BLOMQUIST ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRIS RHYNE ..... CLUB LEADER	5 00 .....			X				0	0	0
KATRINA SPRINGER ..... CLUB LEADER	5 00 .....			X				0	0	0
ERIN MUSSER ..... CLUB LEADER	5 00 .....			X				0	0	0
REBECCA FRITZ ..... 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			
SARAH BACON ..... CLUB LEADER	5 00 .....			X				0	0	0
JODY RED LEE ..... CLUB LEADER	5 00 .....			X				0	0	0
SHAWN POLLY ..... CLUB LEADER	5 00 .....			X				0	0	0
SARAH POLLY ..... CLUB LEADER	5 00 .....			X				0	0	0
BRENDA HINDMARSH ..... CLUB LEADER	5 00 .....			X				0	0	0
DJ MOORES ..... CLUB LEADER	5 00 .....			X				0	0	0
KIM MARTIN ..... CLUB LEADER	5 00 .....			X				0	0	0
BARBARA ZEUTZIUS ..... CLUB LEADER	5 00 .....			X				0	0	0
CASEY RUSSELL ..... CLUB LEADER	5 00 .....			X				0	0	0
KIM HAMPTON ..... 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			
SABRINA ELLIOTT ..... CLUB LEADER	5 00 .....			X				0	0	0
ANDREA JETER ..... CLUB LEADER	5 00 .....			X				0	0	0
TAYLOR OLIVER ..... CLUB LEADER	5 00 .....			X				0	0	0
AMANDA HIGGINS ..... CLUB LEADER	5 00 .....			X				0	0	0
TONIA O'DONNELL ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTINA MAYBOCA ..... CLUB LEADER	5 00 .....			X				0	0	0
JEAN SEYMOUR ..... CLUB LEADER	5 00 .....			X				0	0	0
CINDA GUNN ..... CLUB LEADER	5 00 .....			X				0	0	0
TINA BOUTWELL ..... CLUB LEADER	5 00 .....			X				0	0	0
HEIDI MATTHEWS ..... 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			
ABBY POWER ..... CLUB LEADER	5 00 .....			X				0	0	0
JODI REED ..... CLUB LEADER	5 00 .....			X				0	0	0
BRANDON CREAMER ..... CLUB LEADER	5 00 .....			X				0	0	0
ANGIE KIMBERLIN ..... CLUB LEADER	5 00 .....			X				0	0	0
D'ANN DUNHAM ..... CLUB LEADER	5 00 .....			X				0	0	0
HEIDI ANDERSON ..... CLUB LEADER	5 00 .....			X				0	0	0
DALE ODONNELL ..... CLUB LEADER	5 00 .....			X				0	0	0
CATHERINE SHUBERT ..... CLUB LEADER	5 00 .....			X				0	0	0
LISA FRANKS ..... CLUB LEADER	5 00 .....			X				0	0	0
ABBIE REAKSECKER ..... 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			
LINDA GRATER ..... CLUB LEADER	5 00 .....			X				0	0	0
BRENDA BALLARD ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTY KIMBLE ..... CLUB LEADER	5 00 .....			X				0	0	0
JESSICA FRIGETTO ..... CLUB LEADER	5 00 .....			X				0	0	0
GERALD LYNE ..... CLUB LEADER	5 00 .....			X				0	0	0
LESLEY LINTON ..... CLUB LEADER	5 00 .....			X				0	0	0
MARY ENDSLEY ..... CLUB LEADER	5 00 .....			X				0	0	0
VAL LOOSE ..... CLUB LEADER	5 00 .....			X				0	0	0
HEIDI GRIFFITH ..... CLUB LEADER	5 00 .....			X				0	0	0
PEGGY EDSON ..... 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			
TRACY DONAGHY ..... CLUB LEADER	5 00 .....			X				0	0	0
CYNDI HOFMEISTER ..... CLUB LEADER	5 00 .....			X				0	0	0
RAYMOND CARLOCK ..... CLUB LEADER	5 00 .....			X				0	0	0
DANA HANSON ..... CLUB LEADER	5 00 .....			X				0	0	0
RACHEL NICHOLS ..... CLUB LEADER	5 00 .....			X				0	0	0
MACKENZIE POWELL ..... CLUB LEADER	5 00 .....			X				0	0	0
ANNETTE LEBSOCK ..... CLUB LEADER	5 00 .....			X				0	0	0
BRENDA GREGERSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
DANIELLE EGGLESTON ..... CLUB LEADER	5 00 .....			X				0	0	0
SUSAN KENDRICK ..... CLUB LEADER	5 00 .....			X				0	0	0

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KATHLEEN WOOD ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTINE SEARS ..... CLUB LEADER	5 00 .....			X				0	0	0
BRENDEE WHITNEY ..... CLUB LEADER	5 00 .....			X				0	0	0
SARAH GOODMAN ..... CLUB LEADER	5 00 .....			X				0	0	0
DARWIN HUFF ..... CLUB LEADER	5 00 .....			X				0	0	0
MICHELLE SHELBY DUTTON ..... CLUB LEADER	5 00 .....			X				0	0	0
TRICIA LEONE ..... CLUB LEADER	5 00 .....			X				0	0	0
DONNA HUFF ..... CLUB LEADER	5 00 .....			X				0	0	0
BRENDA MUELLER ..... CLUB LEADER	5 00 .....			X				0	0	0
VICKI HARRIS ..... 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				
MARLENA GRIESSE ..... CLUB LEADER	5 00 .....			X				0	0	0	
HILLARY MERWIN ..... CLUB LEADER	5 00 .....			X				0	0	0	
JILL NORWOOD ..... CLUB LEADER	5 00 .....			X				0	0	0	
KELLY STELLING ..... CLUB LEADER	5 00 .....			X				0	0	0	
NICOLE MCCHESENEY ..... CLUB LEADER	5 00 .....			X				0	0	0	
BECKY GEMMER ..... CLUB LEADER	5 00 .....			X				0	0	0	
ELIZABETH A WOODWARD ..... CLUB LEADER	5 00 .....			X				0	0	0	
STEVE GROOME ..... CLUB LEADER	5 00 .....			X				0	0	0	
MINDA MARES ..... CLUB LEADER	5 00 .....			X				0	0	0	
JOAN OWENS ..... 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			
BARBARA MINER ..... CLUB LEADER	5 00 .....			X				0	0	0
PAM STRUCKMEYER ..... CLUB LEADER	5 00 .....			X				0	0	0
DENISE SMITH ..... CLUB LEADER	5 00 .....			X				0	0	0
KINDRA PLUMB ..... CLUB LEADER	5 00 .....			X				0	0	0
MENDI LUTZE ..... CLUB LEADER	5 00 .....			X				0	0	0
DAVE HOLDEN ..... CLUB LEADER	5 00 .....			X				0	0	0
BECKY SCHWARTZ ..... CLUB LEADER	5 00 .....			X				0	0	0
AMANDA GURULE ..... CLUB LEADER	5 00 .....			X				0	0	0
TONI STATES ..... CLUB LEADER	5 00 .....			X				0	0	0
TERI NEUGEBAUER ..... 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			
TANYA RUSHTON ..... CLUB LEADER	5 00 .....			X				0	0	0
LETYSHA RAMOS ..... CLUB LEADER	5 00 .....			X				0	0	0
JESSICA COMER ..... CLUB LEADER	5 00 .....			X				0	0	0
DANIELLE WOLLERT ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTA MELGOZA ..... CLUB LEADER	5 00 .....			X				0	0	0
LACEY MANN ..... CLUB LEADER	5 00 .....			X				0	0	0
BERT DAVIS ..... CLUB LEADER	5 00 .....			X				0	0	0
THOMAS TORRES ..... CLUB LEADER	5 00 .....			X				0	0	0
SARA CAMPBELL ..... CLUB LEADER	5 00 .....			X				0	0	0
KIM PHILLIPS ..... 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			
ERIN BARKER ..... CLUB LEADER	5 00 .....			X				0	0	0
GREG GEORGE ..... CLUB LEADER	5 00 .....			X				0	0	0
JENNIFER ADAMS ..... CLUB LEADER	5 00 .....			X				0	0	0
KATHY WOLYN ..... CLUB LEADER	5 00 .....			X				0	0	0
DEANIE SAMUEL ..... CLUB LEADER	5 00 .....			X				0	0	0
TANA STRASIA ..... CLUB LEADER	5 00 .....			X				0	0	0
LEANN SPRINGER ..... CLUB LEADER	5 00 .....			X				0	0	0
MARY KILLEN ..... CLUB LEADER	5 00 .....			X				0	0	0
DEBBIE THALHAMMER ..... CLUB LEADER	5 00 .....			X				0	0	0
JULIE CRAIN ..... 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			
DANA MCCLURE ..... CLUB LEADER	5 00 .....			X				0	0	0
MISTY DAVIS ..... CLUB LEADER	5 00 .....			X				0	0	0
MJ FISCHER ..... CLUB LEADER	5 00 .....			X				0	0	0
COLLEEN RUSS ..... CLUB LEADER	5 00 .....			X				0	0	0
BRENDA JOHNSTON ..... CLUB LEADER	5 00 .....			X				0	0	0
NANCY KELLER ..... CLUB LEADER	5 00 .....			X				0	0	0
ROBIN SHEARER ..... CLUB LEADER	5 00 .....			X				0	0	0
AMY DECKER ..... CLUB LEADER	5 00 .....			X				0	0	0
TOBEY WILLEY ..... CLUB LEADER	5 00 .....			X				0	0	0
KATHY 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			
TERA SHULTS ..... CLUB LEADER	5 00 .....			X				0	0	0
TOM KNOWLES ..... CLUB LEADER	5 00 .....			X				0	0	0
JAMIE TURNER ..... CLUB LEADER	5 00 .....			X				0	0	0
LISA WALSH ..... CLUB LEADER	5 00 .....			X				0	0	0
BONNIE CORYELL ..... CLUB LEADER	5 00 .....			X				0	0	0
SUZAN PELLONI ..... CLUB LEADER	5 00 .....			X				0	0	0
HEATHER SAULS ..... CLUB LEADER	5 00 .....			X				0	0	0
LISA BELMONTE ..... CLUB LEADER	5 00 .....			X				0	0	0
ROSS MCGEE ..... CLUB LEADER	5 00 .....			X				0	0	0
TOM KNOWLES ..... 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			
KATIE DAY ..... CLUB LEADER	5 00 .....			X				0	0	0
BETTY LOU MOYER ..... CLUB LEADER	5 00 .....			X				0	0	0
ANNE MARIE SCRITCHFIELD ..... CLUB LEADER	5 00 .....			X				0	0	0
CLINT SHULTS ..... CLUB LEADER	5 00 .....			X				0	0	0
BOB KLENDIA ..... CLUB LEADER	5 00 .....			X				0	0	0
ANN FRANKLIN ..... CLUB LEADER	5 00 .....			X				0	0	0
JOHN SCOTT ..... CLUB LEADER	5 00 .....			X				0	0	0
CORTNEY ALDRIDGE ..... CLUB LEADER	5 00 .....			X				0	0	0
RENAE NEILSON ..... CLUB LEADER	5 00 .....			X				0	0	0
BERNIE ROYBAL ..... 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			
KELLIE TURNER ..... CLUB LEADER	5 00 .....			X				0	0	0
JAYDA LEWIS ..... CLUB LEADER	5 00 .....			X				0	0	0
LADONNA CARLSON ..... CLUB LEADER	5 00 .....			X				0	0	0
ANNE URIE ..... CLUB LEADER	5 00 .....			X				0	0	0
ROXIE LEISCHER-FROMANG ..... CLUB LEADER	5 00 .....			X				0	0	0
EMILY HONEYMAN ..... CLUB LEADER	5 00 .....			X				0	0	0
MELISSA DEMBOWSKI ..... CLUB LEADER	5 00 .....			X				0	0	0
HEATHER HALL ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRIS HALL ..... CLUB LEADER	5 00 .....			X				0	0	0
NICK MANCHESTER ..... 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			
KENNETH MYERS ..... CLUB LEADER	5 00 .....			X				0	0	0
SILVIA OTABACHIAN-SMITH ..... CLUB LEADER	5 00 .....			X				0	0	0
DANIEL LAPP ..... CLUB LEADER	5 00 .....			X				0	0	0
ASHLEY JOHNSON ..... CLUB LEADER	5 00 .....			X				0	0	0
KIMBERLEY TEMPLE ..... CLUB LEADER	5 00 .....			X				0	0	0
COURTNEY LOGAN ..... CLUB LEADER	5 00 .....			X				0	0	0
BANDY LUCERO ..... CLUB LEADER	5 00 .....			X				0	0	0
VIRGINIA CHRISTENSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
JORDYN NEELY ..... CLUB LEADER	5 00 .....			X				0	0	0
BEVERLEE KEILMAN ..... 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			
JERI TRUJILLO ..... CLUB LEADER	5 00 .....			X				0	0	0
LIBBY MEYRING ..... CLUB LEADER	5 00 .....			X				0	0	0
BECKY HEID ..... CLUB LEADER	5 00 .....			X				0	0	0
KRISTA MONGER ..... CLUB LEADER	5 00 .....			X				0	0	0
SUSAN COLFER ..... CLUB LEADER	5 00 .....			X				0	0	0
JEANNIE JO LOGAN ..... CLUB LEADER	5 00 .....			X				0	0	0
EMILY WALDRON ..... CLUB LEADER	5 00 .....			X				0	0	0
CONNIE HAWN ..... CLUB LEADER	5 00 .....			X				0	0	0
SHILOH WHALEY ..... CLUB LEADER	5 00 .....			X				0	0	0
LAUREN BEVERSLUIS ..... 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			
JULIE RUBALCABA ..... CLUB LEADER	5 00 .....			X				0	0	0
WENDY PALYO ..... CLUB LEADER	5 00 .....			X				0	0	0
KRISTEN CORRIVEAU ..... CLUB LEADER	5 00 .....			X				0	0	0
TAMI EGGERS ..... CLUB LEADER	5 00 .....			X				0	0	0
SHARI YEAGER ..... CLUB LEADER	5 00 .....			X				0	0	0
ROD WILLE ..... CLUB LEADER	5 00 .....			X				0	0	0
YVONNE MORFITT ..... CLUB LEADER	5 00 .....			X				0	0	0
TERRI KELLING ..... CLUB LEADER	5 00 .....			X				0	0	0
KAREN HOFFNER ..... CLUB LEADER	5 00 .....			X				0	0	0
CIMMARON ALEXANDER ..... 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			
KARL REDD ..... CLUB LEADER	5 00 .....			X				0	0	0
NICHOL BRAY ..... CLUB LEADER	5 00 .....			X				0	0	0
ELISHA MORRIS ..... CLUB LEADER	5 00 .....			X				0	0	0
KEN HENSON ..... CLUB LEADER	5 00 .....			X				0	0	0
KAYLA BRACK ..... CLUB LEADER	5 00 .....			X				0	0	0
RHONDA GRAHAM ..... CLUB LEADER	5 00 .....			X				0	0	0
SHERRI BRANDT ..... CLUB LEADER	5 00 .....			X				0	0	0
RENA HOWELL ..... CLUB LEADER	5 00 .....			X				0	0	0
KENDRA WOODHAMS ..... CLUB LEADER	5 00 .....			X				0	0	0
CONNIE CECIL ..... 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			
JONATHAN VRABEC ..... CLUB LEADER	5 00 .....			X				0	0	0
AMY KELLEY ..... CLUB LEADER	5 00 .....			X				0	0	0
GERRY ECKBERG ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRISTINE SCHINZEL ..... CLUB LEADER	5 00 .....			X				0	0	0
KATHIE KRALIK ..... CLUB LEADER	5 00 .....			X				0	0	0
JESSICA ADAMS ..... CLUB LEADER	5 00 .....			X				0	0	0
KIRSTEN JENSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
DEE SCHOENDALLER ..... CLUB LEADER	5 00 .....			X				0	0	0
REBA SONNIER-FERTITTA ..... CLUB LEADER	5 00 .....			X				0	0	0
IDA BERTRAM ..... 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			
JACKIE PAGE ..... CLUB LEADER	5 00 .....			X				0	0	0
SHONDA KING ..... CLUB LEADER	5 00 .....			X				0	0	0
TYANNE KOEPKE ..... CLUB LEADER	5 00 .....			X				0	0	0
JUSTIN WYLIE ..... CLUB LEADER	5 00 .....			X				0	0	0
ANGELA WYLIE ..... CLUB LEADER	5 00 .....			X				0	0	0
JOANNE BUSING ..... CLUB LEADER	5 00 .....			X				0	0	0
MITCH KENDRICK ..... CLUB LEADER	5 00 .....			X				0	0	0
ERIN KENDRICK ..... CLUB LEADER	5 00 .....			X				0	0	0
RANDY SCHOENECKER ..... CLUB LEADER	5 00 .....			X				0	0	0
COREY TRAXLER ..... 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			
TERESA TRAXLER ..... CLUB LEADER	5 00 .....			X				0	0	0
SHERA KIESS ..... CLUB LEADER	5 00 .....			X				0	0	0
JAMI JO AXTEL ..... CLUB LEADER	5 00 .....			X				0	0	0
DENISE MILLER ..... CLUB LEADER	5 00 .....			X				0	0	0
TARA RUMSEY ..... CLUB LEADER	5 00 .....			X				0	0	0
DAYNA WHITE ..... CLUB LEADER	5 00 .....			X				0	0	0
JUSTIN WHITE ..... CLUB LEADER	5 00 .....			X				0	0	0
LARRY RODENBURG ..... CLUB LEADER	5 00 .....			X				0	0	0
BRECHEN SANTERAMO ..... CLUB LEADER	5 00 .....			X				0	0	0
JODI CORLISS ..... 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			
JULIANE FRITZ ..... CLUB LEADER	5 00 .....			X				0	0	0
TINA DILL ..... CLUB LEADER	5 00 .....			X				0	0	0
HEATHER TURRENTINE ..... CLUB LEADER	5 00 .....			X				0	0	0
RONALD MARTIN ..... CLUB LEADER	5 00 .....			X				0	0	0
STUART GEBAUER ..... CLUB LEADER	5 00 .....			X				0	0	0
KRIS STEVENS ..... CLUB LEADER	5 00 .....			X				0	0	0
RITA JOHNSTON ..... CLUB LEADER	5 00 .....			X				0	0	0
JENNIFER FETZER ..... CLUB LEADER	5 00 .....			X				0	0	0
CAROL KUNZ ..... CLUB LEADER	5 00 .....			X				0	0	0
ADAM JONES ..... 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			
BRENDA GARCIA ..... CLUB LEADER	5 00 .....			X				0	0	0
MISSY JONES ..... CLUB LEADER	5 00 .....			X				0	0	0
SCOTT GARCIA ..... CLUB LEADER	5 00 .....			X				0	0	0
GLORIA RAMERIZ ..... CLUB LEADER	5 00 .....			X				0	0	0
AARON HELUS ..... CLUB LEADER	5 00 .....			X				0	0	0
AMY COOKSEY ..... CLUB LEADER	5 00 .....			X				0	0	0
CHARITY NICCOLI ..... CLUB LEADER	5 00 .....			X				0	0	0
DANIELLE MERTENS ..... CLUB LEADER	5 00 .....			X				0	0	0
MELANIE ERICKSON ..... CLUB LEADER	5 00 .....			X				0	0	0
COREY RUPPLE ..... 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			
BRIDGET HOLCOMB ..... CLUB LEADER	5 00 .....			X				0	0	0
DANIELLE THOMAS ..... CLUB LEADER	5 00 .....			X				0	0	0
SARAH HIRSCH ..... CLUB LEADER	5 00 .....			X				0	0	0
KELLY BALLARD ..... CLUB LEADER	5 00 .....			X				0	0	0
MARY ELLEN LEBLANC ..... CLUB LEADER	5 00 .....			X				0	0	0
SARAH KINDVALL ..... CLUB LEADER	5 00 .....			X				0	0	0
COURTNEY BRUCKERT ..... CLUB LEADER	5 00 .....			X				0	0	0
TARA DREILING ..... CLUB LEADER	5 00 .....			X				0	0	0
JODI CARLSON ..... CLUB LEADER	5 00 .....			X				0	0	0
KEITH MAXEY ..... 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			
LARRY HOOKER ..... CLUB LEADER	5 00 .....			X				0	0	0
SCOTT BUTTERWORTH ..... CLUB LEADER	5 00 .....			X				0	0	0
PAT KINDVALL ..... CLUB LEADER	5 00 .....			X				0	0	0
KRIS ELLIOTT ..... CLUB LEADER	5 00 .....			X				0	0	0
CHRIS PETERSEN ..... CLUB LEADER	5 00 .....			X				0	0	0
KELLY SEELHOFF ..... CLUB LEADER	5 00 .....			X				0	0	0
AMY FRINK ..... CLUB LEADER	5 00 .....			X				0	0	0
KRISTEN SCHAFFNER ..... CLUB LEADER	5 00 .....			X				0	0	0
CODY ANNEN ..... CLUB LEADER	5 00 .....			X				0	0	0
ZUELLA ANNEN ..... 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			
LARRAH WELP ..... CLUB LEADER	5 00 .....			X				0	0	0
QUENTIN SIMMONS ..... CLUB LEADER	5 00 .....			X				0	0	0
DON COLLINS ..... CLUB LEADER	5 00 .....			X				0	0	0
TRACY COLLINS ..... CLUB LEADER	5 00 .....			X				0	0	0
SHELLY SMITH ..... CLUB LEADER	5 00 .....			X				0	0	0
ANGIE WEATHERS ..... CLUB LEADER	5 00 .....			X				0	0	0
NICOLE FRANK ..... CLUB LEADER	5 00 .....			X				0	0	0
TARA GARTON ..... CLUB LEADER	5 00 .....			X				0	0	0
TALEA CHURCHWELL ..... CLUB LEADER	5 00 .....			X				0	0	0
LARAY GATES ..... 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			
TOM MEKELBURG ..... CLUB LEADER	5 00 .....			X				0	0	0
HAROLD BLACKHAM ..... CLUB LEADER	5 00 .....			X				0	0	0
SHARON BLACKHAM ..... CLUB LEADER	5 00 .....			X				0	0	0
YVONNE BUOY ..... CLUB LEADER	5 00 .....			X				0	0	0
RONELLA NOBLE ..... CLUB LEADER	5 00 .....			X				0	0	0
JOLYNN MIDCAP ..... CLUB LEADER	5 00 .....			X				0	0	0
MARGARET MARR ..... CLUB LEADER	5 00 .....			X				0	0	0

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

COLORADO 4-H FOUNDATION GROUP

Employer identification number

46-4830470

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

The organization is not a private foundation because it is (For lines 1 through 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 **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		
Total						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

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

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 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**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a) 2013</b>	<b>(b) 2014</b>	<b>(c) 2015</b>	<b>(d) 2016</b>	<b>(e) 2017</b>	<b>(f) Total</b>
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	606,799	1,142,873	1,313,162	1,298,115	1,158,416	5,519,365
<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</b>	<b>Total.</b> Add lines 1 through 5	606,799	1,142,873	1,313,162	1,298,115	1,158,416	5,519,365
<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</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						5,519,365

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ►</b>		<b>(a) 2013</b>	<b>(b) 2014</b>	<b>(c) 2015</b>	<b>(d) 2016</b>	<b>(e) 2017</b>	<b>(f) Total</b>
<b>9</b>	Amounts from line 6	606,799	1,142,873	1,313,162	1,298,115	1,158,416	5,519,365
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,945	9,491	12,536	12,420	14,057	63,449
<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	14,945	9,491	12,536	12,420	14,057	63,449
<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.)	1,034,582	600,943	813,787	908,374	1,016,377	4,374,063
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,656,326	1,753,307	2,139,485	2,218,909	2,188,850	9,956,877
<b>14</b>	<b>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 type="checkbox"/></span>						

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

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	55.430 %
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	0.640 %
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☒

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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 ( <b>see instructions</b> )		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> 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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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>		
<b>Section B - Minimum Asset Amount</b>		(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>		
<b>Section C - Distributable Amount</b>			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)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

**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 - 2013 AMOUNT \$ 198,088 2014 AMOUNT \$ 103,220 2015 AMOUNT \$ 16,858 2016 AMOUNT \$ 67,683 2017 AMOUNT \$ 237,212 SPECIAL EVENT INCOME - 2013 AMOUNT \$ 836,494 2014 AMOUNT \$ 497,723 2015 AMOUNT \$ 796,929 2016 AMOUNT \$ 840,691 2017 AMOUNT \$ 779,165

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

2017

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 . . . . .	1,405,026			1,405,026
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	1,405,026			1,405,026
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 . . . . .	625,861			625,861
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				625,861
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				779,165

**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 \_\_\_\_\_

<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>12</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>13</b> Indicate the percentage of gaming activity conducted in							
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>13a</b></td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td><b>13b</b></td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	<b>13a</b>		%	<b>13b</b>		%
<b>13a</b>		%					
<b>13b</b>		%					
<b>b</b> An outside facility							

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

Name ► .....

Address ► .....

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

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

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

Name ► .....

Address ► .....

**16** Gaming manager information

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

☐ Director/officer

☐ Employee

☐ Independent contractor

**17** Mandatory distributions

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

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

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

Return Reference

Explanation

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
COLORADO 4-H FOUNDATION GROUP

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).

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Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☐ Yes

☒ No
- 2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2

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

3

Enter total number of other organizations listed in the line 1 table . . . . .

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS AND AWARDS	700	228,893		FMV	
(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).

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**2017**

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Inspection**

**Employer identification number**

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**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THERE ARE CERTAIN MEMBERS OF THE BOARD THAT HAVE CLOSE FAMILIAL RELATIONSHIPS OR ARE MARRIED



# 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