Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.



Inte	rnal Rever	nue Servi	, i i i i i i i i i i i i i i i i i i i	morma	uon.		Inspection
A	For the		calendar year, or tax year beginning $07/01$, 2020, and ending				/30,20 21
			C Name of organization WOMANS EDUCATIONAL SOCIETY OF COLORADO	D	Employer iden		
в	Check if ap	oplicable.	COLLEGE		84-6029	1599	
	Addres	85	Doing business as				
	Name	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E	Telephone nur	nber	
	Initial	return	14 E CACHE LA POUDRE ST	(719) 632	2-79	926
	Final r termin		City or town, state or province, country, and ZIP or foreign postal code				
	Ameno	ded	COLORADO SPGS, CO 80903-3243	G	Gross receipts	\$	613,428.
	Applic: pendir	ation	F Name and address of principal officer: PATRICIA ARONSTEIN, PRESIDENT	H	(a) Is this a grou subordinates		n for Yes X No
-	pendir	ng	14 EAST CACHE LA POUDRE STREET, COLORADO SPRINGS, CO	н	(b) Are all subord		cluded? Yes No
ī	Tax-exe	empt sta			If "No," at	tach a	ist. See instructions
i. J			WWW.COLORADOCOLLEGE.EDU/WES	н	(c) Group exem	ption nu	imber
ĸ							of legal domicile: CO
Contra de	Part I	-	mmary				
	aru	Deieflu	describe the organization's mission or most significant activities: TO BRING WOMEN	OF 7	THE COMM	UNI	TY AND THE
		COL	DRADO COLLEGE TOGETHER TO GIVE ASSISTANCE THROUGH SCHO	LARSI	HIPS AND		
200			NTS TO THE STUDENTS OF THE COLORADO COLLEGE.	Dincor			
Constrance				250/ 0	f its not see of		
0000	2		this box the organization discontinued its operations or disposed of more than			3	13.
			er of voting members of the governing body (Part VI, line 1a)			4	9.
	4		er of independent voting members of the governing body (Part VI, line 1b)				0.
A adivition 9	5		number of individuals employed in calendar year 2020 (Part V, line 2a)			5	22.
	6		number of volunteers (estimate if necessary)			6	
<	t 7a	Total u	Inrelated business revenue from Part VIII, column (C), line 12	•••		7a	0.
	b	Net ur	nrelated business taxable income from Form 990-T, Part I, line 11			7b	
					Prior Year	20	Current Year
1	<u>س</u> 8	Contri	butions and grants (Part VIII, line 1h)		12,39		38,138.
	9 10	Progra	am service revenue (Part VIII, line 2g)		2,35		0.
	ð 10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d).		192,40		236,591.
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,90		2,492.
_	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		215,05		277,221.
	13	Grant	s and similar amounts paid (Part IX, column (A), lines 1-3)		145,1		156,827.
	14	Benef	its paid to or for members (Part IX, column (A), line 4)			0.	0.
	v 15	Salari	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
	15 16a b	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0.	0.
	å b	Total	fundraising expenses (Part IX, column (D), line 25) ▶0.				
I	¹¹	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		21,0		15,166.
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		166,2		171,993.
		Rever	nue less expenses. Subtract line 18 from line 12		48,8	54.	105,228.
Ъ	02 Balances			Beginn	ing of Current	Year	End of Year
ets	20	Total	assets (Part X, line 16)		4,053,4	77.	4,986,256.
Ass	m 21	Total	liabilities (Part X, line 26).			0.	0.
Net	22	Net a	ssets or fund balances. Subtract line 21 from line 20.		4,053,4	77.	4,986,256.
	Part II		gnature Block				
	Inder ne	enalties	of perjury, I declare that I have examined this return, including accompanying schedules and staten	nents, ar	nd to the best	of my	knowledge and belief, it is
_t	rue, corr	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	s any kn	owledge.		
			(mining M. Fickard			5-(55.0
S	ign		Signature of officer		Date		
H	lere		CONNIE RICKARD TREASURER				
			Type or print name and title				
-		Print	/Type preparer's name Preparer's signature Date		Check	if	PTIN
P	aid		MR SMITH CPA	/2022		oyed	P00958966
	reparer	Firm	's name ▶BKD, LLP		Firm's EIN	44-	
1	leo Only	r Inn					

For Paperwork Reduction Act Notice, see the separate instructions.

Firm's address ▶111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848

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

Use Only

Form 990 (2020)

719 471-4290

X Yes

Phone no.

No

For	m 990 (2020)	Page 2
Pa	art 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:	
	TO BRING WOMEN OF THE COMMUNITY AND THE COLORADO COLLEGE TOGETHER TO	
	GIVE ASSISTANCE THROUGH SCHOLARSHIPS AND GRANTS TO THE STUDENTS OF	
	THE COLORADO COLLEGE AND TO UNDERTAKE PROGRAMS AND PROJECTS OF THE	
	SOCIETY'S CHOOSING THAT WILL BENEFIT THE COLORADO COLLEGE.	
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 X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X 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 expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allow the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$159,514. including grants of \$156,827.) (Revenue \$	2,492.)
	TO PROVIDE ASSISTANCE THROUGH SCHOLARSHIPS AND GRANTS TO THE	
	STUDENTS OF THE COLORADO COLLEGE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
1~	Other program services (Describe on Schedule O.)	
40	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 159,514.	
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Part	V Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
•	complete Schedule A	1	X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		х
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
Ŭ	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
Ū	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
-	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			х
45	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
13	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
10.4		21		

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		Х
24 2	employees? <i>If "Yes," complete Schedule J</i> . Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		Х
20	"Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
02	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
-	or IV, and Part V, line 1.	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?		990	(2000)
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Form	990 (2020)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

Form 9	90 (202	0) WOMANS EDUCATIONAL SOCIETY OF COLORADO 84-6029	1599		-age 6
Part	t VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			tions.
		Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A.	Governing Body and Management			
				Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year 1a 13			
		re 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			
b		nittee, explain on Schedule O. the number of voting members included on line 1a, above, who are independent 1b 9			
2		ny officer, director, trustee, or key employee have a family relationship or a business relationship with			
2		ther officer, director, trustee, or key employee have a family relationship of a business relationship with	2		х
3		ne organization delegate control over management duties customarily performed by or under the direct			
3		vision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4			4		Х
4 5		e organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		Х
		e organization become aware during the year of a significant diversion of the organization's assets?	6	Х	
6 7-		5			
7a		ne organization have members, stockholders, or other persons who had the power to elect or appoint	7a	Х	
		r more members of the governing body?			
b		any governance decisions of the organization reserved to (or subject to approval by) members,	7b	х	
•		holders, or persons other than the governing body?			
8		ne organization contemporaneously document the meetings held or written actions undertaken during			
	-	ear by the following:	8a	Х	
a		overning body?	8b	X	
b		committee with authority to act on behalf of the governing body?	00		
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at ganization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Socti		Policies (This Section B requests information about policies not required by the Internal Revenue	-		
0000	UTD.	Toncies (This Section Direquests information about policies not required by the internal Revenue	Coue	.) Yes	No
	D ¹ I II		10a		X
		e organization have local chapters, branches, or affiliates?	TVa		
b		s," did the organization have written policies and procedures governing the activities of such chapters,	10b		
		tes, and branches to ensure their operations are consistent with the organization's exempt purposes?	100 11a	Х	
		e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIa	21	
b		ibe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
		e organization have a written conflict of interest policy? If "No," go to line 13	12a	21	
b		officers, directors, or trustees, and key employees required to disclose annually interests that could give	126	Х	
		conflicts?	12b	21	
С		he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	
		ibe in Schedule O how this was done	12c	21	x
13		ne organization have a written whistleblower policy?	13		X
14		e organization have a written document retention and destruction policy?	14		А
15		ne process for determining compensation of the following persons include a review and approval by			
		endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
а		rganization's CEO, Executive Director, or top management official	15a		
b		officers or key employees of the organization	15b		
		s" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a		ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40.		х
		a taxable entity during the year?	16a		~
b		s," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	partic	ipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		ization's exempt status with respect to such arrangements?	16b		
-		Disclosure			
17		ne states with which a copy of this Form 990 is required to be filed ▶			
18		on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	i01(c)
		nly) available for public inspection. Indicate how you made these available. Check all that apply.			
		Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Desc	ibe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	rest p	olicy,
		nancial 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 record aganization 14 East cache la poudre street colorado springs, co 80903 (719)632-7926	s 🕨		

Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	an
	Independent Co	ontra	actors								_

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box,	unles	Pos heck ss pe	erson	e than c is both or/trust Highest compensated	an	(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
	dotted line)	ě	stee			nsated				
(1)JUDY DEGROOT	1.00									
TRUSTEE	0.	X						Ο.	0.	0.
(2) KAREN RUBIN	1.00									
PRESIDENT	1.00	X		Х				0.	0.	0.
(3) PATRICIA ARONSTEIN	1.00									
VICE PRESIDENT	0.	X		Х				0.	0.	0.
(4) JUDITH LIGHT	1.00									
CORRESPONDING SECRETARY	0.	X		Х				Ο.	0.	0.
(5)LYRAE WILLIAMS	1.00									
TREASURER	41.00	Х		Х				0.	0.	0.
(6)LISA BONWELL	1.00									
RECORDING SECRETARY	0.	Х		Х				0.	0.	0.
(7) AMY DOUNAY	1.00									
TRUSTEE	41.00	Х						0.	0.	0.
(8) TESS POWERS	1.00									
TRUSTEE	41.00	X						0.	0.	0.
(9) KELLEY RIGGS	1.00									
TRUSTEE	0.	X						Ο.	0.	0.
(10) DEBRA WYNN	1.00									
TRUSTEE	0.	X						Ο.	0.	0.
(11) JUDY SONDERMANN	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(12)CINDI ZENKERT-STRANGE	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(13) CATHERINE TOBIN	1.00									
ASSITANT TREASURER	41.00	X		Х				0.	0.	0.
(14)										

-	990 (2020)	intern Ka						La					Page 8
Гa	(A) Name and title	(B) Average hours per week (list any	(do i	not ch	Pos neck	C) ition more	e than c is both	one	(D) Reportable compensation	(E) Reportable compensation from		Est am	(F) imated ount of other
		veek (list ally hours for related organizations below dotted line)				irect	or/true Highest compensated		from the organization (W-2/1099-MISC)	related organizati (W-2/1099-I	ons	comp fro orga and	mentation menthe inization related nizations
			-										
			-										
			-										
			-										
			-										
			-										
1b c	Sub-total Total from continuation sheets to Part VII, S	ection A		•••	• •	••			0.		0.		0.
d	Total (add lines 1b and 1c)							•	0.	\$100,000,0	0.		0.
	reportable compensation from the organization		0		u ai	0076	e) who	5 16	ceived more than	\$100,000 0			
3	Did the organization list any former offic	er, directo	or, or	tru	iste	e, I	key e	emp	oloyee, or highes	t compensa	ted		Yes No
	employee on line 1a? If "Yes," complete Schedu											3	X
4	For any individual listed on line 1a, is the sorganization and related organizations greated	eater than	\$15	50,0	00?	lf	"Yes	s," (complete Schedu	le J for s	the <i>uch</i>		
5	<i>individual</i> Did any person listed on line 1a receive or										• •	4	X
	for services rendered to the organization? If "Ye											5	Х
	tion B. Independent Contractors												
1	Complete this table for your five highest com compensation from the organization. Report c year.												
	(A) Name and business add	lress							(B) Description of se	ervices	С	(C) ompens	ation
								-					
2	Total number of independent contractors (ir more than \$100,000 in compensation from th				niteo	d to 0		se li	isted above) who	received			

Form 990 (2020) WOM
Part VIII Statement of Revenue

		Check if Schedule	0 00	ontains a re	espor	nse or note to a	ny line in this Part \	/		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		[1b	4,709.				
ŌĔ	c	Fundraising events			1c					
ifts ır A	d	Related organizations .			1d		-			
ija	е	Government grants (co		F	1e					
Sins	f	All other contributions,		Ý F			-			
utio		and similar amounts not ir	-	-	1f	33,429.				
the	g	Noncash contributions		F			-			
d d	9	lines 1a-1f			1g	\$				
aCo	h	Total. Add lines 1a-1f		_			38,138.			
				<u></u>		Business Code				
e	20									
ž	2a									
Se	b									<u> </u>
an	C L									
2 B R B R	d									<u> </u>
Program Service Revenue	e ,			00110						+
_	g T	All other program service Total. Add lines 2a-2f				••••	0.			
	3	Investment income (
		other similar amounts).		-			61,700.			61,700.
	4	Income from investme					0.			<u> </u>
	5	Royalties				•	0.			
		[] []		(i) Rea		(ii) Personal				
	6a	Gross rents	6a				-			
	b	Less: rental expenses	6b				-			
	c	Rental income or (loss)					-			
	d	Net rental income or (lo				>	0.			
	7a	Gross amount from	.00/	(i) Securi		(ii) Other				
	1.0	sales of assets					-			
		other than inventory	7a	511	,098.					
đ	ь	Less: cost or other basis	74				-			
Revenue		and sales expenses	7b	336	,207.					
ê ve	c		7c		,891.		_			
		Net gain or (loss)				►	174,891.			174,891.
Other					· · · ·					
ŏ	8a			undraising						
		events (not including \$ of contributions rep								
					8a	0.				
		1c). See Part IV, line 18			8b	0.	-			
	b c	Less: direct expenses . Net income or (loss) fro			·		0.			
				•						
	9a	Gross income fi activities. See Part IV, li	rom	gaming	9a	0.				
	h	Less: direct expenses			9b	0.	-			
	b c	Net income or (loss) fr			·	>	0.			
	10a	Gross sales of in	-	•						
	. ua	returns and allowances			10a	0.				
	ь	Less: cost of goods sold			10b	0.				
	c b	Net income or (loss) fro	om sa	les of invent	•		0.			
s		. ,				Business Code				
e sou	11a	MISCELLANEOUS REVENU	Е			900099	2,492.	2,492.		
ane snu	b				_					
ieve eve	c									
Miscellaneous Revenue	d	All other revenue								
2	е	Total. Add lines 11a-11	1d •	<u></u> .	<u> </u>		2,492.			
	12	Total revenue. See inst					277,221.	2,492.		236,591.
JSA										Form 990 (2020)

Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b, 7b		e in this Part IX		
8b, 9b, and 10b of Part VIII.	, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	. 0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	156,827.	156,827.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disgualified				
persons (as defined under section 4958(f)(1)) and				
persons (as defined under section 4958(i)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	•			
	•			
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions				
9 Other employee benefits				
10 Payroll taxes	. 0.			
11 Fees for services (nonemployees):				
a Management				
b Legal	. 0.			
c Accounting	3,400.		3,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	=		7,309.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
	103		103.	
(A) amount, list line 11g expenses on Schedule O.)	1 000	1,006.		
12 Advertising and promotion	•	238.		
13 Office expenses	•	250.		
14 Information technology	•			
15 Royalties	•			
16 Occupancy				
17 Travel	. 0.			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	0			
23 Insurance	1 ((7)		1,667.	
24 Other expenses. Itemize expenses not covered	•			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
	1,072.	1,072.		
aCOMMITTEE EXPENSES				
bPROGRAM EXPENSES	371.	371.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	171,993.	159,514.	12,479.	
26 Joint costs. Complete this line only if the				
organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)				

3:33:51 PM

-	n 990 (Page 11
P	art X		t. M		
		Check if Schedule O contains a response or note to any line in this P		•••	
			(A) Beginning of year		(B) End of year
	4	Cash - non-interest-bearing	66,952.	1	20,974.
	1	-	0.	2	0.
	2	Savings and temporary cash investments	0.	2	0.
	4	Accounts receivable, net	0.	3 4	0.
	5	Loans and other receivables from any current or former officer, director,		4	
s	5	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined		5	
	0	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	0.	9	0.
	-	Land, buildings, and equipment: cost or other		3	
	loa	basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities.	3,932,986.	11	4,939,186.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	53,539.	15	26,096.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,053,477.	16	4,986,256.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	0.	19	0.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
s	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	1,082,406.	27	1,380,580.
Bal	28	Net assets with donor restrictions	2,971,071.	27	3,605,676.
pd	20	Organizations that do not follow FASB ASC 958, check here ►	2, 7, 1, 0, 1.	20	5,005,070.
Net Assets or Fund Balances		and complete lines 29 through 33.			
ŝ	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Vet	32	Total net assets or fund balances	4,053,477.	32	4,986,256.
~	33	Total liabilities and net assets/fund balances	4,053,477.	33	4,986,256.

WOMANS	EDUCATIONAL	SOCIETY	OF	COLORADO

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part IX), column (A), line 12) 1 2 Total expenses (must equal Part IX), column (A), line 25) 2 171, 993. 3 Revenue (ess expenses. Subtract line 2 from line 1 3 105, 228. 4 4, 053, 477. Set expenses (must equal Part X), line 32, column (A)) 4 4, 0, 53, 477. 5 827, 551. 6 0. 7 0. 6 0. 7 0. 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O). 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O). 9 0. 10 4, 986, 256. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 2 2 X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other Yes No 1 Accounting method used to prepare the form 990: X Cash Accrual Other	Form 99	90 (2020)			Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2 777, 221. 2 Total expenses (must equal Part IX, column (A), line 25) 2 171, 993. 3 Revenue less expenses. Subtract line 2 from line 1 3 105, 228. 4 4, 053, 477. 4 4, 053, 477. 5 827, 551. 6 0. 6 0. 7 0. 7 0. 8 0. 9 0. 7 0. 8 0 9 0. 9 0. 0. 8 0. 9 0. 0. 9 0. 9 0. 0. 10 4, 986, 256. Part XII Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: [X] Cash	Part	XI Reconciliation of Net Assets				
1 Total expenses (must equal Part IX, column (A), line 22) 171,993. 2 171,993. 3 105,228. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4,053,477. 5 827,551. 5 827,551. 6 0. 7 0. 8 0. 7 0. 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4,986,256. Parit XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 10 4,986,256. Part XII Financial statements compiled or reviewed by an independent accountant? 10 2a X 1 "ves," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis. Both consolidated hasis as othit: 2b X 16 "v		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 171, 993. 3 Revenue less expenses. Subtract line 2 from line 1 3 105, 228. 4 4, 053, 477. 5 827, 551. 6 0. 7 0. 7 0. 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 4, 986, 256. Part XII Financial Statements and Reporting 10 4, 986, 256. Part XII Financial statements compiled or reviewed by an independent accountant? 2a X 1 Accounting method used to prepare the Form 990: [X] Cash Accrual Other 2a X 1 Trees," 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:	1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	277,2	21.
a Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) a 4 4.053, 477. 5 Net unrealized gains (losses) on investments 5 827, 551. 6 0. 7 0. 7 1 0. 8 0. 9 0. 7 0. 8 9 0. 8 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 4 .986, 256. Part XII Financial Statements and Reporting	2		2			
a Net unrealized gains (losses) on investments	3	Revenue less expenses. Subtract line 2 from line 1	3			
a b c	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
0 Donated services any loss of ratchies 7 Investment expenses 7 8 0. 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). 10 11 Accounting method used to prepare the Form 990: X Cash Accrual Other 11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes 12 Were the organization's financial statements compiled or reviewed by an independent accountant?. 2a X 16 "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: 2b X 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: 2b X 16 "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?. 2c 2c	5	Net unrealized gains (losses) on investments	5	6	27,5	51.
a) Prior beriod adjustments	6	Donated services and use of facilities	6			
 a Photo period adjustments the treat explain on Schedule O)	7	Investment expenses	7			
9 Other charges in her basis of fund balances (explain on Schedule O)	8	Prior period adjustments	8			
32, column (B)) 10 4,986,256. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: [X] Cash Accrual Other	9		9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. Image: the state of the state	10					
Check if Schedule O contains a response or note to any line in this Part XII. Image: the second			10	4,9	86,2	56.
1 Accounting method used to prepare the Form 990: X Cash Accrual Other Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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 Ocnosolidated basis D both consolidated and separate basis 2a Separate basis Consolidated basis Both consolidated and separate basis 2b Yes No If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X 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 accountart? 2c 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O	Part					
1 Accounting method used to prepare the Form 990: X Cash Accrual Other_Other_Texplain in Schedule O. Other_Texplain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. 3b 3b					Yes	No
Schedule O. 2a X 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: 2a X Separate basis Consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . 3b	1					
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant?			xplain in			
2a Write the organization's matrix statements compiled on reviewed by an independent accountant? 2a 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 Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant?						
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 Separate basis Consolidated basis Both consolidated and separate basis 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: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis Consoli			npiled or			
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required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits 3b	_	0		3a		
	b		•	0		
		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			000	(0000)

SCHEDULE A

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

		evenue Service		Go to www.irs.go	//Form990 for instructio	ons and t	he latest in	formation.	Inspection
lam	e of t	he organization	WOMANS EI	UCATIONAL SO	CIETY OF COLORA	DO		Employer identif	ication number
CO	LLE	GE						84-60295	99
Pa	rt I	Reason for	r Public Cha	rity Status. (All o	organizations must	complet	te this pa	rt.) See instruction	S.
The	orga	anization is not	a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only o	one box.)	
1		A church, con	vention of chu	urches, or associat	tion of churches desc	ribed in s	ection 17	70(b)(1)(A)(i).	
2		A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990-	EZ).)	
3			-	-	rganization described				
4		A medical res	earch organiz	ation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)(iii). Enter the
		hospital's nam	-						
5		-	-		a college or universit	y owneo	d or oper	ated by a governme	ental unit described ir
		-		complete Part II.)					
6			-	-	rnmental unit describe		-		
7		-		-	-	pport fro	om a gov	ernmental unit or fr	om the general public
				(1)(A)(vi). (Compl					
8		-		-)(1)(A)(vi). (Complete	-			
9		-		-	ed in section 170(b)(1		-	-	
		-	or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the n	ame, city, and state o	if the college or
		university:					,	. 11	
10		receipts from support from acquired by the second	activities rela gross investm ne organizatio	ted to its exempt f lent income and u n after June 30, 19	re than 331/3 % of its unctions, subject to c nrelated business tax 975. See section 509 usively to test for publi	ertain ex able inco (a)(2). (0	ceptions; ome (less Complete	; and (2) no more tha section 511 tax) from Part III.)	n 331/3 % of its
12	Х	J	0	•					carry out the purposes
-		•	•	•	•				See section 509(a)(3).
									nes 12e, 12f, and 12g.
а				-	, supervised, or contr			-	-
-		••		•	regularly appoint or e			e () (
			-		e Part IV, Sections A				
b			-	-	ed or controlled in co		with its	supported organizati	on(s), by having
					rganization vested in				
					Sections A and C.				
с		_ ~	()	•	ng organization opera	ted in co	onnectior	with. and functiona	llv integrated with.
					s). You must comple				,,
d			-		porting organization c				ted organization(s)
		•••	•	-	nization generally mus	•			• • • • •
			-		mplete Part IV, Sect	-		-	
е					a written determinatio				II, Type III
		functionally	integrated, or	Type III non-funct	ionally integrated sup	porting o	organizati	on.	
f	En	ter the number	of supported	organizations					1
g	Pro	ovide the follow	ving informatio	on about the suppo	orted organization(s).				
	(i) N	ame of supported	organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
Ì	ATTZ	ACHMENT 1				Yes	No	,	
(A)									
В)									
(C)									
(D)									
(E)									
Tot	al							1EC 007	
			at Nation 1	- Instructions for F	000 000 57			156,827.	
-or	raper	work Reduction A	ACT NOTICE, SEE th	e Instructions for Form	990 OF 990-EZ.			Schedule A	A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support		1	1		1			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities, etc. (s	see instructions) .				12			
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u> </u>						
Sec	tion C. Computation of Public Sup	port Percenta	ige			1 1			
14	Public support percentage for 2020 (li						%		
15	Public support percentage from 2019						%		
16a	331/3% support test - 2020. If the or	-							
	box and stop here. The organization q								
b	331/3% support test - 2019. If the org								
	this box and stop here. The organizati	-		-					
17a	10%-facts-and-circumstances test - 2	-	-						
	10% or more, and if the organization					-	-		
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
	5								
b	10%-facts-and-circumstances test - 2		•						
	15 is 10% or more, and if the organiz					-	-		
	in Part VI how the organization meets			-	-				
40	organization								
18	Private foundation. If the organization								
	instructions	<u></u>					<u> 🟲 🗀</u>		

Schedule A (Form 990 or 990-EZ) 2020

Page 3

Schedule A (Form 990 or 990-EZ) 2020

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
6	organization without charge						
	Amounts included on lines 1, 2, and 3						
<i>i</i> a	received from disgualified persons						
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						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
14	First 5 years. If the Form 990 is for	the organization	on's first, secon	d third fourth	or fifth tax ve	ar as a section	501(c)(3)
••	organization, check this box and stop here .	-					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2020 (line 8,	column (f), divid	ed by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2019 Schee	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investment	Income Perc	centage				
17	Investment income percentage for 2020 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2020. If the org	ganization did n	ot check the bo	ox on line 14, ar	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check this	box and stop	here. The orga	nization qualifies	as a publicly s	upported organiza	ation . 🕨 📃
b	331/3% support tests - 2019. If the orga	anization did not	check a box on	line 14 or line 1	9a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check		•	• •			
20	Private foundation. If the organization d	lid not check a	a box on line 1	4, 19a, or 19b,			
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Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status 2 under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 6 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disgualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disgualified persons (as defined in line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c 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? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to b determine whether the organization had excess business holdings.)

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Yes No Х 1 Х 2 Х 3a 3b 3c Х 4a 4b 4c 5a Х 5b 5c Х 6 7 Х Х 8 Х 9a Х 9b Х 9c Х 10a 10b

2

Schedule A (Form	n 990 or 990-EZ) 2020
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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in line 11a above?	11b		X
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
ecti	on B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part** VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

 Yes
 No

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		Х
3	By reason of the relationship described in line 2, above, 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</i>			
supported organizations played in this regard.	3	Х		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).				
а	X The organization satisfied the Activities Test. Complete line 2 below.				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instr	ructions	s).		
•		Yes	No		
2	Activities Test. Answer lines 2a and 2b below.				

_				
а	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</i> "Yes," <i>then in</i> Part VI identify <i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	X	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	x	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2020	nization	<u> </u>	Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga 1 Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (<i>expla</i>	
instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		_
e Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emorranev temporary reduction (see instructions)	6		

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

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-	le A (Form 990 or 990-EZ) 2020		ione (continued)		Page 7
Part		Supporting Organizat	ions (continued)		Ourseast Manage
	on D - Distributions				Current Year
	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support		_	
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz		3	
4	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - <i>p</i>	vavida dataila in Part V A		4	
5				5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6 7	
	Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which	the organization is room		1	
8	(provide details in Part VI). See instructions.	the organization is resp			
9	Distributable amount for 2020 from Section C, line 6			8	
				9	
10	Line 8 amount divided by line 9 amount			10	<i>(</i>
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	3	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020		Cabad		A (Earm 000 or 000 E7) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 8

Schedule A (Form 990 or 990-EZ) 2020

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.)

SCHEDULE A, PART IV, SECTION D, LINE 2

CONTINUOUS WORKING RELATIONSHIP WITH THE SUPPORTED ORGANIZATION THE BOARD OF DIRECTORS CONSISTS OF MANY CURRENT AND RETIRED EMPLOYEES OF COLORADO COLLEGE. TESS POWERS, LYRAE WILLIAMS, AMY DOUNAY, AND CATHERINE TOBIN CURRENTLY WORK FOR COLORADO COLLEGE.

SCHEDULE A, PART IV, SECTION D, LINE 3

SUPPORTED ORGANIZATION'S OVERSIGHT OF INVESTMENT DECISIONS THE COLORADO COLLEGE ASSISTS IN THE MANAGEMENT OF THE INVESTMENTS ON BEHALF OF THE WOMAN'S EDUCATIONAL SOCIETY. THE COLORADO COLLEGE MAINTAINS THE INFORMATION REGARDING THE TEMPORARILY AND PERMANENTLY RESTRICTED ASSETS. THE FINANCE DEPARTMENT TRACKS THE SCHOLARSHIPS AND OTHER FINANCIAL INFORMATION FOR THE WOMAN'S EDUCATIONAL SOCIETY.

SCHEDULE A, PART IV, SECTION E, LINES 2A & 2B

FUNCTIONALLY-INTEGRATED SUPPORTING ORGANIZATIONS

THE WOMAN'S EDUCATIONAL SOCIETY WAS FOUNDED IN 1889 TO GIVE ASSISTANCE TO THE STUDENTS OF COLORADO COLLEGE. THE FIRST PROJECT WES COMPLETED WAS BUILDING MONTGOMERY HALL, COLORADO COLLEGE'S FIRST RESIDENCE HALL FOR WOMEN. SINCE ITS FOUNDATION WES HAS FURNISHED MANY RESIDENCE HALLS AND BUILDINGS, ASSISTED WITH PROVIDING MEDICAL CARE, AND PROVIDED SCHOLARSHIPS TO STUDENTS. WES TRIES TO PROVIDE SCHOLARSHIPS FOR 10% OF THE COST OF COLORADO COLLEGE TO MANY STUDENTS. AS A PRIVATE COLLEGE, IT IS IMPORTANT FOR COLORADO COLLEGE TO PROVIDE FINANCIAL AID TO STUDENTS IN ORDER TO RECRUIT AND RETAIN STUDENTS. WES HELPS PROVIDE A PORTION OF THIS

Schedule A (Form 990 or 990-EZ) 2020

84-6029599

Page 8

Schedule A (Form 990 or 990-EZ) 2020

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.)

FINANCIAL AID.

		ATTACHMENT 1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED ORGANIZATIO	ONS
	(III) TYPE OF	(IV) (V) AMOUNT OF (VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN ORGANIZATION	YES NO SUPPORT SUPPORT AMOUNT
THE COLORADO COLLEGE	84-0402510 2	X 156,827. 0.
TOTAL AMOUNT OF SUPPORT		0.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047



Employer identification number

COLLEGE

84-6029599

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of a	Organization WOMANS EDUCATIONAL SOCIETY OF COL COLLEGE	JORADO	Employer identification number 84-6029599
Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>N/A</u>	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

me of or	ganization WOMANS EDUCATIONAL SOCIETY OF COLORADO		lentification number	
art II	COLLEGE Noncash Property (see instructions). Use duplicate copies of		029599 eded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		 \$		

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

	(Form 990, 990-EZ, or 990-PF) (2020)			Page 4
Name of o	rganization WOMANS EDUCATIONAL SOC COLLEGE	IETY OF COLORAI	00	Employer identification number 84-6029599
Part III	<i>Exclusively</i> religious, charitable, etc. (10) that total more than \$1,000 for	the year from any ons completing Par e year. (Enter this in	one contributor. t III, enter the total formation once. S	cribed in section 501(c)(7), (8), or Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
Part I	(b) Fulpose of girt			(u) Description of now girl is neid
	Transferee's name, address, ar	(e) Transi nd ZIP + 4	-	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transi	ier of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transi	ier of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transi Transferee's name, address, and ZIP + 4		-	nship of transferor to transferee
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

SCHEE	DULE D)
(Form	990)	

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Department of the Treasury		► Attach to F Go to www.irs.gov/Form990 for inst		oformation	Open to Public Inspection		
Internal Revenue Service Name of the organization		WOMANS EDUCATIONAL SOCIETY OF COL		Employer identific			
	LLEGE			84-60295			
_		ations Maintaining Donor Advised Funds or	Other Similar Funds				
10	-	e if the organization answered "Yes" on Form					
	•		or advised funds		d other accounts		
1	Total number at e	end of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		tion inform all donors and donor advisors in wri	ting that the assets h	eld in donor advised	1		
-	•	anization's property, subject to the organization's	•				
6	•	ion inform all grantees, donors, and donor advise	•				
	-	e purposes and not for the benefit of the donor					
	conferring imperr	nissible private benefit?			Yes No		
Pa		ation Easements.					
		e if the organization answered "Yes" on Form					
1		nservation easements held by the organization (ch					
	Preservation	on of land for public use (for example, recreation or educa		tion of a historically in			
		of natural habitat	Preservat	tion of a certified histo	oric structure		
		on of open space					
2		a through 2d if the organization held a qualified co	onservation contributio				
		last day of the tax year.			e End of the Tax Year		
а		conservation easements		-			
b		stricted by conservation easements					
C		rvation easements on a certified historic structure					
d		ervation easements included in (c) acquired after					
3		listed in the National Register			anization during the		
3	tax year ►		ed, exilinguished, of it	enninated by the org	Janization during the		
4		where property subject to conservation easemer	t is located				
5		zation have a written policy regarding the per		pection, handling of			
-	-	forcement of the conservation easements it holds			Yes No		
6		Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the					
	▶		,	0	0 ,		
7	Amount of expension	ses incurred in monitoring, inspecting, handling of	violations, and enforcir	ng conservation easer	ments during the year		
	▶\$						
8	Does each conser	vation easement reported on line 2(d) above satisf	y the requirements of s	ection 170(h)(4)(B)(i)			
		n)(4)(B)(ii)?					
9		ibe how the organization reports conservation ea					
		nd include, if applicable, the text of the footnote to	o the organization's fina	ancial statements that	t describes the		
De		counting for conservation easements.		ther Cimiler Accet			
Pa		ations Maintaining Collections of Art, Histori e if the organization answered "Yes" on Form			5.		
4	•	· · · · · · · · · · · · · · · · · · ·			h - l		
1a	of art, historical	n elected, as permitted under FASB ASC 958, n treasures, or other similar assets held for pub	lic exhibition, educati	on, or research in f	urtherance of public		
	service, provide in	n Part XIII the text of the footnote to its financial st	atements that describe	es these items.			
b		n elected, as permitted under FASB ASC 958, t					
		isures, or other similar assets held for public exl /ing amounts relating to these items:	nition, education, or	research in furtherar	nce of public service,		
	•	ided on Form 990, Part VIII, line 1.			6		
		ed in Form 990, Part X.			6		
2		on received or held works of art, historical treater					
-	•	s required to be reported under FASB ASC 958 re					
а		on Form 990, Part VIII, line 1.		▶ 9	6		
_ <u>b</u>		n Form 990, Part X					
For		n Act Notice, see the Instructions for Form 990.			hedule D (Form 990) 2020		

OMB No. 1545-0047

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WOMANS EDUCATIONAL SOCIETY OF COLORADO

Schee	dule D (Form 990) 2020		III DOCII		COLOIUI		010	020000	F	Page 2
Ра	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures,	or Other	Similar Assets	(continue		
3	Using the organization's acquisitio	n, accession, and c	other recor	ds, check	any of	the follow	ving that make si	gnificant (use c	of its
	collection items (check all that appl	y):		_						
а	Public exhibition		d	Loan c	or exchan	ge progra	m			
b	Scholarly research		е	Other						
С	Preservation for future gener	ations								
4	Provide a description of the organ	nization's collections	and expla	ain how t	hey furth	er the or	ganization's exem	pt purpos	se in	Part
	XIII.									
5	During the year, did the organization									-
_	assets to be sold to raise funds rath		ained as pa	rt of the c	organizati	on's colle	ction?	Yes		No
Pa	rt IV Escrow and Custodial A					0				
	Complete if the organiza	tion answered "Ye	s" on Fori	m 990, P	art IV, III	ne 9, or r	eported an amo	unt on Fo	rm	
4-	990, Part X, line 21.									
1a	Is the organization an agent, trust									7 N
b	included on Form 990, Part X?	Dort VIII and some	lata tha fal	 Iouring to b	 Jai			Yes		No
D	If "Yes," explain the arrangement in	Part XIII and comp	nete the for	lowing tab	ne:		Amou	nt		
•	Beginning balance					-	Amou	i it		
d	Additions during the year					c d				
u e	Distributions during the year					e				
f	Ending balance					f				
2a	Did the organization include an am					-	account liability?	Yes		No
	If "Yes," explain the arrangement in									1
	rt V Endowment Funds.			1		<u> </u>		<u></u>		
	Complete if the organiza	tion answered "Ye	s" on For	m 990, F	Part IV, li	ne 10.				
		(a) Current year	(b) Prio			ears back	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance	2,971,071.	2,79	5,880.	2,57	74,528.	2,363,913	. 2,	252,	,656.
b	Contributions									
	Net investment earnings, gains,									
Ŭ	and losses	991,831.	27	9,741.	33	33,470.	322,879		210,	,952.
d	Grants or scholarships	115,325.	9	5,964.	10	03,705.	103,920	•	92,	,571.
	Other expenditures for facilities									
-	and programs									
f	Administrative expenses	6,230.		8,586.		8,413.	8,344			,124.
g	End of year balance	3,841,347.	2,97	1,071.	2,79	95,880.	2,574,528	. 2,	363,	,913.
2	Provide the estimated percentage	of the current year e	end balance	e (line 1g,	column (a	a)) held as	:			
а	Board designated or quasi-endowm		_%							
b	Permanent endowment 28.0									
С	Term endowment ▶ 71.9900									
	The percentages on lines 2a, 2b, a									
3a	Are there endowment funds not in	the possession of th	ne organiza	tion that	are held	and admir	nistered for the	Г	Vaa	No
	organization by:								Yes	No
	(i) Unrelated organizations									X
	(ii) Related organizations If "Yes" on line 3a(ii), are the relate							. 3a(ii)		
		0	•					. 3b		L
4 	Describe in Part XIII the intended unter the intended unter the Land, Buildings, and Equ		tion's endo	wment für	ias.					
Гa	Complete if the organization	ation answered "Ye	es" on For	m 990, F	Part IV, li	ine 11a. S	See Form 990, F	Part X, lin	e 10	
	Description of property	(a) Cost or (invest			or other basis ther)		cumulated eciation	(d) Book va	lue	
1a	Land	· · · · · · · · · · · · · · · · · · ·	anony	U)		uepi				
b	Buildings									
c	Leasehold improvements									
-	Equipment.									
	Other									
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part	X, columr	n (B), line	10c.)				

Schedule D (Form 990) 2020

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	Schedule D	(Form	990)	2020
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Schedule D (F	orm 990) 2020		Page
Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	I derivatives		
(2) Closely	held equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨		
Part VIII	Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨		
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Des	scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	ımn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	· · · · · · · · · · · · · · · · · · ·
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.		tion of liability	(b) Book value
	al income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tatal (Calum			
	n (b) must equal Form 990, Part X, col. (B) line 25.)		
			the organization's financial statements that reports the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2020	Pag	e 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F		е
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

SEE PAGE 5

PAGE 31

SCHEDULE D, PART X, LINE 2 FIN 48 DISCLOSURE MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART V, LINE $4\,$

USE OF ENDOWMENT

THE ORGANIZATION USES THE ENDOWMENT FUNDS FOR SCHOLARSHIPS FOR COLORADO COLLEGE STUDENTS.

SCHEDULE I (Form 990)	Governme	nts, and Ir	Assistance f ndividuals in	n the United	d States	F	OMB No. 1545-0047
	Complete if the or				, line 21 or 22.		
Department of the Treasury			ttach to Form 990				Open to Public
Internal Revenue Service		<u> </u>	/Form990 for the	atest information).		Inspection
-	ATIONAL SOCIETY	OF COLORA	DO			Employer identifie	
COLLEGE						84-6029	599
Part I General Information on Gr							
1 Does the organization maintain reco			-	-			
the selection criteria used to award							X Yes No
2 Describe in Part IV the organization	's procedures for mon	itoring the use	of grant funds in th	e United States.			
Part II Grants and Other Assistan Part IV, line 21, for any rec		-			•		"Yes" on Form 990,
1 (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 Enter total number of other organization For Paperwork Reduction Act Notice, see the 	ations listed in the line	1 table					Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS PAID TO STUDENTS	19.	156,827.			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provid	de the information re	quired in Part I,	line 2, Part III, o	column (b); and any ot	her additional

information.

SCHEDULE I, PART III, LINE 1

MONITORING USE OF GRANT FUNDS

THE WOMAN'S EDUCATION SOCIETY TRANSFERS THE TOTAL SCHOLARSHIP AWARD TO

COLORADO COLLEGE WHO ADMINISTERS THE FUNDS, CREDITING SCHOLARSHIP AWARDS

TO THE INDIVIDUAL STUDENTS.

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.



 Internal Revenue Service
 ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.
 Inspection

 Name of the organization
 WOMANS EDUCATIONAL SOCIETY OF COLORADO
 Employer identification number

 COLLEGE
 84-6029599

FORM 990, PART VI, SECTION A, LINE 6, 7A & 7B

MEMBERSHIP:

MEMBERSHIP IN WES IS OPEN TO ALL WHO DESIRE TO SUPPORT THE COLORADO COLLEGE. MEMBERS ELECT THE BOARD OF MANAGERS AT THE ANNUAL MEETING. PROJECTS WHICH BENEFIT THE COLORADO COLLEGE, AS A WHOLE, AND UNDERTAKEN BY WES SHALL BE SUBJECT TO THE APPROVAL OF THE BOARD OF TRUSTEES OF THE COLORADO COLLEGE.

FORM 990, PART VI, SECTION B, LINE 11A

PROCESS TO REVIEW FORM 990:

THE FORM 990 IS PREPARED BY A THIRD PARTY AND REVIEWED BY THE TREASURER OF THE ORGANIZATION. A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY: DIRECTORS ARE ASKED ANNUALLY TO SIGN A CONFLICT OF INTEREST POLICIES. IF ANY CONFLICT OF INTERESTS ARISE THE DIRECTOR IS ASKED TO RECUSE THEMSELVES DURING THE DELIBERATION AND DECISION PROCESS.

FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS AVAILABLE TO PUBLIC: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Page 2

FORM 990, PART VII

REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS:

AMY DOUNAY, TESS POWERS, LYRAE WILLIAMS AND CATHERINE TOBIN WERE EMPLOYED BY COLORADO COLLEGE (CC), THE SUPPORTED ORGANIZATION, DURING CALENDAR YEAR 2020. THEIR EMPLOYMENT AT CC WAS IN NO WAY RELATED TO THEIR MEMBERSHIP IN THE WOMAN'S EDUCATIONAL SOCIETY OR SERVICE ON THE WOMAN'S EDUCATIONAL SOCIETY BOARD. PER THE INSTRUCTIONS FOR FORM 990 A BOARD DIRECTOR SHOULD LIST COMPENSATION AS AN EMPLOYEE OF A RELATED ORGANIZATION. CC CHOOSES NOT TO SHARE SENSITIVE EMPLOYEE INFORMATION WITH THE WOMAN'S EDUCATIONAL SOCIETY, OTHER THAN FOR OFFICERS OF CC WHO WILL BE LISTED ON CC'S OWN FORM 990. THE DIRECTORS MENTIONED ABOVE DO NOT BELIEVE THEIR COMPENSATION FROM CC WOULD IN ANY WAY ENHANCE THE TRANSPARENCY OR UNDERSTANDING OF THE WOMAN'S EDUCATIONAL SOCIETY AND THEREFORE, RESPECTFULLY DECLINED TO PROVIDE COMPENSATION INFORMATION TO BE DISCLOSED ON THE WOMAN'S EDUCATIONAL SOCIETY'S FORM 990.

OMB No. 1545-0047

Open to Public

Inspection

ZU

2

Employer identification number

84-6029599

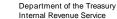
SCHEDULE R	
(Form 990)	

Related Organizations and Unrelated Partnerships

► Go to www.irs.gov/Form990 for instructions and the latest information.

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.



ue Service

Name of the organization

WOMANS EDUCATIONAL SOCIETY OF COLORADO

COLLEGE

Part I

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	-			-	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
_(3)					
(4)					
(5)					
(6)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	12(b)(13) olled
						Yes	No
(1) WOMAN'S EDUCATIONAL SOCIETY OF CC TRUST 84-6035651							
14 EAST CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903	SCHOLARSHIPS	CO	501(C)(3)	LN 12, III	WES	Х	
(2) THE COLORADO COLLEGE 84-0402510							
14 E. CACHE LA POUDRE COLORADO SPRINGS, CO 80903	COLLEGE	CO	501(C)(3)	LINE 2	N/A		Х
(3)							
(4)	-						
(5)							
(6)	-						
(7)	_						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	, second s		•		, ,	1			1			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprop alloca	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
				,			Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(i) Secti 512(b) contro entity	
(1)							_
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

WOMANS EDUCATIONAL SOCIETY OF COLORADO

Page 3

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 [During the tax year, did the organization engage in any of the following transactions with one or more i	elated organizations lis	ted in Parts II-IV?				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Sift, grant, or capital contribution to related organization(s)				1b	Х	
	Sift, grant, or capital contribution from related organization(s)				1c		X
	oans or loan guarantees to or for related organization(s)				1d	Х	
e L	oans or loan guarantees by related organization(s)				1e		X
f[Dividends from related organization(s)				1f		
g S	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
	xchange of assets with related organization(s).				1i		X
	ease of facilities, equipment, or other assets to related organization(s).				1j		X
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
	Charing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
	Sharing of paid employees with related organization(s)				10		Х
рF	Reimbursement paid to related organization(s) for expenses.				1p	Х	
q F	Reimbursement paid by related organization(s) for expenses				1q	Х	
r (Other transfer of cash or property to related organization(s)				1r	Х	
s (Other transfer of cash or property from related organization(s)				1s		Х
2 l	the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	red relationships and transa	action three	shold	s.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of	(d)	rminir	na
	Name of related organization	type (a-s)		amou			9
(1)							
(2)							
(3)							
(4)							
(=)							
(5)							
(6)							
JSA			Sch	nedule R (F	orm	990)	2020

Page 4

Schedule R (Form 990) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(b) Primary activity	(c) Legal domicile (state or foreign country)	from tax under	sec 501(organiz	tion (c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	aging ner?	ownership
		sections 512 - 514)	Yes	No			Yes	No	· · · ·	Yes	No	
												1
												+
	Primary activity	(state or foreign	(state or foreign income (related, country) unrelated, excluded from tay under	(state or foreign income (related, see country) unrelated, excluded 5011 from tay under organiz	(state or foreign income (related, section country) unrelated, excluded 501(c)(3)	(state or foreign income (related, section total income country) unrelated, excluded 501(c)(3) from tax under organizations?	(state or foreign income (related, section total income end-or-year country) unrelated, excluded 501(c)(3) assets from tay under organizations?	(state or foreign income (related, section total income end-of-year country) unrelated, excluded 501(c)(3) assets alloc	(state or foreign income (related, section total income end-or-year ourrelated, excluded from tax under organizations?) allocations?	(state or foreign income (related, section total income end-of-year allocations? allocations? allocations? allocations? allocations?	(state or foreign income (related, section total income end-of-year allocations? amount in box 20 man country) unrelated, excluded of (c)(3) assets of control of Corrections? (Form tark under of Chancel and the control of Corrections and the contro	(state or foreign income (related, section total income end-or-year country) unrelated, excluded 501(c)(3) allocations? allocations? allocations? allocations? allocations?

Schedule R (Form 990) 2020

Part VIISupplemental InformationProvide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
 Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Name of exempt organization or other filer, see instructions. Taxpayer identi		axpayer identification nu	fication number (TIN)			
Type or WOMANS EDUCATIONAL SOCIETY (F COLORADO					
-				84-602959	9		
File by the due date for	Number, street, and room or suite no. If a P.O. bo	ctions.					
filing your	14 E CACHE LA POUDRE ST						
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	COLORADO SPGS, CO 80903-3243						
Enter the R	eturn Code for the return that this application	is for (file	a separate application for	each return)		01	
Application		Return	Application		Return		
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
	Form 990-BL		Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227	/		10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069	069			
Form 990-T (trust other than above)		06	Form 8870	m 8870		12	
	THE ORGANIZATIO	N	•			!	
The bool	ks are in the care of ▶ 14 EAST CACHE L	A POUDR	E STREET COLORADO	SPRINGS CO 809	03		
• If this is for the who	ganization does not have an office or place of for a Group Return, enter the organization's fo le group, check this box ▶ I ne names and TINs of all members the extens	our digit Gro If it is for pa	oup Exemption Number (G	EN)	·		
1 I requ	est an automatic 6-month extension of time u	ntil	05/16 , 20 22	, to file the exempt	t organi	zation return	
for the	e organization named above. The extension is	s for the or	ganization's return for:		•		
►	calendar year 20 or						
► X		01 ,202	0 , and ending	06/30 ,	20 21		
						_	
2 If the	tax year entered in line 1 is for less than 12 m	nonths, che	ck reason: 📃 Initial ret	urn 🔄 Final returi	n		
	Change in accounting period						
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 472	0, or 6069, enter the te	ntative tax, less any			
nonre	fundable credits. See instructions.				3a \$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estima	estimated tax payments made. Include any prior year overpayment allowed as a credit.					0.	
c Balan	ce due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if requ	ired, by using EFTPS			
(Elect	ronic Federal Tax Payment System). See instru	uctions.			3c \$	0.	
Caution: If yo	ou are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, see	Form 8453-EO and Form	n 8879-E	O for payment	
instructions.							
For Privacy Act and Paperwork Reduction Act Notice, see instructions.						868 (Rev. 1-2020)	

Cumulative e-File History 2020

FED

Tax Return 93477K		Return Type 990		
Taxpayer Womans Educational Socie	ety of Colorado	Account 5974		
Submitted Date	2021-09-08 10:17:26			
Acknowledgement Date	2021-09-08 10:29:47			
Status	Accepted			
Submission ID	84022720212	515000011		