PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

| A F | or the | 2017 | calendar year, or tax year beginning | 07/01,2017, | and ending | | | 06/ | 30, 20 18 | ' |
|--------------------------------|------------------|------------|--|--------------------------------------|-----------------|--------------|--------------------------------|-----------|---------------------|-----------------|
| | | | C Name of organization WOMANS EDUCATI | ONAL SOCIETY OF CO | LORADO | D Em | ployer ide | ntificati | on number | |
| B c | heck if ap | oplicable: | COLLEGE | | | 8 | 4-6029 | 9599 | | |
| | Addre chang | | Doing business as | | | | | | | |
| | 7 - | change | Number and street (or P.O. box if mail is not deliv | vered to street address) | Room/suite | E Tel | ephone nui | nber | | |
| | Initial | return | 14 E CACHE LA POUDRE ST | | | (71 | 9) 63 | 2 – 79 | 26 | |
| | | return/ | City or town, state or province, country, and ZIP | or foreign postal code | | | | | | |
| | L termin | ded | COLORADO SPGS, CO 80903-3 | 243 | | G Gro | ss receipts | \$ | 779 | ,400. |
| | return Applic | ation | | YSTAL BRYANT | | | s this a grou | | | $\overline{}$ |
| | pendi | ng | 14 EAST CACHE LA POUDRE S' | TREET COLORADO SPR | INGS, CO | I | subordinates Are all subord | | ided? Yes | No |
| | Tax-ex | empt st | | (insert no.) 4947(a)(1) | | | | | . (see instructions | |
| | | | WWW.COLORADOCOLLEGE.EDU/WES | | 01 027 | | Group exem | | | , |
| | | | ization: X Corporation Trust Associa | | I Year of | | | | legal domicile: | CO |
| | art I | | mmary | Guidi V | L rear or | ioimation. ± | > 0 E W | State of | regai dominine. | |
| Г | | | describe the organization's mission or most | significant activities: TO BRI | ING WOMEN | J OF THE | : COMM | INTT | Y AND TH | (E |
| a) | ' | | ORADO COLLEGE TOGETHER TO G | | | | | | 1 1110 111 | |
| Governance | | | NTS TO THE STUDENTS OF THE (| | Jodii Belie | JUAROITTI | D AND | | | |
| rna | | | | | | 050/ 5:1 | | | | |
| OVe | | | this box if the organization disconti | · | | | | 1 1 | | 18. |
| <u>ග</u> න් | | | er of voting members of the governing body (| | | | | 3 | | 16. |
| | | | er of independent voting members of the gov | | | | | 4 | | |
| Activities | | | number of individuals employed in calendar y | | | | | 5 | | 0. |
| Ę | | | number of volunteers (estimate if necessary). | | | | | 6 | | 27. |
| ۹ | | | unrelated business revenue from Part VIII, colu | , , | | | | 7a | | 0. |
| | b | Net u | nrelated business taxable income from Form 9 | 90-T, line 34 | | | | 7b | | |
| | | | | | | Pric | r Year | | Current Y | |
| e | 1 | | butions and grants (Part VIII, line 1h) | | | | 18,06 | | | ,789. |
| Revenue | | | am service revenue (Part VIII, line 2g) | | | | 2,97 | _ | | ,061. |
| Şe. | 10 | Invest | ment income (Part VIII, column (A), lines 3, 4, | and 7d) | | | 98,04 | | | ,410. |
| _ | 11 | Other | revenue (Part VIII, column (A), lines 5, 6d, 8c | , 9c, 10c, and 11e) | | | 3,86 | 9. | 12 | ,448. |
| | 12 | Total | revenue - add lines 8 through 11 (must equal | Part VIII, column (A), line 12) . | | | 122,95 | | | ,708. |
| | 13 | Grant | s and similar amounts paid (Part IX, column (A |), lines 1-3) | | | 122,51 | 1. | 128 | ,415. |
| | 14 | Benef | its paid to or for members (Part IX, column (A) | , line 4) | | | | 0. | | 0. |
| S | 15 | Salari | es, other compensation, employee benefits (P | art IX, column (A), lines 5-10) | | | | 0. | | 0. |
| Expenses | 16 a | Profes | ssional fundraising fees (Part IX, column (A), li | ne 11e) | [| | | 0. | | 0. |
| xbe | | | fundraising expenses (Part IX, column (D), line | | | | | | | |
| ш | 17 | Other | expenses (Part IX, column (A), lines 11a-11d, | 11f-24e) | | | 19,33 | 5. | 23 | ,115. |
| | | | expenses. Add lines 13-17 (must equal Part I) | | Г | | 141,84 | 6. | 151 | ,530. |
| | | | nue less expenses. Subtract line 18 from line 1 | . , , , | | | -18,89 | 4. | 213 | ,178. |
| o s | | | · | | | Beginning o | f Current Y | 'ear | End of Ye | ar |
| land | 20 | Total | assets (Part X, line 16) | | | 3,: | 122,68 | 7. | 3,502 | ,536. |
| Ass I Ba | 21 | | iabilities (Part X, line 26) | | | | | 0. | | 0. |
| Net Assets or Fund Balances | 22 | | ssets or fund balances. Subtract line 21 from I | | | 3,: | 122,68 | 7. | 3,502 | |
| | rt II | | gnature Block | | | | | | | |
| Und | der per | nalties o | of perjury, I declare that I have examined this return | n, including accompanying schedu | ules and statem | ents, and to | the best of | my kn | owledge and b | elief, it is |
| true | e, corre | ct, and | complete. Declaration of preparer (other than officer |) is based on all information of whi | ch preparer has | any knowled | ge. | | | |
| | | | | | | | | | | |
| Sig | n | | Signature of officer | | | | Date | | | |
| Hei | re | | | | | | | | | |
| | | | Type or print name and title | | | | | | | |
| | | | | rer's signature | Date | Τ, | Nh a ale | ;f PT | IN | |
| Paic | i | | M R SMITH CPA | ·g·· | | | check elf-employe | 11 | P0095896 | 66 |
| Pre | parer | | . DVD IID | | | | | | | |
| Use | Only | | s name ▶BKD, LLP | | | | EIN ▶ 4 | | | |
| N / | , 4k - | | address >111 SOUTH TEJON, SUITE 800 COL | | | Phone | 7110. | | 71-4290 | |
| | | | iscuss this return with the preparer show | , | | | | | X Yes | No |
| ror | Paper | work | Reduction Act Notice, see the separate instr | uctions. | | | | | Form 99 | 0 (2017) |

WOMANS EDUCATIONAL SOCIETY OF COLORADO 84-6029599 Form 990 (2017) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: 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? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?.... If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 138,751. including grants of \$ 128,415.) (Revenue \$ TO PROVIDE ASSISTANCE THROUGH SCHOLARSHIPS AND GRANTS TO THE STUDENTS OF THE COLORADO COLLEGE.) (Revenue \$ **4b** (Code: including grants of \$) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code: 4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

4e Total program service expenses ▶

JSA 7E1020 1.000 Form **990** (2017)

) (Revenue \$

138,751.

Form 990 (2017) Page **3**

| Part | IV Checklist of Required Schedules | | | |
|------|---|------|-----|----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 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 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| | 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 |
| 12a | 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 | | | |
| 4.5 | "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)? If "Yes," complete Schedule E | 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 | 441. | | v |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 4- | | v |
| 4.0 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | 4.0 | | v |
| 47 | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 4- | | v |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 4.0 | | v |
| 40 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | , _ | | v |
| | If "Yes," complete Schedule G, Part III | 19 | | X |

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| Part l | V Checklist of Required Schedules (continued) | | | |
|----------|--|------|-----|----------|
| | | | Yes | No |
| 20 a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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 |
| 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 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | Х |
| 240 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| 24a | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | | 24a | | Х |
| L | through 24d and complete Schedule K. If "No," go to line 25a | | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24- | | |
| | to defease any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | 37 |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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? | | | 3.7 |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 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, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 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," | | | |
| | complete Schedule N, Part II | 32 | | X |
| 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 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| 30 | 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 | - 55 | | |
| 31 | 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 | 31 | | |
| 30 | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| | 10: Note: Air Form 990 mers are required to complete obligation O. | 50 | 22 | <u> </u> |

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Part V Statements Regarding Other IRS Filings and Tax Compliance Nο 0. 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable........... 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and 1c reportable gaming (gambling) winnings to prize winners? 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 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3b b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X **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 Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Χ sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year..... 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?........ Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

JSA 7E1040 1.000

Χ

| 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 18 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | 37 | X |
| 6 | Did the organization have members or stockholders? | 6 | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | 7. | Х | |
| | one or more members of the governing body? | 7a | Λ | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | 76 | Х | |
| _ | stockholders, or persons other than the governing body? | 7b | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| _ | the year by the following: | 8a | X | |
| a | The governing body? | 8b | X | |
| ь 9 | Each committee with authority to act on behalf of the governing body? | - 0.5 | | |
| Э | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | _ | .) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | | |
| | rise to conflicts? | 12b | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| | describe in Schedule O how this was done | 12c | | 37 |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Λ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| _ | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 15a | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | | |
| b | Other officers or key employees of the organization | .00 | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| ıva | with a taxable entity during the year? | 16a | | Х |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| - | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Secti | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | 501(| c)(3)s | only) |
| | available for public inspection. Indicate how you made these available. Check all that apply. | • | | - 1 |
| | Own website | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | erest | policy | /, and |
| | financial statements available to the public during the tax year. | | | |
| 20 | State the name address, and telephone number of the person who possesses the organization's books and record | c· | | |

State the name, address, and telephone number of the person who possesses the organization's books and records:

THE ORGANIZATION 14 EAST CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903 (719)632-7926

JSA
7E1042 1.000

Form 990 (2017)

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

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.

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

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

| | , | | | | | | | , | | |
|-------------------------|---|--------------------------|-------|---------------------|---------------|---|------------|--|--|--|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, office or div | unles | Pos neck s pe | more erson | e than control Highest compensated employee | an tee) | (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 |
| | | | | | | e d | | | | |
| (1)CRYSTAL BRYANT | 1.00 | | | | | | | | | |
| PRESIDENT | 1.00 | X | | Χ | | | | 0. | 0. | 0. |
| (2)KAREN HENDERSON | 1.00 | | | | | | | | | |
| FIRST VICE PRESIDENT | 0. | X | | Х | | | | 0. | 0. | 0. |
| (3)EILEEN MARTIN | 1.00 | | | | | | | | | |
| SECOND VICE PRESIDENT | 0. | X | | Х | | | | 0. | 0. | 0. |
| (4)JUDY DEGROOT | 1.00 | | | | | | | | | |
| RECORDING SECRETARY | 0. | X | | X | | | | 0. | 0. | 0. |
| (5)ROZ KNEPELL | 1.00 | | | | | | | | | |
| CORRESPONDING SECRETARY | 1.00 | X | | Х | | | | 0. | 0. | 0. |
| (6)BARBARA MITCHELL | 1.00 | | | | | | | | | |
| TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (7)BARBARA MAY | 1.00 | | | | | | | | | |
| ASSISTANT TREASURER | 1.00 | X | | Х | | | | 0. | 0. | 0 |
| (8)PATSY AARONSTEIN | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 |
| (9)BRITTANY ALAMEIDA | 1.00 | | | | | | | | | |
| TRUSTEE | 40.00 | X | | | | | | 0. | 0. | 0 |
| (10)ANN BUREK | 1.00 | | | | | | | | | |
| TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0 |
| (11)JUDITH CASEY | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | 0 |
| (12)AMY DOUNAY | 1.00 | | | | | | | | | |
| TRUSTEE | 40.00 | X | | | | | | 0. | 0. | 0 |
| (13) SHARON GRADY | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 |
| (14)HELEN KNIGHT | 1.00 | | | | | | | | | |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | 0 |

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| Part VII Section A. Officers, Directors, Tru | ıstees, Ke | y En | ıplo | ye | es, | and H | lig | hest Compensat | ed Employees (d | ontinued | Page) |
|---|---|---------------|-------|----------------------|-------|--|-------------|---|--|--|---|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles | Pos heck ss pe | erson | than or/trust e is or/trust e employee | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (fi Estin amou oth compe from organ and r organi | nated unt of ner nsation the ization elated |
| 15) FAY MCQUEEN | 1.00 | | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | | 0 |
| 16) MONIQUE MICHAUD TRUSTEE | $\frac{1.00}{0.}$ | | | | | | | 0. | 0. | | 0 |
| 17) KAREN RUBIN | 1.00 | X | | | | | | 0. | 0. | | 0 |
| TRUSTEE | 0. | X | | | | | | 0. | 0. | | 0 |
| 18) CINDI ZENKERT-STRANGE | 1.00 | | | | | | | | | | |
| TRUSTEE | 0. | Х | | | | | | 0. | 0. | | 0 |
| | | - | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 1b Sub-total | | | | | | | • | 0. | 0. | | 0 |
| c Total from continuation sheets to Part VII, S | ection A | | | | | | | 0. | 0. | | 0 |
| d Total (add lines 1b and 1c) | limited to the | hose | liste | | | | o re | | | | 0 |
| reportable compensation from the organization | n 🕨 | 0 . | • | | | | | | | | es No |
| 3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | 3 | X |
| 4 For any individual listed on line 1a, is the sorganization and related organizations graindividual | sum of repeater than | ortab \$15 | ole o | om 00? | per | sation "Yes | n aı s," | nd other compens | sation from the | 4 | X |
| 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | accrue co | mpen | sati | on 1 | fron | n any | un | related organization | | 5 | Х |
| Section B. Independent Contractors | , | | | | | | | | | | ' |
| Complete this table for your five highest com- compensation from the organization. Report c year. | | | | | | | | | | | |

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

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

Page 9

| Part VIII | Statement of Revenue | |
|-----------|----------------------|--|
|-----------|----------------------|--|

| | | Check if Schedule O contains a respor | nse or note to an | y line in this Part VII | l | | |
|--|-------------------|--|-------------------|-------------------------|--|---|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d | Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations | 8,510. | | | | |
| contribution nd Other S | f g | All other contributions, gifts, grants, and similar amounts not included above . Noncash contributions included in lines 1a-1f: \$ | 98,279. | | | | |
| | h | Total. Add lines 1a-1f | | 106,789. | | | |
| nue | | | Business Code | | | | |
| Program Service Revenue | 2a b c d | MEETING FEES | 900099 | 3,061. | 3,061. | | |
| am | е | | | | | | |
| ogr | f | All other program service revenue | | | | | |
| Pro | g | Total. Add lines 2a-2f | | 3,061. | | | |
| | 3 | Investment income (including divident and other similar amounts) | ids, interest, | 59,177. 0. | | | 59,177. |
| | 4 5 | Income from investment of tax-exempt bond | | 0. | | | |
| | 3 | Royalties | (ii) Personal | 0. | | | |
| | 6a b c | Gross rents | | | | | |
| | d | Net rental income or (loss) | | 0. | | | |
| | 7a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | b | assets other than inventory Less: cost or other basis and sales expenses 413,428. | | | | | |
| | | and sales expenses | | | | | |
| | d 8a | Gain or (loss) | | 183,233. | | | 183,233. |
| Other Revenue | | events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 13,447. | | | | |
| | С | Net income or (loss) from fundraising events | <u> </u> | 12,183. | | | 12,183. |
| | 9a | Gross income from gaming activities. See Part IV, line 19 a | | | | | |
| | b c | Less: direct expenses b Net income or (loss) from gaming activities. | | 0. | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | |
| | | Less: cost of goods sold | ▶ | 0. | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | MISCELLANEOUS REVENUE | 900099 | 265. | 265. | | |
| | b | | | | | | |
| | С | | | | | | |
| | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | ▶ | 265. | | | |
| JSA | 12 | Total revenue. See instructions. | ▶ | 364,708. | 3,326. | | 254,593. |

7E1051 1.000

Part IX Statement of Functional Expenses

| Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (ϵ | |
|--|-----|
| | A 1 |
| | 41 |
| | |

| | Check if Schedule O contains a resp | oonse or note to any lin | ne in this Part IX | | |
|----------|--|--------------------------|------------------------------|---|---------------------------------------|
| | not include amounts reported on lines 6b, 7b, 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 | 128,415. | 128,415. | | |
| 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 | 0. | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | 0 | | | |
| | persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 | Other salaries and wages | 0. | | | |
| 8 | Pension plan accruals and contributions (include | 0 | | | |
| | section 401(k) and 403(b) employer contributions) | 0. | | | |
| 9 | Other employee benefits | 0. | | | |
| 10 | Payroll taxes | 0. | | | |
| | Fees for services (non-employees): | 0. | | | |
| | Management | 0. | | | |
| | Legal | 3,075. | | 3,075. | |
| | : Accounting | 3,075. | | 3,073. | |
| | Lobbying | 0. | | | |
| | Professional fundraising services. See Part IV, line 17. | 7,889. | | 7,889. | |
| | Investment management fees | 7,005. | | 7,005. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | 151. | | 151. | |
| 40 | (A) amount, list line 11g expenses on Schedule O.) | 2,603. | 2,603. | 131. | |
| | Advertising and promotion | 0. | 2,003. | | |
| 13 | Office expenses | 0. | | | |
| 14 | Information technology | 0. | | | |
| 15 16 | Royalties | 0. | | | |
| 17 | Occupancy | 0. | | | |
| | Payments of travel or entertainment expenses | | | | |
| . 0 | for any federal, state, or local public officials | 0. | | | |
| 19 | Conferences, conventions, and meetings | 0. | | | |
| | Interest | 0. | | | |
| 21 | | 0. | | | |
| 22 | | 0. | | | |
| | Insurance | 1,664. | | 1,664. | |
| 24 | | | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | COMMITTEE EXPENSES | 1,412. | 1,412. | | |
| b | PROGRAM EXPENSES | 5,874. | 5,874. | | |
| • | PRINTING & PUBLICATIONS | 207. | 207. | | |
| d | MISCELLANEOUS | 240. | 240. | | |
| е | All other expenses | | | | |
| | Total functional expenses. Add lines 1 through 24e | 151,530. | 138,751. | 12,779. | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | 0. | | | |
| | 10110WILING 001 30-2 (M30 300-120) | 0. | | | |

JSA 7E1052 1.000

Form 990 (2017) Page **11**

Part X Balance Sheet

| 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 O . 12 | |
|--|--|
| 1 Cash - non-interest-bearing 79,036. 1 6 2 Savings and temporary cash investments 0. 2 3 Pledges and grants receivable, net 0. 3 4 Accounts receivable, net 0. 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 0. 6 7 Notes and loans receivable, net 0. 7 8 Inventories for sale or use 0. 8 9 Prepaid expenses and deferred charges 0. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 0. 10c 11 Investments - publicly traded securities 2,994,476. 11 3,366 12 Investments - other securities. See Part IV, line 11 | 9,430. 0. 0. 0. 0. 0. 0. |
| 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 O . 12 | 0. 0. 0. 0. |
| 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 0 . 12 | 0. 0. 0. 0. |
| 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 10b 10a 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 | 0. 0. 0. 0. |
| 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10a 10a 2,994,476. 11 3,36 12 Investments - other securities. See Part IV, line 11 | 0. 0. 0. |
| 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10a 10b 0 10c 11 Investments - publicly traded securities 2,994,476. 11 3,36 | 0. 0. 0. |
| Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 | 0. 0. 0. |
| 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10a 10a 10b 2,994,476. 11 3,36 12 Investments - other securities. See Part IV, line 11 | 0. 0. 0. |
| 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10a 10a 10b 2,994,476. 11 3,36 12 Investments - other securities. See Part IV, line 11 | 0. |
| and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10a 10b 2,994,476. 11 3,36 12 Investments - other securities. See Part IV, line 11 | 0. |
| 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation. 10b 10c 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 | 0. |
| 9 Prepaid expenses and deferred charges | 0. |
| 9 Prepaid expenses and deferred charges | |
| 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation | |
| other basis. Complete Part VI of Schedule D b Less: accumulated depreciation | |
| b Less: accumulated depreciation | |
| 11Investments - publicly traded securities2,994,476.113,3612Investments - other securities. See Part IV, line 110.12 | 0. |
| 12 Investments - other securities. See Part IV, line 11 0 · 12 | |
| | 0. |
| 13 Investments - program-related See Part IV line 11 | 0. |
| investments - program-related. Oce rate by, line 11 | 0. |
| 14 Intangible assets | 7,477. |
| | 2,536. |
| 17 Accounts payable and accrued expenses 0. 17 | 0. |
| 18 Grants payable 0 · 18 | 0. |
| 19 Deferred revenue | 0. |
| 20 Tax-exempt bond liabilities | 0. |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D 0 . 21 | 0. |
| | |
| 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | |
| disqualified persons. Complete Part II of Schedule L 0 . 22 | 0. |
| 23 Secured mortgages and notes payable to unrelated third parties 0. 23 | 0. |
| 24 Unsecured notes and loans payable to unrelated third parties | 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. |
| 26 Total liabilities. Add lines 17 through 25 | 0. |
| Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. | |
| 27 Unrestricted net assets 758,774. 27 92 | 3,008. |
| 28 Temporarily restricted net assets 1,288,122. 28 1,49 | 3,737. |
| 29 Permanently restricted net assets | 5,791. |
| complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 27 Unrestricted net assets 758,774. 27 92 1,07 92 1,075,791. 29 1,07 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 3,122,687. 33 3,50 | |
| 30 Capital stock or trust principal, or current funds | |
| 31 Paid-in or capital surplus, or land, building, or equipment fund | |
| 32 Retained earnings, endowment, accumulated income, or other funds | |
| 33 Total net assets or fund balances 3,122,687. 33 3,50 | 536 |
| 34 Total liabilities and net assets/fund balances 3,122,687. 34 3,50 | ., , , , , , , , , , , , , , , , , , , |

Page **12** Form 990 (2017)

| OIIII J | 70 (2011) | | | 1 4 | gc • = |
|---------|--|------------|-----|-------|--------|
| Part | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 364,7 | |
| 2 | | | | | 530. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2 | 213,1 | L78. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,1 | L22,6 | 587. |
| 5 | Net unrealized gains (losses) on investments | 5 | 1 | L66,6 | 571. |
| 6 | Donated services and use of facilities | 6 | | | 0. |
| 7 | Investment expenses | 7 | | | 0. |
| 8 | Prior period adjustments | 8 | | | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 3,5 | 502,5 | 36. |
| Part | | - | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | · | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | xplain in | | | |
| | Schedule O. | • | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant?. | | 2a | | Х |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | iipiiou oi | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| h | Were the organization's financial statements audited by an independent accountant? | | 2b | | Х |
| D | If "Yes," check a box below to indicate whether the financial statements for the year were aud | | | | |
| | separate basis, consolidated basis, or both: | iteu oii a | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| | <u> </u> | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for | _ | 2c | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent ac | | 20 | | |
| | If the organization changed either its oversight process or selection process during the tax year, | explain in | | | |
| _ | Schedule O. | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as se | t forth in | 25 | | Х |
| _ | the Single Audit Act and OMB Circular A-133? | | 3a | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | ٥. | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | Iaits. | 3b | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service 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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization WOMANS E

WOMANS EDUCATIONAL SOCIETY OF COLORADO

Employer identification number 84-6029599

| CO | اختبيت | 212 | | | | | 04 00293 | | |
|-----|----------|--|---------------------------------------|---|------------------|------------------------------|--|-----------------------------------|--|
| Pa | rt I | Reason for Public Cha | rity Status (All o | organizations must o | omplet | e this pa | art.) See instructions | | |
| | | anization is not a private fou | | | | | | | |
| 1 | П | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | |
| 2 | П | A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | |
| 3 | Н | A hospital or a cooperative | | | - | | | | |
| 4 | Н | A medical research organiz | • | - | | | | (iii). Enter the | |
| • | | hospital's name, city, and st | • | oonjunouon mara not | opital ao | 0011004 11 | | (m) Enter the | |
| 5 | | An organization operated | | a college or universit | v owne | d or one | rated by a governme | ntal unit described in | |
| • | | section 170(b)(1)(A)(iv). (C | | a conege of aniversit | y Owno | a or ope | rated by a governme | ntar anti accombca in | |
| 6 | | A federal, state, or local go | | rnmental unit describe | d in sact | tion 170/ | h)(1)(Δ)(γ) | | |
| 7 | \vdash | An organization that norma | | | | | | om the general nublic | |
| • | | described in section 170(b) | = | • | pport in | om a go | verninental unit of the | on the general public | |
| 8 | | A community trust describe | | • | Dart II \ | | | | |
| 9 | H | An agricultural research org | | | - | | Lin conjunction with a | land grant college | |
| 9 | | or university or a non-land- | = | | | - | = | | |
| | | university: | grant conege or ag | griculture (see ilistruct | ions). E | iilei liie | name, city, and state of | the college of | |
| 10 | | An organization that norma | Illy receives: (1) m | ore than 221/20/ of its | cupport | from co | ntributions momborsh | ain food, and groce | |
| 10 | | receipts from activities rela | ted to its exempt f | functions - subject to | certain e | exception | s, and (2) no more tha | n 331/3 % of its | |
| | | support from gross investm | nent income and u | nrelated business tax | able inco | ome (les | s section 511 tax) from | businesses | |
| 11 | | acquired by the organization An organization organization organized | | | | | | | |
| 12 | X | An organization organized | | | - | | , , , , | arry out the nurnesse | |
| 12 | 21 | of one or more publicly su | · · · · · · · · · · · · · · · · · · · | - | - | | | | |
| | | Check the box in lines 12a t | - | | | | | | |
| | | | = | = - | | | • | _ | |
| а | | Type I. A supporting orga | - | • | - | | | | |
| | | the supported organization | | | | ajority of | the directors or truste | es of the | |
| | | supporting organization. | - | | | | | | |
| b |) | Type II. A supporting org | • | | | | | | |
| | | control or management of | | | the sam | e persor | is that control or man | age the supported | |
| | | organization(s). You must | | | | | | | |
| С | : | X Type III functionally integrated | | | | | | ly integrated with, | |
| | | its supported organization | | • | | | | | |
| d | | Type III non-functionally | | | - | | | - , , | |
| | | that is not functionally into | - | | _ | | · · · · · · · · · · · · · · · · · · · | d an attentiveness | |
| | | requirement (see instruct | • | - | | | | | |
| е | | _ Check this box if the orga | | | | | | I, Type III | |
| | | functionally integrated, or | | | | | | 1 | |
| T | | ter the number of supported | | | | | | 1 | |
| 9 | | ovide the following information | | ` ' ' | | | ()) () () | (-1) A (-1) | |
| | (I) N | ame of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | | organization ur governing | (v) Amount of monetary support (see | (vi) Amount of other support (see | |
| | 7 TT 7 | ACHMENT 1 | | above (see instructions)) | | ment? | instructions) | instructions) | |
| - 4 | AIII | ACHMENI I | | | Yes | No | | | |
| (A) | | | | | | | | | |
| | | | | | | | | | |
| (B) | | | | | | | | | |
| | | | | | | | | | |
| (C) | | | | | | | | | |
| | | | | | | | | | |
| (D) | | | | | | | | | |
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| (E) | | | | | | | | | |
| | | | | | | | | | |
| Tot | al | | | | | | 128.415 | | |

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

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Schedule A (Form 990 or 990-EZ) 2017

Page 2 Schedule A (Form 990 or 990-EZ) 2017

| Par | Complete only if you checked Part III. If the organization fair | ed the box on | line 5, 7, or 8 | of Part I or if t | he organizatio | n failed to qua | |
|-----------|--|--|-------------------------------------|------------------------------------|--------------------------------------|---|---------------------------------|
| Sec | tion A. Public Support | | | | • | , | |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 | | | | | | |
| | tion B. Total Support | | T | T | T | T | T |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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. (| see instructions) . | | | | 12 | |
| 13 | First five years. If the Form 990 is f organization, check this box and stop here | | | | | | |
| | tion C. Computation of Public Sup | | | | | | |
| 14 | Public support percentage for 2017 (li | | | | | | <u>%</u> |
| 15 160 | Public support percentage from 2016 | | | | | | % |
| ıoa | 331/3% support test - 2017. If the or box and stop here. The organization q | | | | | | |
| h | 331/3% support test - 2016. If the organization q | | | | | | |
| IJ | this box and stop here . The organizati | | | | | | |
| 17a | 10%-facts-and-circumstances test - | | | _ | | | |
| | 10% or more, and if the organization Part VI how the organization meets to organization | meets the "fa he "facts-and-o | cts-and-circums circumstances" t | tances" test, ch | neck this box a ization qualifies | nd stop here. B as a publicly s | Explain in supported |
| b | 10%-facts-and-circumstances test - 15 is 10% or more, and if the organization in Part VI how the organization | 2016. If the organization meets | ganization did r s the "facts-an | not check a box d-circumstances | on line 13, 16 to test, check t | a, 16b, or 17a his box and st | , and line t op here. |
| 18 | supported organization | | | | | | > |

Schedule A (Form 990 or 990-EZ) 2017

Page 3 Schedule A (Form 990 or 990-EZ) 2017

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.)

| Sec | tion A. Public Support | | | | | | |
|------------|---|-----------------|--------------------|-------------------|------------------|--------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (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 | | | | | | |
| Ū | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| ı a | received from disqualified 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 8 | Add lines 7a and 7b | | | | | | |
| 0 | , | | | | | | |
| Sac | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| _ | | (4) 2010 | (6) 2014 | (6) 2010 | (4) 2010 | (6) 2017 | (i) rotai |
| 9 10 a | Amounts from line 6. 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 | | | | | | |
| С | 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 | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is f | or the organiza | tion's first, seco | nd. third. fourth | or fifth tax v | ear as a section | 501(c)(3) |
| | organization, check this box and stop here | • | | | | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 15 | Public support percentage for 2017 (line 8 | • | | mn (f)) | | 15 | % |
| 16 | Public support percentage from 2016 Sche | | | | | 16 | % |
| | tion D. Computation of Investmen | | | | | 1 | 70 |
| <u> 17</u> | Investment income percentage for 2017 (lin | | | 13. column (f)) | | 17 | % |
| 18 | Investment income percentage for 2017 (in | | | | | 18 | % |
| | 331/3% support tests - 2017. If the org | | | | | | |
| ıJa | 17 is not more than 331/3%, check th | | | | | | . \square |
| h- | | - | | | | | |
| b | 331/3% support tests - 2016. If the orga | | | | | | |
| 20 | line 18 is not more than 331/3 %, check Private foundation. If the organization | | • | • | . , | 0 | . — |
| 20 | FIIVALE IUUIIUALIUII. II LIIE ULUBIIIZBLION | ara not check | a DUX UII IIIIE | 14. 13a. UL 190 | , CHECK LIIIS DO | on alla see ilisti | uctions - |

Schedule A (Form 990 or 990-EZ) 2017 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? 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.**
- 10 a 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 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|---------------|-----|-----|-----|
| g <i>y</i> | | | |
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| | 9a | | X |
| า | 9b | | X |
| it | 9c | | X |
| n d | | | |
| | 10a | | X |
| 0 | 405 | | |
| | 10b | | |

Schedule A (Form 990 or 990-EZ) 2017

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|-------|---|---------|---------------|-------|
| Part | Supporting Organizations (continued) | | | |
| | | | 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 (b) and (c) | | | 37 |
| | below, the governing body of a supported organization? | 11a | | X |
| | A family member of a person described in (a) above? | 11b | | X |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | X |
| Secti | ion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | | |
| | 7 - 7 | 2 | | |
| Secti | ion 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 | | |
| Secti | ion D. All Type III Supporting Organizations | | | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | Yes | No |
| • | 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 | X | |
| 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 | | X |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | | |
| | ., | 3 | X | |
| | ion 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 ins | structi | ons). | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | $\overline{}$ | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | NO |
| 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? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 0- | Х | |
| | that these activities constituted substantially all of its activities. | 2a | Λ | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | 6: | v | |
| | activities but for the organization's involvement. | 2b | X | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i> | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | ٥. | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | ization | s | | | |
|--|-----------|--------------------------|----------------------------|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | | | in in Part VI). See | | |
| instructions. All other Type III non-functionally integrated supporting organization | • | | • | | |
| | | | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (optional) | | |
| 1 Net short-term capital gain | 1 | | | | |
| 2 Recoveries of prior-year distributions | 2 | | | | |
| 3 Other gross income (see instructions) | 3 | | | | |
| 4 Add lines 1 through 3. | 4 | | | | |
| 5 Depreciation and depletion | 5 | | | | |
| 6 Portion of operating expenses paid or incurred for production or | | | | | |
| collection of gross income or for management, conservation, or | | | | | |
| maintenance of property held for production of income (see instructions) | 6 | | | | |
| 7 Other expenses (see instructions) | 7 | | | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year | | |
| | | (/ // | (optional) | | |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| instructions for short tax year or assets held for part of year): | | | | | |
| a Average monthly value of securities | 1a | | | | |
| b Average monthly cash balances | 1b | | | | |
| c Fair market value of other non-exempt-use assets | 1c | | | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| e Discount claimed for blockage or other | | | | | |
| factors (explain in detail in Part VI): | | | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| 3 Subtract line 2 from line 1d. | 3 | | | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | | | |
| see instructions). | 4 | | | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| 6 Multiply line 5 by .035. | 6 | | | | |
| 7 Recoveries of prior-year distributions | 7 | | | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | | | |
| Section C - Distributable Amount | | | Current Year | | |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | |
| 2 Enter 85% of line 1. | 2 | | | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | |
| 4 Enter greater of line 2 or line 3. | 4 | | | | |
| 5 Income tax imposed in prior year | 5 | | | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| emergency temporary reduction (see instructions). | 6 | | | | |
| 7 Check here if the current year is the organization's first as a non-functional | y integra | ited Type III supporting | g organization (see | | |
| instructions). | | | • | | |

Schedule A (Form 990 or 990-EZ) 2017

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

Page 7 Schedule A (Form 990 or 990-EZ) 2017

| Sect | Section D - Distributions | | | | | |
|------|--|-----------------------------|--|---|--|--|
| 1 | Amounts paid to supported organizations to accomplish ex | kempt purposes | | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | npt purposes of support | ed | | | |
| | organizations, in excess of income from activity | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organiz | zations | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | | | |
| | (provide details in Part VI). See instructions. | | | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | | |
| : | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 | | |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2017 | | | | | |
| | (reasonable cause required-explain in Part VI). See | | | | | |
| | instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | | | |
| а | | | | | | |
| b | From 2013 | | | | | |
| С | From 2014 | | | | | |
| d | From 2015 | | | | | |
| е | From 2016 | | | | | |
| f | Total of lines 3a through e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| h | Applied to 2017 distributable amount | | | | | |
| i | Carryover from 2012 not applied (see instructions) | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | | | |
| 4 | Distributions for 2017 from | | | | | |
| | Section D, line 7: \$ | | | | | |
| а | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2017 distributable amount | | | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | | | |
| | greater than zero, explain in Part VI . See instructions. | | | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| а | Excess from 2013 | | | | | |
| b | Excess from 2014 | | | | | |
| С | Excess from 2015 | | | | | |

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2016 Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 8

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. BRITTANY ALMEIDA AND AMY DOUNAY CURRENTLY WORK FOR

COLORADO COLLEGE. BARBARA MITCHELL IS A RETIRED EMPLOYEE FROM 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

Schedule A (Form 990 or 990-EZ) 2017 Page **8**

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.)

ORDER TO RECRUIT AND RETAIN STUDENTS. WES HELPS PROVIDE A PORTION OF

THIS FINANCIAL AID.

| | | | | ATTACHMENT 3 | l |
|--|-------------|---------------|--------|---------------|----------------|
| SCHEDULE A, PART I - INFORMATION ABOUT | SUPPORTED C | RGANIZATIO | NS | | |
| | | (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 | 128,415. | 0. |
| | | | | | |
| TOTAL AMOUNT OF SUPPORT | | | | 128,415. | 0. |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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

2017

Employer identification number Name of the organization WOMANS EDUCATIONAL SOCIETY OF COLORADO 84-6029599 COLLEGE Organization type (check one): Filers of: Section: X 501(c)(3Form 990 or 990-EZ) (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** $oxed{\mathbb{X}}$ 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, 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 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization WOMANS EDUCATIONAL SOCIETY OF COLORADO
COLLEGE Employer identification number 84-6029599

| (a) | (b) | (c) | (d) |
|------------|-----------------------------------|----------------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1 | | \$\$89,999. | 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.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization WOMANS EDUCATIONAL SOCIETY OF COLORADO

COLLEGE

Employer identification number
84-6029599

| art II Nonca | ash Property (see instructions). Use duplicate copies | | eded. |
|--------------------------|---|---|----------------------|
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
|) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| n) No. From Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
|) No. rom eart I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| n) No. From | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| n) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |

Employer identification number

Name of organization WOMANS EDUCATIONAL SOCIETY OF COLORADO

| | COLLEGE | | | 84-6029599 | | | | |
|---------------------------|---|------------|------------|-------------------------------------|--|--|--|--|
| Part III | Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the | | | | | | | |
| | the following line entry. For organization: | | | | | | | |
| | contributions of \$1,000 or less for the y | | | | | | | |
| | Use duplicate copies of Part III if addition | | | | | | | |
| (a) No. from | | • | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | (e) Transf | er of gift | | | | | |
| | | | | | | | | |
| | Transferee's name, address, and Z | IP + 4 | Relatio | onship of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (a) No. | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held | | | | |
| raiti | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| | | | | | | | | |
| | Transferee's name, address, and ZIP + 4 Rela | | | onship 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) Transfer of gift | | | | | | | |
| | | | | | | | | |
| | Transferee's name, address, and Z | IP + 4 | Relatio | onship 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) Trans | er of gift | | | | | |
| | Transfersele | VID + 4 | 5-1-0 | anabin of turnsform to to | | | | |
| | Transferee's name, address, and Z | .IP + 4 | Relatio | onship of transferor to transferee | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

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

| COI | LEGE | | 84-6029599 |
|-----|---|--|---|
| Pa | rt I Organizations Maintaining Donor Advis | | or Accounts. |
| | Complete if the organization answered " | Yes" on Form 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor a | advisors in writing that the assets hel- | d in donor advised |
| | funds are the organization's property, subject to the | organization's exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, an | d donor advisors in writing that grant | funds can be used |
| | only for charitable purposes and not for the benefit | of the donor or donor advisor, or for | any other purpose |
| | conferring impermissible private benefit? | | Yes No |
| Pa | rt II Conservation Easements. | | |
| | Complete if the organization answered " | | |
| 1 | Purpose(s) of conservation easements held by the o | organization (check all that apply). | |
| | Preservation of land for public use (e.g., recre | ation or education) Preservatio | n of a historically important land area |
| | Protection of natural habitat | Preservatio | n of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization hel | d a qualified conservation contribution | |
| | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified hi | | 2c |
| d | Number of conservation easements included in (c) | | |
| | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, trans | ferred, released, extinguished, or term | inated by the organization during the |
| | tax year ▶ | | |
| 4 | Number of states where property subject to conserv | | |
| 5 | Does the organization have a written policy rega | | - |
| _ | violations, and enforcement of the conservation ease | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecti | ng, handling of violations, and enforcing co | onservation easements during the year |
| _ | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting | ng, nandling of violations, and enforcing | conservation easements during the year |
| 8 | Does each conservation easement reported on line 2(| d) above action the requirements of ac- | stice 170/h)/4)/D)/i) |
| 0 | · · · · · · · · · · · · · · · · · · · | | |
| ۵ | and section 170(h)(4)(B)(ii)? | onservation easements in its revenue a | nd expense statement and |
| 3 | balance sheet, and include, if applicable, the text of | | |
| | organization's accounting for conservation easement | | iolal diatemente that accompce the |
| Pa | rt III Organizations Maintaining Collections | | er Similar Assets. |
| | Complete if the organization answered " | | |
| 1a | If the organization elected, as permitted under SFA | AS 116 (ASC 958), not to report in its | s revenue statement and balance sheet |
| | If the organization elected, as permitted under SFA works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the foo | assets held for public exhibition, ed | ducation, or research in furtherance of |
| | | | |
| b | If the organization elected, as permitted under SI works of art, historical treasures, or other similar public service, provide the following amounts relating | assets held for public exhibition, ed | |
| | (i) Revenue included on Form 990, Part VIII, line 1. | | > \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art, | | |
| | following amounts required to be reported under SF. | | = : |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | |

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 Page **2**

| Par | rt III Organizations Maintaini | ng Collections of | Art, Historical T | reasures, or | Other Similar Ass | ets (co | | ed) |
|----------|---|-------------------------|------------------------|-------------------|------------------------|-------------|-------|--------|
| 3 | Using the organization's acquisition | on, accession, and o | ther records, check | any of the fo | ollowing that are a si | gnificant | use c | of its |
| | collection items (check all that app | oly): | | | | | | |
| а | Public exhibition | | d Loan o | or exchange pro | ograms | | | |
| b | Scholarly research | | e Other | | | | | |
| С | Preservation for future gene | | | | | | | |
| 4 | Provide a description of the orga | nization's collections | and explain how t | hey further the | e organization's exem | pt purpo | se in | Part |
| _ | XIII. | | | | | | | |
| 5 | During the year, did the organization | | | | | | | ٦ |
| D | assets to be sold to raise funds rat | | ined as part of the c | organization's c | collection? | Yes | , | No |
| Par | rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21. | | " on Form 990, Pa | art IV, line 9, c | or reported an amou | ınt on Fo | rm | |
| 1a | Is the organization an agent, trust | | | | | | | |
| | included on Form 990, Part X? | | | | | Yes | , | No |
| b | If "Yes," explain the arrangement | in Part XIII and comp | lete the following tab | le: | | | | |
| | | | | | Amount | | | |
| С | Beginning balance | | | | | | | |
| d | 5 , | | | | | | | |
| е | Distributions during the year | | | | | | | |
| f | Ending balance | | | | | | | Τ |
| 2a | 9 | | | | _ | Yes | | No |
| | If "Yes," explain the arrangement | in Part XIII. Check he | ere if the explanation | has been provi | ded on Part XIII | <u> </u> | | |
| Par | rt V Endowment Funds. Complete if the organiza | tion answered "Ves | " on Form 000 Pa | ort IV lina 10 | | | | |
| | Complete il the organiza | (a) Current year | (b) Prior year | (c) Two years ba | | (e) Fou | | hook |
| | | 2,363,913. | 2,252,656. | 2,301,76 | | | | 557. |
| 1a | Beginning of year balance | 2,303,713. | 2,232,030. | 2,301,70 | 2,420,009 | . 2, | 054, | |
| b | Contributions | | | | | | | |
| С | Net investment earnings, gains, | 322,879. | 210,952. | 51,9 | 4925,500 | | 485. | 167. |
| | and losses | 103,920. | 92,571. | 94,5 | | | | 184. |
| | Grants or scholarships | | 72,7121 | , , , , | | 1 | | |
| е | Other expenditures for facilities | | | | | | | |
| £ | and programs | 8,344. | 7,124. | 6,5 | 33. 9,817 | | 14, | 871. |
| | End of year balance | 2,574,528. | 2,363,913. | 2,252,65 | | | 426, | |
| g 2 | Provide the estimated percentage | | | | | | | |
| a | Board designated or quasi-endowr | | % | column (a)) noi | u us. | | | |
| b | Permanent endowment > 41. | | - | | | | | |
| С | Temporarily restricted endowment | 58.2100 % | | | | | | |
| | The percentages on lines 2a, 2b, | and 2c should equal 1 | 00%. | | | | | |
| 3 a | Are there endowment funds not in | the possession of th | e organization that | are held and a | dministered for the | | | |
| | organization by: | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | . 3a(i) | | X |
| | (ii) related organizations | | | | | . 3a(ii) | | X |
| b | If "Yes" on line 3a(ii), are the relat | ed organizations listed | d as required on Sch | edule R? | | 3b | | |
| 4 | Describe in Part XIII the intended | uses of the organizat | ion's endowment fur | ıds. | | | | |
| Par | rt VI Land, Buildings, and Equ Complete if the organiza | ipment. | s" on Form 000 D | art IV/ line 11 | a Saa Farm 000 D | ort V lin | o 10 | |
| | Description of property | (a) Cost or | | | a. See FOITH 990, F | (d) Book va | | |
| | | (invest | | ther) | depreciation | | | |
| 1a | | | | | | | | |
| b | 9 | | | | | | | |
| С | Leasehold improvements | | | | | | | |
| d | | | | | | | | |
| <u>e</u> | Other | (1) | 000 D ()/ | (5) " (6) | | | | |
| rota | al. Add lines 1a through 1e. <i>(Columi</i> | า (ฮ) must equal Form | 1 990, Part X, columr | n (B), line 10c.) | <u> </u> | | | |

Schedule D (Form 990) 2017 Page 3

| Part VII | Investments - Other Securities. Complete if the organization answered | l "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 valua Cost or end-of-year mar | tion: |
| (1) Financia | Il derivatives | | | |
| | held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. Complete if the organization answered | I "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 valua Cost or end-of-year mar | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
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| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | l "Voo" on Form 000 | Dort IV line 11d See Form 000 | Dort V line 15 |
| | Complete if the organization answered | | , Part IV, line 11d. See Form 990 | |
| -/4\ | (a) De | scription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | ımn (b) must equal Form 990, Part X, col. (B) l | line 15.) | • | |
| Part X | Other Liabilities. | | | |
| rurx | Complete if the organization answered line 25. | l "Yes" on Form 990 | , Part IV, line 11e or 11f. See Fo | rm 990, Part X, |
| 1. | (a) Description of liability | (b) Book valu | le | |
| | al income taxes | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 25.) | • | | |
| 2. Liability fo | r uncertain tax positions. In Part XIII, provide the | text of the footnote to | the organization's financial statements t | nat reports the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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| | e D (Form 990) 2017 | | Page 4 |
|---------|--|----------|--------|
| Part 1 | Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur 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: | | |
| – a | Net unrealized gains (losses) on investments | | |
| b | Donated services and use of facilities | 1 | |
| C | Recoveries of prior year grants | 1 | |
| d | Other (Describe in Part XIII.) | 1 | |
| e | 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: | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| a b | Other (Describe in Part XIII.) | 1 | |
| | 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 | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | и | |
| 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.) | | |
| е | 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: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | |
| | XIII Supplemental Information. | | |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part | | |
| 2; Part | t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor | mation | • |
| SEE | PAGE 5 | | |
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Schedule D (Form 990) 2017 JSA

Part XIII Supplemental Information (continued)

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.

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

COLLEGE Part I

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

WOMANS EDUCATIONAL SOCIETY OF COLORADO

General Information on Grants and Assistance

| ► Attach to Form 990. | Go to www.irs.gov/Form990 for the latest information. |
|-----------------------|---|
| | |

Employer identification number 84-6029599

| - + | Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | ostantiate the | e amount of the | grants or assistar | nce, the grantees' | eligibility for the grants | | X Yes |
|---------|--|--------------------------|---|---------------------------------------|---------------------------------------|---|---------------------------------------|------------------------------------|
| 7 | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | ures for mon | itoring the use c | of grant funds in the | United States. | | | |
| Part II | Il Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | mestic Organit that rece | janizations an eived more tha | d Domestic Gov in \$5,000. Part II | ernments. Com can be duplicate | plete if the organiza ed if additional spac | ition answered "Yese is needed. | s" on Form |
| | 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 |
| 5 | | | | | | | | |
| 3 | | | | | | | | |
| (5) | | | | | | | | |
| (3) | | | | | | | | |
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| (10) | | | | | | | | |
| 15 | | | | | | | | |
| | | | | | | | | |
| (12) | | | | | | | | |
| , | Enter total number of section 501/c)/3) and government organizations listed in the line 1 table | Overnment o | tal adoletical | Lad in the line 1 tab | | | | |
| | Enter total number of other organizations listed in the line | d in the line | 1 table | | | | | |
| For Pa | For Paperwork Reduction Act Notice, see the Instructions for Form 990. | ns for Form 99 | 90. | | | | Sche | Schedule I (Form 990) (2017) |

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Schedule I (Form 990) (2017)

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. Part III

| | art in car so adpired a dedical a page 10 100 ac. | | | | | |
|----------|--|--------------------------|--------------------------|-----------------------------------|---|--|
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| 1 SCHOL? | SCHOLARSHIPS PAID TO STUDENTS | 15. | 128,415. | | | |
| 2 | | | | | | |
| ო | | | | | | |
| 4 | | | | | | |
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| 9 | | | | | | |
| 7 | | | | | | |
| Part IV | Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional | nformation re | quired in Part I, I | line 2, Part III, c | olumn (b); and any o | ther 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.

Schedule I (Form 990) (2017)

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COLLEGE

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

WOMANS EDUCATIONAL SOCIETY OF COLORADO Employer ide

WOMANS EDUCATIONAL SOCIETY OF COLORADO

Employer identification number

84-6029599

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

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 C, LINE 19
GOVERNING DOCUMENTS AVAILABLE TO PUBLIC
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART VI, QUESTIONS 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 VII

REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS

BRITTANY ALMEIDA AND AMY DOUNAY WERE EMPLOYED BY COLORADO COLLEGE (CC),

THE SUPPORTED ORGANIZATION, DURING CALENDAR YEAR 2017. 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.

Name of the organization WOMANS EDUCATIONAL SOCIETY OF COLORADO

Employer identification number

84-6029599

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.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

COLLEGE

Part I

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

84-6029599

WOMANS EDUCATIONAL SOCIETY OF COLORADO

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

(f)
Direct controlling
entity 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. (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II 5 (2) 4 (9) 3 (2)

| (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 512(b)(13) controlled entity? |) 12(b)(13) olled ty? |
|--|-------------------------|---|-------------------------|--|-------------------------------|--|--------------------------------|
| | | | | | | 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 | N/A | × | |
| (2) THE COLORADO COLLEGE 84-0402510 | | | | | | | |
| 14 E. CACHE LA POUDRE COLORADO SPRINGS, CO 80903 | COLLEGE | GO | 501(C)(3) | LINE 2 | N/A | | × |
| (3) | | | | | | | |
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| (4) | | | | | | | |
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| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | | | | | Schedule R (Form 990) 2017 | R (Form 9 | 90) 2017 |

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Schedule R (Form 990) 2017

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. Part III

| (k) Percentage ownership | | | | | | | | | | |
|---|----------|-----|-----|-----|-----|-----|-----|-----|--|----------------------|
| | ٥N | | | | | | | | , ≤ | |
| (j) General or managing partner? | Yes | | | | | | | | Part | |
| Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | <u> </u> | | | | | | | | on Form 990, I | ; |
| (h) Disproportionate allocations? | Yes No | | | | | | | | "Yes" be | |
| (g) Share of end-of- year assets | | | | | | | | | nization answere | יוס ימא אכמו : |
| (f) Share of total income | | | | | | | | | lete if the orgar | |
| Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | | | | | | | | | on or Trust. Comp | ממס ס |
| (d) Direct controlling entity | | | | | | | | | as a Corporations treated | יו וולמוסוים וו סמנס |
| (c) Legal domicile (state or foreign | 600000 | | | | | | | | s Taxable | 200 |
| (b) Primary activity | | | | | | | | | ted Organizations | |
| (a) Name, address, and EIN of related organization | | | | | | | | | 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. | , , |
| S. | | (1) | (2) | (3) | (4) | (2) | (9) | (7) | Part IV | |

| Inte 34, because it nad one of more related organizations treated as a corporation of trust during the tax year. | lons treated as a | a corporation | on or trust aurir | ng me tax year. | | | | |
|--|-------------------|-------------------------------------|------------------------------|--|-----------------------|---|-------------------------|-----------------------|
| (a) | (q) | (c) | (p) | (e) | (f) | (a) | (h) | (i) |
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Legal domicile Direct controlling Type of entity (state or foreign entity (C corp, S corp, or trust) | Snare of total income | end-of-year assets Ownership 512(b)(13) | Percentage ownership | 3eculon 12(b)(13) |
| | | country) | | | | • | | controlled entity? |
| | | | | | | | | Yes No |
| (1) | | | | | | | | |
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| (2) | | | | | | | | |
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Schedule R (Form 990) 2017

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

| 2017 | (066 | Schedule R (Form 990) 2017 | Sch | | ¥SC | 3 |
|-----------|------------------|---|-------------------------------|----------------------------------|--|-----|
| | | | | | (6) | - |
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| | | | | | (4) | |
| | | | | | (3) | |
| | | | | | (2) | |
| | | | | | (1) | - |
| б | erminii olved | (d) Method of determining amount involved | (c) Amount involved | (b) Transaction type (a-s) | (a) Name of related organization | |
| | S. | action threshold | ered relationships and transa | his line, including cov | 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. | ı l |
| × | | 18 | | | s Other transfer of cash or property from related organization(s) | |
| | × | 7 | | | (2) = 19 = 10 = 20 = 20 = 20 = 20 = 20 = 20 = 20 | |
| | × | <u>1</u> | | | | |
| | × | 1p | | | p Reimbursement paid to related organization(s) for expenses. | |
| × | | 10 | | | o Sharing of paid employees with related organization(s) | |
| × | | 1 | | | | |
| | × | - E | | | m Derformance of cervices or membership or fundasising collectations by related organization(s) | |
| × | | = | | | | |
| × | | 4 | | | k Lease of facilities equipment or other assets from related organization(s) | |
| × | | <u>:</u> | | | i Lease of facilities, equipment, or other assets to related organization(s). | |
| × | | = | | | | |
| × | | 누 | | | | |
| × | | 1g | | | a Sale of assets to related organization(s). | |
| × | | 7- | | | f Dividends from related organization(s) | |
| \bowtie | | 1e | | | e Loans or loan guarantees by related organization(s) | |
| | × | 1d | | | d Loans or loan guarantees to or for related organization(s) | |
| × | | 10 | | | c Gift, grant, or capital contribution from related organization(s) | |
| × | | 1b | | | b Gift, grant, or capital contribution to related organization(s) | |
| × | | 1a | | | a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent fro | |
| o Z | Yes | | sted in Parts II-IV? | elated organizations li | Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | |
| o Z | Yes | | | | Mator Commisse line of it and antity in listed in Borta II III or IV of this schooling | |

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

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.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, nrelated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | (k) Percentage ownership |
|--------------------------------------|----------------------|---|--|---|---------------------------------|--|-----------------------------------|---|---|--------------------------------|
| | | | | Yes No | | | Yes No | | Yes No | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.