			PL	BLI	C DIS	CLOS	UR	ECC) P	Y			
			Retur	n of C	rganizat	ion Exen	npt F	From In	ncor	ne Tax		OMB No. 15	45-0047
	0				-		-				4:)	201	18
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 200 Department of the Treasury > Do not enter Social Security numbers on this form as it may be made public. Open to										Open to I	Public		
		of the Treasur nue Service	V		-	0 and its instru		•		•		Inspecti	
			alendar year, or tax y					and ending	<u> </u>		06/	30, 20 19	
_		CI	Name of organization WOMA			SOCIETY OF	COL	ORADO		D Employer id		-	
Bc	heck if ap	oplicable:	COLLEGE										
	Addre chang	je L	Doing Business As							84-602			
	Name	change	Number and street (or P.O. b			eet address)	R	oom/suite		E Telephone n			
	Initial		14 E CACHE LA PO							(719) 63	2-79	26	
	Termi Amen	inatoa	City or town, state or provinc			postal code				•	4- (0.01	,055.
-	return Applic	י ב	Vame and address of principa			BRYANT				G Gross receip H(a) Is this a gro			X No
	pendir	ng	14 EAST CACHE LA				SPRI	INGS. CO		subordinates	s?		No
1	Tax-exe	empt status		501(c) () (insert		(a)(1) or	527		.,		see instructions)	
		· ·	W.COLORADOCOLLE		, , ,		(-/(-)		I	H(c) Group exem	ption num	nber 🕨	
к	Form o	of organizati	on: X Corporation	Trust	Association	Other 🕨		L Year of f	formatic	on: 1962 M	State of	legal domicile:	CO
Pa	art I	Summ											
	1		scribe the organization's									Y AND TH	E
Сe			ADO COLLEGE TOGE					JGH SCHO	LARS	HIPS AND) 		
Governance			S TO THE STUDENT										
ove			s box ▶ if the orga								s. 3		27.
يە ن			of voting members of the of independent voting me								4		23.
ties			ber of individuals employ								5		0.
Activities &			ber of volunteers (estimation								6		33.
Ac			al unrelated business revenue from Part VIII, column (C), line 12									0.	
			ated business taxable inc								7b		0.
										Prior Year		Current Y	
e			ributions and grants (Part VIII, line 1h)				COPY			106,789.			3,412.
Revenue			service revenue (Part VIII,							3,00			$\frac{3,359}{2}$.
Re			er revenue (Part VIII, column (A), lines 3, 4, and 7d) er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					↓		242,410.			$\frac{0,091}{2,553}$.
										364,70			9,415.
					equal Part VIII, column (A), line 12)				128,42			3,630.	
			paid to or for members (Pa									0.	
ş			other compensation, emp									0.	
Expenses						11e) 0					0.		0.
ă.	b	Total fund	draising expenses (Part IX	, column (I	D), line 25) ▶ _		0.						
	17	Other exp	enses (Part IX, column (A	.), lines 11	es 11a-11d, 11f-24e)					23,1			2,805.
			enses. Add lines 13-17 (r							151,53			L,435. 7,980.
r s	19	Revenue	less expenses. Subtract li	ne 18 from	n line 12				Boginn	213,1 ^r ing of Current		End of Yea	-
Assets or d Balances	20	Total asse	ets (Part X, line 16)					-	Deginn	3,502,53			7,409.
Ass	21		lities (Part X, line 26)								0.	-,	0.
Net / Fund	22	Net asset	s or fund balances. Subtr	act line 21	from line 20					3,502,53	36.	3,897	7,409.
	rt II		ture Block										
Uno	der per	nalties of pe	erjury, I declare that I have e plete. Declaration of prepare	xamined thi	is return, includin	g accompanying s	schedules	s and stateme	ents, an	d to the best o	f my kno	owledge and be	elief, it is
	, 00110												
Sig	n		nature of officer							Data			
He		r Sigr	lature of onicer							Date			
			e or print name and title										
			e preparer's name		Preparer's signa	ture		Date		Check	if PTI	IN	
Paic			R SMITH CPA							self-employ	1	00958966	
	oarer	Firm's nar	. DVD IID		I			1				160260	
Use	Only		Iress 🅨 111 SOUTH TEJON	, SUITE	800 COLORADO S	SPRINGS, CO 80	903-984	18		Phone no.		471-4290	
Мау	the IF		s this return with the prep								<u></u> .	X Yes	No
For	Paper	rwork Rec	luction Act Notice, see th	ne separat	e instructions.							Form 99(0 (2018)

PUB	LIC DISCLOSURE COPY	
WOMANS	EDUCATIONAL SOCIETY OF COLORADO	

	WOMANS EDUCATIONAL SOCIETY OF COLORADO 84-6029599	
Forn	n 990 (2018)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO BRING WOMEN OF THE COMMUNITY AND THE COLORADO COLLEGE TOGETHER TO	
	GIVE ASSISTANCE THROUGH SCHOLARSHIPS AND GRANTS TO THE STUDENTS OF	
	THE COLORADO COLLEGE AND TO UNDERTAKE PROGRAMS AND PROJECTS OF THE	
	SOCIETY'S CHOOSING THAT WILL BENEFIT THE COLORADO COLLEGE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	
	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		X No
	If "Yes," describe these changes on Schedule O.	110
	Describe the organization's program service accomplishments for each of its three largest program services, as measured	ured by
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 148,352. including grants of \$ 138,630.) (Revenue \$ 4,169.)	
	TO PROVIDE ASSISTANCE THROUGH SCHOLARSHIPS AND GRANTS TO THE	
	STUDENTS OF THE COLORADO COLLEGE.	
<u>4h</u>	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40		
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 148,352.	

84-6029599

	000	(2040)	
Form	990	(2018)	

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
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		Х
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
U	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0		
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	-	Э		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	x	
	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	A	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
a		110		х
h	<i>complete Schedule D, Part VI</i> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a		
D		446		х
-	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
C	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a		х
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	126		Х
13		12b 13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
U	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.0		
15	If "Yes," complete Schedule G, Part III	19		х
20 2	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		Х
164				

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WOMANS EDUCATIONAL SOCIETY OF COLORADO P

84-6029599

Form 9	990 (2018)		F	Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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			
	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			
	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?			
	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):			
	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		X
C	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		X
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? 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			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			37
	19? Note. All Form 990 filers are required to complete Schedule O.	38		X
Part				
	Check if Schedule O contains a response or note to any line in this Part V.			
-			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	000	(0.6.1.=)
JSA		Form	990	(2018)

Page 5

Form 990 (20	18)
Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)

I GI	Statements Regarding other inter imigs and rax compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			v
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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 (FBAR).	5 -		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6-		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6 h		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		х
	and services provided to the payor?	7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
h	required to file Form 8282?	10		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		Х
י מ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
U	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	15		21
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
				_

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_	WOMANS EDUCATIONAL SOCIETY OF COLORADO 84-602			Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		X
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 2'	7		
	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	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
-	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			
3		3		Х
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	x	
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.	x	
	one or more members of the governing body?	7a	л	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		37	
	stockholders, or persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	<u> </u>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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.			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		Х
	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,"			
U	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
		14		Х
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by			
15				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a		
а	The organization's CEO, Executive Director, or top management official			
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.0		x
	with a taxable entity during the year?	16a		^
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion 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 (1024 or 1024-A if applicable), 990, and 990-	۲ (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	oract	nolic	v and

19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and
	financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the nerson who nossesses the organization's books and records

20 State the name, address, and telephone number of the person who possesses the organization's books and records								
20	State the name, add	dress, and telephone number a poudre street	colorado springs, co 80903 (71	he organization's books and records ► 9)632-7926				

JSA

Form 990 (2018)		WOMA	NS EDUCAT	TIONAL SOCIETY		OF COLORADO		84-6029599		Page 7
Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees	, and
Independent Con		ractors								
	Check if Schedule O	contains a r	esponse or n	ote to any line	e in this l	Part VII				-
Section A.	Officers, Directors,	Trustees, Ke	y Employee	s, and Highe	st Comp	pensated Empl	oyees			

IC DISCLOSU

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 dir	unles	s pe	ition more rson	e than o is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)CRYSTAL BRYANT	1.00									
CO-PRESIDENT	1.00	x		х				0.	0.	0.
(2)KAREN HENDERSON	1.00									
FIRST VICE PRESIDENT	0.	х		Х				0.	0.	0.
(3)JUDY DEGROOT	1.00									
RECORDING SECRETARY	0.	x		Х				0.	0.	0.
(4)ROZ KNEPELL	1.00									
CORRESPONDING SECRETARY	1.00	х		Х				0.	0.	0.
(5)BARBARA MITCHELL	1.00									
TREASURER	1.00	х		Х				0.	0.	0.
(6)BARBARA MAY	1.00									
ASSISTANT TREASURER	1.00	х		Х				0.	0.	0.
(7) PATSY AARONSTEIN	1.00									
SECOND VICE PRESIDENT	0.	X		Х				0.	0.	0.
(8) BRITTANY ALAMEIDA	1.00									
TRUSTEE	40.00	Х						0.	0.	0.
(9)ANN BUREK	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(10)JUDITH CASEY	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(11) ^{AMY} DOUNAY	1.00									
TRUSTEE	40.00	Х						0.	0.	0.
(12) SHARON GRADY	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(13) ^{HELEN KNIGHT}	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(14) FAY MCQUEEN	1.00									
TRUSTEE	0.	Х						0.	0.	0.

JSA

WOMANS EDUCATIONAL SOCIETY OF

84-6029599

Page **8**

Form 990 (2018)

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	ition more rson irect	e than o is both or/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) MONIQUE MICHAUD	1.00	ě	stee			nsated				
		37						0	0	
TRUSTEE L6) KAREN RUBIN	0.	Х						0.	0.	
TRUSTEE		x						0.	0.	
.7) CINDI ZENKERT-STRANGE	1.00	A						0.	0.	
TRUSTEE		x						0.	0.	
8) LISA BONWELL	1.00	21						0.	0.	
TRUSTEE	0.	x						0.	0.	
.9) CAROLYN DICKERSON	1.00									
TRUSTEE	0.	x						0.	0.	
0) PAMELS FICKES-MILLER	1.00									
TRUSTEE	0.	х						0.	0.	
1) NADJA HUNTER	1.00									
TRUSTEE	0.	Х						0.	0.	
2) JUDITH LIGHT	1.00									
TRUSTEE	0.	X						0.	0.	
3) EILEEN MARTIN	1.00									
TRUSTEE	0.	X						0.	0.	
4) JERI PETERSON	1.00									
TRUSTEE	0.	Х						0.	0.	
5) TESS POWERS	1.00									
TRUSTEE	40.00	Х						0.	0.	
1b Sub-total								0.	0.	
c Total from continuation sheets to Part	VII, Section A						►	0.	0.	
d Total (add lines 1b and 1c)								0.	0.	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 0.

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
		Description of services	Compensation
2	Total number of independent contractors (including but not limited to those more than $100,000$ in compensation from the organization \blacktriangleright 0.	e listed above) who received	

84-6029599

Form 990) (2018)
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	(A) Name and title	(B) Average hours per week (list any hours for	box, office	iot ch unles r and	s pei lad	ition more rson irect	e than o is both or/trusto	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Est amo comp	(F) imated ount of ther ensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	m the nization related nizations
26)	LYRAE WILLIAMS	1.00	v						0	0		
27)	TRUSTEE DEBRA WYNN TRUSTEE	1.00 0.	X X						0.	0.		
С	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	=		· · ·		•••						
2	Total number of individuals (including but not reportable compensation from the organization	limited to t		iste				o re	ceived more than	\$100,000 of	I	
3	Did the organization list any former offic	er directo	r or	tru	Ister	e	(ev e	mn	lovee or highes	t compensated		Yes
	employee on line 1a? <i>If "Yes," complete Schede</i> For any individual listed on line 1a, is the	ule J for su	ch ind	ividı	ual	• •		• •			3	
-	organization and related organizations graindividual	eater than	\$15	0,0	00?	If	"Yes	;,"	complete Schedu	le J for such	4	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	satio	on f	rom	n any	un	related organizati	on or individual	5	
	ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report c year.											
	(A) Name and business add	lress							(B) Description of se	ervices ((C) Compens	ation

S JR Р IR S -WOMANS EDUCATIONAL SOCIETY OF COLORADO

Par	't VII	Statement of Revenue					
		Check if Schedule O contains a respon	se or note to an	y line in this Part VI	<u></u>		<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns					
Grai	b	Membership dues 1b	8,810.				
fts, r An	с	Fundraising events					
, Gi nila	d	Related organizations					
ions Sir	е	Government grants (contributions) 1e					
buti	f	All other contributions, gifts, grants, and similar amounts not included above . 1f	4,602.				
Contributions, Gifts, Grants and Other Similar Amounts	a	and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	1,002.				
	g h	Total. Add lines 1a-1f		13,412.			
nue			Business Code				
Program Service Revenue	2a	MEETING FEES	900099	3,359.	3,359.		
Se R	b						
ervio	С						
n Se	d						
grar	e						
Pro	f g	All other program service revenue		3,359.			1
	3	Investment income (including dividend					
		and other similar amounts).		69,222.			69,222.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties	(ii) Personal	0.			
	6a	Gross rents					
	b	Less: rental expenses					
	c d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 821,948.					
	b	Less: cost or other basis					
		and sales expenses 701,079.					
	C A	Gain or (loss)		120,869.			
	d	Net gain or (loss) Gross income from fundraising		120,009.			
Other Revenue	8a	events (not including \$					
leve		of contributions reported on line 1c).					
erF		See Part IV, line 18	12,304.				
oth	b	Less: direct expenses	561.				
	С	Net income or (loss) from fundraising events	<u></u> ►	11,743.			11,743.
	9a	Gross income from gaming activities.	0.				
	h	See Part IV, line 19 a Less: direct expenses b	0.				
	b c	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances a	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory	Business Code	0.			
		MISCELLANEOUS REVENUE	900099	810.	810.		
	11а ь		200022	010.	010.		+
	b c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		810.			
	12	Total revenue. See instructions.	►	219,415.	4,169.		80,965.
JSA							Form 990 (2018)

JSA

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 138,630. 138,630 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 0 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 0 trustees, and key employees 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 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 Other employee benefits 9 0 10 11 Fees for services (non-employees): 0 a Management 0 **b** Legal 3,100 3,100 c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17. 8,209 8,209 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 110 110 (A) amount, list line 11g expenses on Schedule O.) 470 470 Advertising and promotion 12 0 13 Office expenses 0 14 Information technology 0 15 Royalties 0 Occupancy 16 0 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 0 Conferences, conventions, and meetings 19 0 Interest 20 0 21 Payments to affiliates 0 Depreciation, depletion, and amortization 22 1,664. 1,664. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aCOMMITTEE EXPENSES 1,216. 1,216. **h**PROGRAM EXPENSES 5,372 5,372. cPRINTING & PUBLICATIONS 1,594 1,594. dMISCELLANEOUS 703 703. 367. 367. e All other expenses 161,435 148,352. 13,083 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

following SOP 98-2 (ASC 958-720)



Form 990 (2018) Part X Balance Sheet

Page 11

	(A) Beginning of year		(B) End of year
Cash - non-interest-bearing	69,430.	1	82,260
Savings and temporary cash investments	0.	2	0
Pledges and grants receivable, net	0.	3	0
Accounts receivable, net	0.	4	0
Loans and other receivables from current and former officers, directors,			
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	0.	5	0
	0.	7	C
	0.	8	0
	0.	9	С
		-	
	0.	10c	0
	3,365,629.	11	3,777,658
Investments - other securities. See Part IV. line 11	0		0
Investments - program-related. See Part IV. line 11	0.		0
	0.		C
Other assets. See Part IV. line 11	67,477.		37,491
	3,502,536.	16	3,897,409
	0.	17	(
	0.		C
	0.		C
	0.		C
Escrow or custodial account liability. Complete Part IV of Schedule D	0.		C
	0.	22	C
Secured mortgages and notes payable to unrelated third parties	0.		C
	0.		C
parties, and other liabilities not included on lines 17-24). Complete Part X			
of Schedule D	0.	25	C
Total liabilities. Add lines 17 through 25.	0.		0
Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
Unrestricted net assets	928,008.	27	1,101,529
Temporarily restricted net assets	1,498,737.	28	1,720,089
Permanently restricted net assets	1,075,791.	29	1,075,791
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
Capital stock or trust principal, or current funds		30	
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	3,502,536.	33	3,897,409
			3,897,409
	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	Cash - non-interest-bearing 69,430. Savings and temporary cash investments 0. Pledges and grants receivable, net 0. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0. Complete Part II of Schedule L 0. Leans and other receivables from other disqualified persons (as defined under section 90%) (c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 0. Notes and loans receivable, net 0. 0. Inventories for sale or use. 0. 0. Prepaid expenses and deferred charges 0. 0. Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D 0. 0. Investments - publicly traded securities 3,365,629. 0. Investments - publicly traded securities 0. 0. Investments - publicle and accrued expenses 0. 0.	Cash - non-interest-bearing 69,430. 1 Savings and temporary cash investments 0. 2 Pledges and grants receivable, net 0. 3 Accounts receivable, net 0. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0. 4 Complete Part II of Schedule L 0. 5 0. 5 Loans and other receivable net mother disquilified persons (as defined under section 4956(r)(1)), persons described in section 4956(r)(2)(8) undtray employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 0. 6 7 Notes and loans receivable, net 0. 8 0. 9 10a 0. 6 7 Investments - oublicly traded securities 10b 0. 10c 10c 10 10 10 10 11 10. 11 10. 11 10. 11 10. 11 10. 11 10. 11 10. 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10

Page '	12
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Part	XI Reconciliation of Net Assets					
	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			19,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			61,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			57,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			02,5	
5	Net unrealized gains (losses) on investments	5		3	36,8	393.
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		3,8	97,4	109.
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	xplair	n in			
	Schedule O.					
2a	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 cor	npiled	lor			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were aud					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent act			2c		
	If the organization changed either its oversight process or selection process during the tax year, e	explair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fortl	n in 🛛			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		
				Form	990	(2018)

PUBLIC DISCLOSURE COPY

SCHEDULE A (Form 990 or 990-EZ)

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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.



		evenue Service	•	Go to www.irs.gov	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection	
Nam	e of t	he organization	WOMANS ED	UCATIONAL SO	CIETY OF COLORA	ADO		Employer identifi	cation number	
COI	LE(GE						84-60295	99	
Ра	rt I	Reason for	r Public Cha	rity Status (All o	organizations must c	omplet	e this pa	rt.) See instructions		
The	orga	anization is not	a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	eck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3		A hospital or a	a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).		
4		A medical res	earch organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the	
		hospital's nam								
5		0	•		a college or universit	y owned	d or ope	rated by a governme	ntal unit described in	
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		•		•	•	pport fro	om a gov	vernmental unit or fro	om the general public	
				(1)(A)(vi). (Compl	-					
8					b)(1)(A)(vi). (Complete					
9		-	-	-	ed in section 170(b)(1		-	-		
		-	or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the r	name, city, and state of	f the college or	
		university:								
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f ient income and u n after June 30, 19	ore than 331/3 % of its unctions - subject to nrelated business tax 975. See section 509 usively to test for publi	certain e able inco (a)(2). (0	xception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 %of its	
12	Х	An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to c	arry out the purposes	
		of one or mor	re publicly su	pported organizati	ons described in sec t	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).	
	_	Check the box	t in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete lir	nes 12e, 12f, and 12g.	
а		Type I. A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the	
	_	supporting o	organization.	ou must complet	e Part IV, Sections A	and B.				
b		_ Type II. A s	upporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having	
		control or m	nanagement o	of the supporting o	rganization vested in	the sam	e person	s that control or man	age the supported	
	_	_ organization	(s). You must	complete Part IV	, Sections A and C.					
С		X Type III fund	ctionally integ	grated. A supporti	ng organization opera	ted in co	onnectio	n with, and functional	ly integrated with,	
	_	_ its supporte	d organization	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.		
d		_ Type III non	-functionally	integrated. A sup	porting organization c	perated	in conne	ection with its suppor	ted organization(s)	
		that is not fu	unctionally inte	egrated. The orgar	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness	
	_			,	omplete Part IV, Sect					
е			-		a written determinatio				I, Type III	
					ionally integrated sup		organizat	ion.		
f				-			• • • • •		1	
g			•		orted organization(s).	1				
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	listed in yo	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see	
I	TT	ACHMENT 1			above (see instructions))	docu Yes	nent? No	instructions)	instructions)	
						103				
(A)										
(B)										
(D) 										
(C))									
(D)										
(E)										
Tat										
Tota								138,630.		
For I	Paper	work Reduction A	ct Notice, see the	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2018	

Schedule A (Form 990 or 990-EZ) 2018

84-6029599

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

WOMANS EDUCATIONAL SOCIETY OF COLORADO

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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).						
$\frac{6}{8}$	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(a) 2014	(b) 2015	(a) 2016	(4) 2017	(a) 2018	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is for organization, check this box and stop here		<u></u>				
Sec	tion C. Computation of Public Sup		•			1	
14	Public support percentage for 2018 (lin					14	%
15	Public support percentage from 2017					15	%
16a	331/3% support test - 2018. If the org	-					
	box and stop here. The organization qu	•	• • • •	•			
b	331/3% support test - 2017. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2	-	-				
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			-	-		
	organization						
Ø	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the organization						•
	Explain in Part VI how the organization				-	-	
10	supported organization Private foundation. If the organization						
18	•						
	instructions						· · · 💆 🖂

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

 If the organization fails to qualify under the tests listed below, please complete Part II.)

Calen	tion A. Public Support			1		1	
	idar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	18 (f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	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	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
<u>Sect</u>	tion B. Total Support						
alen	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	18 (f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
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 for	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax ye	earasa :	section 501(c)(3)
		-					
	organization, check this box and stop here.						
Sect	organization, check this box and stop here. tion C. Computation of Public Supp						
		port Percenta	ge	mn (f))		. 15	%
15	tion C. Computation of Public Supp	column (f), divid	ge ed by line 13, colu			. 15	
15 16	tion C. Computation of Public Supp Public support percentage for 2018 (line 8,	column (f), divid dule A, Part III, lin	ge ed by line 13, colu ne 15			-	
15 16 Sect	tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche	column (f), divid dule A, Part III, lin t Income Pere	ge led by line 13, colu ne 15 centage			-	%
15 16 Sect 17	tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment	column (f), divic dule A, Part III, lin tincome Perc ne 10c, column (ge led by line 13, colu ne 15 centage f), divided by line	13, column (f))	<u></u>	16	%
15 16 Sect 17 18	tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 S	column (f), divic dule A, Part III, lin t Income Perc ne 10c, column (Schedule A, Part	ge led by line 13, colu ne 15 centage f), divided by line III, line 17	13, column (f))	<u></u>	16 17 18	% % %
15 16 Sect 17 18	tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin	column (f), divic dule A, Part III, lin t Income Pere ne 10c, column (Schedule A, Part ganization did n	ge led by line 13, colu ne 15 centage f), divided by line III, line 17 ot check the box	13, column (f))	l line 15 is mor	16 17 18 e than 33 ⁷	% % 1/3 %, and line
15 16 Sect 17 18 19 a	tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 S 331/3% support tests - 2018. If the org	column (f), divic dule A, Part III, lin t Income Pere ne 10c, column (Schedule A, Part ganization did n is box and sto	ge led by line 13, colu ne 15 centage f), divided by line III, line 17 ot check the boy p here. The org	13, column (f)) < on line 14, and anization qualifies	l line 15 is mor s as a publicly	161718e than 337supported	organization . ►
15 16 Sect 17 18 19 a	tion C. Computation of Public Supp Public support percentage for 2018 (line 8, Public support percentage from 2017 Sche tion D. Computation of Investment Investment income percentage for 2018 (lin Investment income percentage from 2017 S 331/3% support tests - 2018. If the org 17 is not more than 331/3%, check this	column (f), divid dule A, Part III, lin t Income Pere ne 10c, column (Schedule A, Part ganization did n is box and sto nization did not	ge ed by line 13, colu he 15 centage f), divided by line III, line 17 ot check the box p here. The org check a box on	13, column (f)) < on line 14, and anization qualifies line 14 or line 19	d line 15 is mor a as a publicly a, and line 16 is	16 17 18 e than 33° supported s more than	% % 1/3 %, and line organization . ►

Schedule A (Form 990 or 990-EZ) 2018

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.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *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.)

Х 1 Х 2 Х 3a 3b 3c Х 4a 4b 4c 5a Х 5b 5c Х 6 7 Х Х 8 Х 9a

Page 4

Yes No

84-6029599

9b

9c

10a

JSA

Х

Х

Х



				Page 5
Part	V 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)			
	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		Х
Section	on 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Sectio	on C. Type II Supporting Organizations	2		
0000	on on type in experiantly englanizations		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		
Section	on D. All Type III Supporting Organizations			
		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		x	
•		1	Λ	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	x	
Sectio	on E. Type III Functionally Integrated Supporting Organizations	J		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: X The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
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 that these activities constituted substantially all of its activities.	2a	X	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	X	

- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

s regard. 3b Schedule A (Form 990 or 990-EZ) 2018

3a

Schedule A (Form 990 or 990-EZ) 2018

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

WOMANS EDUCATIONAL SOCIETY

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Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 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. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (ii) (iii) (i) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2018 3 From 2013 а From 2014 b From 2015 С From 2016 d From 2017 е f Total of lines 3a through e Applied to underdistributions of prior years g Applied to 2018 distributable amount h Carryover from 2013 not applied (see instructions) i Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D, line 7: \$ Applied to underdistributions of prior years а Applied to 2018 distributable amount b Remainder. Subtract lines 4a and 4b from 4. С Remaining underdistributions for years prior to 2018, if 5 any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h 6 and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j 7 and 4c. Breakdown of line 7: 8 Excess from 2014 а Excess from 2015 b Excess from 2016 С Excess from 2017 d Excess from 2018 е

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018



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Schedule A (Form 990 or 990-EZ) 2018

Part VISupplemental 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 $\mathbf 2$

CONTINUOUS WORKING RELATIONSHIP WITH THE SUPPORTED ORGANIZATION THE BOARD OF DIRECTORS CONSISTS OF MANY CURRENT AND RETIRED EMPLOYEES OF COLORADO COLLEGE. TESS POWERS, LYRAE WILLIAMS, 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) 2018

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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	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED (DRGANIZATIO	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	Х	138,630.	0.
TOTAL AMOUNT OF SUPPORT				138,630.	

		PUBLIC E	DISCLOSU	JRE COP	Y	
SC⊦	IEDULE D	Supplar	ental Financia	al Statomonto		OMB No. 1545-0047
(For	m 990)		red "Yes" on Form 990,		<u> </u>	
		-	8, 9, 10, 11a, 11b, 11c, ²			2018
Depa	rtment of the Treasury		Attach to Form 9			Open to Public
	al Revenue Service	► Go to www.irs.gov WOMANS EDUCATIONAL SOC	/Form990 for instruction		Employer identifica	Inspection
		WOMANS EDUCATIONAL SOC	TETY OF COLORAD	0	84-60295	
		tions Maintaining Donor Adv	ised Funds or Other	Similar Funds or		<u> </u>
Ιa		e if the organization answered			Accounts.	
			(a) Donor adv		(b) Funds and	other accounts
1	Total number at e	nd of year				
2		of contributions to (during year)				
3	Aggregate value of	of grants from (during year)				
4		it end of year				
5	-	ion inform all donors and donor				
	-	nization's property, subject to the	-	-		Yes No
6	•	on inform all grantees, donors, a		• •		
	-	e purposes and not for the bene				Yes No
Pa		issible private benefit?				
ı a		e if the organization answered	"Yes" on Form 990.	Part IV. line 7.		
1		servation easements held by the				
	Preservatio	n of land for public use (e.g., rec	reation or education)	Preservation of	of a historically im	portant land area
	Protection of	of natural habitat		Preservation of	of a certified histo	ric structure
		n of open space				
2		through 2d if the organization h	eld a qualified conserv	ation contribution in		
		ast day of the tax year.		-	Held at the	End of the Tax Year
а		onservation easements			2a	
b	-	tricted by conservation easement			2b	
C		vation easements on a certified			2c	
d		rvation easements included in (isted in the National Register			2d	
3		rvation easements modified, trai				nization during the
•	tax year ▶			ingularioù, ar tarrint		
4	•	where property subject to conse	ervation easement is loo	cated ►		
5	Does the organiz	ation have a written policy re	garding the periodic	monitoring, inspection	on, handling of	
		orcement of the conservation ea				🗌 Yes 🔛 No
6	Staff and volunteer	hours devoted to monitoring, inspec	cting, handling of violatio	ns, and enforcing cons	servation easements	during the year
	▶					
7	•	es incurred in monitoring, inspec	ting, handling of violati	ons, and enforcing co	onservation easem	ents during the year
•	►\$	vation easement reported on line				
8						Yes No
9)(4)(B)(ii)? be how the organization reports				
5		d include, if applicable, the text of				
	organization's acc	ounting for conservation easeme	ents.	5		
Ра		tions Maintaining Collections			Similar Assets	
	•	e if the organization answered				
1a	If the organization works of art, hist public service, pro	n elected, as permitted under S orical treasures, or other simil vide, in Part XIII, the text of the f	FAS 116 (ASC 958), i ar assets held for pu ootnote to its financial	not to report in its re blic exhibition, educ statements that desc	evenue statemen cation, or researd cribes these items	t and balance sheet ch in furtherance of
b	works of art, hist	n elected, as permitted under orical treasures, or other simil vide the following amounts relat	ar assets held for pu			
		ded on Form 990, Part VIII, line 1			►\$	
		d in Form 990, Part X				
2	If the organizatio	n received or held works of a	rt, historical treasures	s, or other similar a	ssets for financia	
		required to be reported under S				
a h		on Form 990, Part VIII, line 1.				
b For F	Paperwork Reduction	Form 990, Part X	r Form 990.		► \$ Sch	edule D (Form 990) 2018

For Paperwork	Reduction Act Not	tice, see the Inst	ructions for Form
JSA			

	PU	BLIC DIS	SCLC)SU	RE (COP	Υ				
		ANS EDUCATION	AL SOCIE	ETY OF	COLORA	DO		84-602	29599		-
-	dule D (Form 990) 2018			· ·		<u> </u>	<u> </u>				Page 2
	rt III Organizations Maintainin										6.11
3	Using the organization's acquisition		other recor	ds, check	c any of t	the follow	ing that a	are a sigr	ificant	use c	of its
	collection items (check all that apply	y):		п.							
а	Public exhibition		d		or exchan	ge prograr	ns				
b	Scholarly research		e	Other							
С	Preservation for future gener										
4	Provide a description of the organ	ization's collections	and expla	ain how t	hey furth	er the ore	ganization	's exempt	purpo	se in	Part
	XIII.										
5	During the year, did the organizatio								_		٦
D	assets to be sold to raise funds rath		ained as pa	rt of the c	organizati	on's collec	tion?		Yes		No
	rt IV Escrow and Custodial Ar Complete if the organiza 990, Part X, line 21.	tion answered "Ye							nt on F	orm	
1a	Is the organization an agent, truste			-				_			-
	included on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in	Part XIII and comp	plete the fol	lowing tab	ole:						
								Amount			
C	Beginning balance					C .					
	Additions during the year					d					
e	Distributions during the year					e					
f	Ending balance Did the organization include an amo					f	a a a a unt lic	hility 2	Yes		No
2a ⊾	If "Yes," explain the arrangement in										No
	rt V Endowment Funds.			(pianation	Tias Deel	provided				• •	
Гa	Complete if the organiza	tion answered "Ye	s" on For	m 990 F	Part IV lin	ne 10					
		(a) Current year	(b) Prio			ears back	(d) Three y	ears back	(e) Fou	r vears	back
		2,574,528.		3,913.		52,656.		1,768.			669.
1a	Beginning of year balance	2,571,520.	2,50	5,515.	2,23	2,050.	2,50	±,,,00.	4,	120,	
b	Contributions										
С	Net investment earnings, gains,	333,470.	32	2,879.	21	.0,952.	5	1,949.		-25	500.
	and losses	103,705.		3,920.		92,571.		4,528.			584.
	Grants or scholarships	20077001		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		270721		1,0201		057	
е	Other expenditures for facilities										
	and programs	8,413.		8,344.		7,124.		6,533.		9.	,817.
	Administrative expenses End of year balance			4,528.	2,36	53,913.		2,656.	2,		768.
g 2	Provide the estimated percentage									-	
∠ a	Board designated or quasi-endowm			e (iii le Ty,	column (a		•				
b	Permanent endowment 38.4										
с	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, a		100%.								
3a	Are there endowment funds not in t	•		tion that	are held a	and admir	istered for	the			
	organization by:	·	U							Yes	No
	(i) unrelated organizations								3a(i)		Х
	(ii) related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the relate	d organizations liste	d as require	ed on Sch	edule R?				3b		
4	Describe in Part XIII the intended u										
Ра	rt VI Land, Buildings, and Equ Complete if the organiza	ipment.				- 44 - 6		000 0-			
	Description of property	(a) Cost or			or other basis		See Form		rt X, IIr) Book v		•
		(invest			ther)		eciation	(u) DOOR V	aiue	
1a	Land										
b	Buildings										
С	Leasehold improvements					_					
d	Equipment										
e	Other										
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part	X, columr	n (B), line	10c.)	<u></u>				
								Schod	ule D (Fo	rm 000)) 2018

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WOMANS	EDUCATIO	NAL SC	CIETY	OF	COLORADO	

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Column (b) must equal Form 990 Part X col (B) line 12)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Other Assets.

Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal i	ncome taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (l	b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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

PUB	IC DIS	CLOSU	RE COPY
WOMANS	EDUCATIONAL	SOCIETY OF	COLORADO

Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	າ.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	
Part		irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
c c	Other losses.		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
e		3	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a			
b		4c	
C F	Add lines 4a and 4b	4C 5	
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). XIII Supplemental Information.	5	
Fart	Alle Supplemental mormation.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

WOMANS EDUCATIONAL SOCIETY OF COLORADO

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.

PUBLIC DISCLOSURE COPY

SCHEDULE I (Form 990)	m 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury											
Internal Revenue Service Name of the organization	Employer identif	Inspection									
	WOMANS EDUCATIONAL	J SOCIEII	OF COLORAI	00			84-6029				
	nformation on Grants and	Assistance	<u>,</u>				04 0022				
	zation maintain records to su			e grants or assista	nce the grantees	' eligibility for the grant	s or assistance a	nd			
-	eria used to award the grants			-	-						
	IV the organization's proced										
Part II Grants ar	nd Other Assistance to Do	omestic Ord	anizations ar	d Domestic Gov	ernments. Com	plete if the organiz	ation answered	"Yes" on Form 990,			
	ne 21, for any recipient th	-						,			
1 (a) Name an	d address of organization 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 assistant				
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)		-									
	per of section 501(c)(3) and goer of other organizations list							▶			
	on Act Notice, see the Instruction							Schedule I (Form 990) (2018)			

Page 2

Schedule I (Form 990) (2018)

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

16.	138,630.			
		rmation required in Part I,	rmation required in Part I, line 2, Part III, c	rmation required in Part I, line 2, Part III, column (b); and any c

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 O (Form 990 or 990-EZ)

PUBLIC DISCLOSURE COPY

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

Name of the organization	WOMANS EDUCATIONAL SOCIETY OF COLORADO	Employer identification number
COLLEGE		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, AMY DOUNAY, TESS POWERS, AND LYRAE WILLIAMS WERE EMPLOYED BY COLORADO COLLEGE (CC), THE SUPPORTED ORGANIZATION, DURING CALENDAR YEAR 2019. THEIR EMPLOYMENT AT CC WAS IN NO WAY RELATED TO THEIR MEMBERSHIP IN THE WOMAN'S EDUCATIONAL SOCIETY OR SERVICE ON THE WOMAN'S

PUBLIC DISCLOSURE COPY

Schedule O (Form 990 or 990-EZ) 2018 Employer identification number Name of the organization WOMANS EDUCATIONAL SOCIETY OF COLORADO Employer identification number								Page 2
Name of the organization	WOMANS	EDUCATIONAL	SOCIETY	OF	COLORADO		Employer identification number	
COLLEGE							84-6029599	

EDUCATIONAL SOCIETY BOARD. PER THE INSTRUCTIONS FOR FORM 990 A BOARD DIRECTOR SHOULD LIST COMPENSATION AS AN EMPLOYEE OF A RELATED ORGANIZATION. CC CHOOSES NOT TO SHARE SENSITIVE EMPLOYEE INFORMATION WITH THE WOMAN'S EDUCATIONAL SOCIETY, OTHER THAN FOR OFFICERS OF CC WHO WILL BE LISTED ON CC'S OWN FORM 990. THE DIRECTORS MENTIONED ABOVE DO NOT BELIEVE THEIR COMPENSATION FROM CC WOULD IN ANY WAY ENHANCE THE TRANSPARENCY OR UNDERSTANDING OF THE WOMAN'S EDUCATIONAL SOCIETY AND THEREFORE, RESPECTFULLY DECLINED TO PROVIDE COMPENSATION INFORMATION TO BE DISCLOSED ON THE WOMAN'S EDUCATIONAL SOCIETY'S FORM 990.

	WOMANS EDUCATIONAL SOCIETY OF COLORADO	84-6029599
SCHEDULE R (Form 990)	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.	OMB No. 1545-0047 20 18 Open to Public
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Name of the organization	WOMANS EDUCATIONAL SOCIETY OF COLORADO	Employer identification number
COLLEGE		84-6029599

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	g) 512(b)(13) rolled ity?
						Yes	No
(1) WOMAN'S EDUCATIONAL SOCIETY OF CC TRUST 84-6035651							
14 EAST CACHE LA POUDRE STREET COLORADO SPRINGS, CO 80903	SCHOLARSHIPS	CO	501(C)(3)	LN 12, III	WES	Х	
(2) THE COLORADO COLLEGE 84-0402510							
14 E. CACHE LA POUDRE COLORADO SPRINGS, CO 80903	COLLEGE	CO	501(C)(3)	LINE 2	N/A		х
_(3)							
(4)							
(5)							
(6)							
							ĺ
(7)							
	1						ĺ

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Page **2**

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

WOMANS EDUCATIONAL SOCIETY OF COLORADO

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

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

				5				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_	`	Yes	N
[During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
a l	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		2
	oans or loan guarantees to or for related organization(s)				1d	Х	
	oans or loan guarantees by related organization(s)				1e		2
fl	Dividends from related organization(s)				1f		
	Sale of assets to related organization(s)				1g		2
	Purchase of assets from related organization(s)				1h		2
	Exchange of assets with related organization(s).				1i		2
	ease of facilities, equipment, or other assets to related organization(s).			⊢	1j		Σ
, ı				••••	.,		
ь I	again of facilities, equipment, or other exacts from related ergenization(a)				1k		2
	ease of facilities, equipment, or other assets from related organization(s)			· · · · · ⊢	11		
	Performance of services or membership or fundraising solicitations for related organization(s)				-	Х	_
	Performance of services or membership or fundraising solicitations by related organization(s)				m		2
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
0 3	Sharing of paid employees with related organization(s)			•••••	10		_
_						Х	
-	Reimbursement paid to related organization(s) for expenses				1p	X	
d I	Reimbursement paid by related organization(s) for expenses			•••••	1q	Δ	
						v	
r (Other transfer of cash or property to related organization(s)				1r	Х	
<u>s (</u>	Other transfer of cash or property from related organization(s).	<u></u>	<u> </u>	<u> '</u>	1s		Σ
	f the answer to any of the above is "Yes," see the instructions for information on who must complete		-			S	
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved) Method of amount			g
)							
)							
5)							
)							
5)							
6)							

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C.

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WOMANS EDUCATIONAL SOCIETY OF COLORADO

SURE COPY

Page **3**

WOMANS EDUCATIONAL SOCIETY OF COLORADO

84-6029599

Page **4**

Schedule R (Form 990) 2018

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(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	Yes No		Yes	No	<u> </u>
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													<u> </u>

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

Page 5

Schedule R (Form 990) 2018

Form	-	90 of the Treasury	v	Return of Under section 501(c), 5 ► Do not enter	•) of the Int	- ternal Rever	nue Code (e	except	private foundat	tions)	OMB No. 15	18
		nue Service	y	Informatio	n about Form 99	0 and its	instructions	is at www.ir	rs.gov/i	form990.		Inspecti	ion
ΑF	or th	e 2018 ca	alen	dar year, or tax year beg	ginning	07/	/01, 2018 ,	and endin	g		06/3	0, 20 19	
		CN	Name	of organization THE WOMAN	N'S EDUCATI	ONAL S	SOCIETY (OF THE		D Employer ide	entificatio	n number	
B Ch	ieck if ap	plicable: (COL	ORADO COLLEGE TRU	ST								
Address change Doing Business As 84-6035651													
	change Doing Busineer is Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number												
	1	change .		EAST CACHE LA POU			,			(719) 63		6	
	Initial					mantal anda				(119) 03	2-192	0	
	Termi	inditod		r town, state or province, country		postal code	:					2.50	0 - 0
	Amen return			ORADO SPRINGS, CO						G Gross receip			,250.
	Applic pendi	ng		and address of principal officer:	ANN BUF					H(a) Is this a grou subordinates		Yes	X No
			14	EAST CACHE LA POU	DRE ST, CO	LORADO	SPRINGS	s, co 80	9	H(b) Are all subord	inates include	d? Yes	No
l .	Tax-ex	empt status:	:	X 501(c)(3) 501(c)	() ┥ (insert	no.)	4947(a)(1) o	r 52	7	If "No," attac	h a list. (se	e instructions)	
J	Websi	te: ▶ N/.	A			_				H(c) Group exem			
ΚI	Form o	of organization	on:	Corporation X Trust	Association	Other 🕨	•	L Year of	f formati	ion: 1962 M	State of le	egal domicile:	CO
Pa	art I	Summ	ary		• •								
	1	Briefly des	scrib	e the organization's missior	n or most significar	nt activities	TO BRI	NG WOME	N OF	THE COMM	UNITY	AND TH	E
e				COLLEGE TOGETHER									
anc		GRANTS	 5 Т(O THE STUDENTS OF	THE COLORA	ADO COI	LLEGE.						
ern	2			★ if the organization						of its not assot			
Š						•	•				3		8.
				ing members of the governi									6.
Activities & Governance				ependent voting members c							4		0.
viti				of individuals employed in c							5 6		
cti		Total number of volunteers (estimate if necessary)									33.		
◄				d business revenue from Parl							7a	(
	b	Net unrela	ated	business taxable income fro	m Form 990-T, lin	e34 🔒					7b		0.
										Prior Year		Current Y	ear
e	8	Contributi	ions a	and grants (Part VIII, line 1h)							0.	C	
Revenue		Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION									0.		0.
eve				come (Part VIII, column (A), I			PUBLIC IN	SPECTION		99,84	8.	78	3,550.
~				(Part VIII, column (A), lines							0.		0.
				- add lines 8 through 11 (mu						99,84	8.	78	3,550.
				nilar amounts paid (Part IX, c			, ,			24,05	i9.	26	5,370.
				to or for members (Part IX, co							0.		0.
	15	Salarias (otho	compensation employee b				0.					
Expenses	160	Drofossio		undraising fees (Part IX, colur ng expenses (Part IX, colum	$m_{\rm r}$ (A) line 11c)	, (A), I		• • • • • •			0.		0.
ben	iua h	Total fund						• • • • • •			••		
EX				. .						6,05	0		5,242.
				es (Part IX, column (A), lines						30,10			
				s. Add lines 13-17 (must equ						,			2,612.
۲ø	19	Revenue	less	expenses. Subtract line 18 fr	om line 12		<u></u>			69,73			5,938.
Net Assets or Fund Balances									Begini	ning of Current		End of Yea	
sset				Part X, line 16)					L	1,411,01		1,573	3,311.
id B.	21	Total liabi	ilities	(Part X, line 26)							0.		0.
S ^T	22	Net asset	s or	fund balances. Subtract line	21 from line 20					1,411,01	4.	1,573	3,311.
Ра	rt II	Signa	ture	Block									
Und	ler per	alties of pe	erjury,	I declare that I have examined	this return, includir	ng accompa	anying schedul	es and staten	nents, a	nd to the best of	my know	vledge and be	elief, it is
true	, corre	ct, and com	ipiete.	Declaration of preparer (other the	nan officer) is based	on all inform	mation of whic	n preparer na	s any kn	iowieage.			
Sig Her				e of officer rint name and title						Date			
				parer's name	Preparer's signa	ature		Date			if PTIN		
Paid			• •					Dale		Check			
	arer	ADAM F								self-employ		0958966	
•	Only	Firm's nan		▶ BKD, LLP							44-01		
				▶ 111 SOUTH TEJON, SUIT						r nono no.		71-4290	
				s return with the preparer sho		nstructions	s) <u></u>				L	X Yes	No
For	Pape	work Red	lucti	on Act Notice, see the sepa	rate instructions.							Form 99() (2018)

~

_	990 (2018) Page 2
Pa	rt III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: FO PROVIDE FOR, ESTABLISH AND MAINTAIN SCHOLARSHIP AID TO STUDENTS AT
	THE COLORADO COLLEGE IN COLORADO SPRINGS, COLORADO.
2	Did the organization undertake any significant program services during the year which were not listed on the
	brior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	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.
	(Code:) (Expenses \$
	SCHOLARSHIPS GIVEN TO THE STUDENTS AT COLORADO COLLEGE FOR
	TUITION AND BOOKS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	, (
4 -	
4C	(Code:) (Expenses \$including grants of \$) (Revenue \$)
1d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 26,370.
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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	Х					
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х				
3								
Ŭ	candidates for public office? If "Yes," complete Schedule C, Part I	3		х				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)							
4				x				
_	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4						
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			37				
	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		Х				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"							
	complete Schedule D, Part III	8		Х				
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a							
•	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	5						
10		10	Х					
	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10						
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		Х				
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more							
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х				
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets							
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х				
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		х				
40-		111						
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v				
_	Schedule D, Parts XI and XII	12a		X				
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If							
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X				
14 a	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							
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or							
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other							
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u> </u>				
17		17		x				
40	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v				
	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?							
	If "Yes," complete Schedule G, Part III	19		X				
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X				
b	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				
JSA		·						

Page **4**

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ŭ	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
		24u		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5 -		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?			37
	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		Х
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		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ŭ	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30		20		Х
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			37
	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		X
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	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? 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			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.			
		•••	Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C		10		
	reportable gaming (gambling) winnings to prize winners?	Eorm	gan	(2018)
JSA		LOUU	330	(2010)

Form	990 (2018)		F	Page 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return $2a$ 0.								
b	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 <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization								
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			1					
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year			x					
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8									
	sponsoring organization have excess business holdings at any time during the year?	8		X					
9	Sponsoring organizations maintaining donor advised funds.	-							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)								
40-		12a							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120							
13	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.	154							
h	Enter the amount of reserves the organization is required to maintain by the states in which								
U	the organization is licensed to issue qualified health plans								
~	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
15	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.	-							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes." complete Form 4720. Schedule Q.								

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THE WOMAN'S EDUCATIONAL SOCIETY OF THE

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	a "No'
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruct	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI	X
Section A	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 8					
	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 6					
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	-			37		
	any other officer, director, trustee, or key employee?		2		X		
3	Did the organization delegate control over management duties customarily performed by or un				v		
	supervision of officers, directors, or trustees, or key employees to a management company or othe		3		X X		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's		5	X	A		
6	Did the organization have members or stockholders?		6	Λ	<u> </u>		
7a	Did the organization have members, stockholders, or other persons who had the power to el		70	Х			
	one or more members of the governing body?		7a	21	<u> </u>		
b	Are any governance decisions of the organization reserved to (or subject to approval		7b		x		
	stockholders, or persons other than the governing body?		70				
8	Did the organization contemporaneously document the meetings held or written actions und	ertaken during					
	the year by the following:		8a	х			
a	The governing body?		8b	X			
b	Each committee with authority to act on behalf of the governing body?		0.0		<u> </u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>		9		x		
Secti	on B. Policies (This Section B requests information about policies not required by the Inte		-)	L		
			0040	Yes	No		
102	Did the organization have local chapters, branches, or affiliates?		10a		X		
	If "Yes," did the organization have written policies and procedures governing the activities of						
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		10b				
11a							
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		Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests						
	rise to conflicts?	-	12b				
С	Did the organization regularly and consistently monitor and enforce compliance with the p						
	describe in Schedule O how this was done	-	12c				
13	Did the organization have a written whistleblower policy?		13		Х		
14	Did the organization have a written document retention and destruction policy?		14		Х		
15	Did the process for determining compensation of the following persons include a review an	nd approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?					
а	The organization's CEO, Executive Director, or top management official		15a		<u> </u>		
b	Other officers or key employees of the organization		15b				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	•			37		
	with a taxable entity during the year?		16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization						
	participation in joint venture arrangements under applicable federal tax law, and take steps to		4.01-				
Soot!	organization's exempt status with respect to such arrangements?		16b		L		
17	List the states with which a copy of this Form 990 is required to be filed		(0				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), (3)s only) available for public inspection. Indicate how you made these available. Check all that ap		(Sec	tion 5	01(c)		
	Own website Another's website X Upon request Other (explain in Sch						

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► THE ORGANIZATION 14 EAST CACHE LA POUDRE ST COLORADO SPRINGS, CO 80903 719-632-7926

JSA

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Part VII	Compensation of	Officers,	Directors,	I rustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contr	actors								
	Check if Schedule O contains a response or note to any line in this Part VII									X
Section A.	Officers, Directors,	Frustees. Ke	ev Employees	s. and Highes	st Con	pensated Emp	lovees			

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.

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 dii	unles	Pos heck ss pe	erson	e than o is both or/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	1 00					٩				
(1)CRYSTAL BRYANT	1.00							0		0
CO-PRESIDENT	1.00	X		Х				0.	0.	0.
(2)BARBARA MITCHELL	1.00	37		37				0	0	0
TREASURER (3)ROBERT MOORE	1.00	X		Х				0.	0.	0.
TREASURER - COLORADO COLLEGE	40.00	x						0.	355,448.	28,740.
(4)ROSALYN KNEPELL	1.00	Λ						0.	355,440.	20,740.
TRUSTEE	1.00	x						0.	0.	0.
(5)BARBARA MAY	1.00	А						0.	0.	
TRUSTEE	1.00	x						0.	0.	0.
(6)ANN BUREK	1.00									
TRUSTEE	1.00	х						0.	0.	0.
(7)AMY DOUNAY	1.00									
TRUSTEE	1.00	x						0.	0.	0.
(8)DOTTIE RUE	1.00									
TRUSTEE	1.00	x						0.	Ο.	0.
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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Form	990	(2018)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	nplo	yee	es, a	and H	ligł	hest Compensat	ed Employees	(continued)	ge ð
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	s pe d a d	ition more rson lirecte	than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation	ı
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
		-									
		-									
		-									
		-									
		_									
		-									
		-									
		-									
		-									
		-									
1b Sub-total								0.	355,448	. 28,74	0.
c Total from continuation sheets to Part VII, S	ection A							0.	0	-	0.
d Total (add lines 1b and 1c)2Total number of individuals (including but not	limited to t	hose l	liste				► o re	0 . ceived more than	355,448 \$100,000 of	. 28,74	.0.
reportable compensation from the organization	n 🕨	0.								Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.										3	Х
4 For any individual listed on line 1a, is the sorganization and related organizations groups of the sorganization	sum of rep eater than	ortab \$15	le c i0,0	om 00?	pen If	satioi <i>"Ye</i> s	n ar s," (nd other compens complete Schedu	sation from the <i>le J for such</i>		
<i>individual</i> 5 Did any person listed on line 1a receive or				• •						4 X	
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	ile J	for	such	per	son		5	Х
 Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year. 											
(A) Name and business add	dress							(B) Description of se	rvices	(C) Compensation	
								F			
						41		sted above) who			_

more than 100,000 in compensation from the organization \blacktriangleright

Ο.

ı aı	t VII	Statement of Revenue Check if Schedule O contai	ns a respor	nse or note to ar	y line in this Part VI			
					(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 f f	Federated campaigns	1b 1c 1d) 1e s, //e					
	h	Total. Add lines 1a-1f			0.			
Program Service Revenue	2a b c d e			Business Code				
ogr	f	All other program service revenue						
<u> </u>	g	Total. Add lines 2a-2f		<u></u>	0.		[
	3 4 5	Investment income (includin and other similar amounts) Income from investment of tax-e Royalties	exempt bond	proceeds	28,604. 0. 0.			28,604.
	6a b c	Gross rents						
	d 7a	Net rental income or (loss) Gross amount from sales of assets other than inventory) Securities 339,646.	(ii) Other	0.			
	b c	Less: cost or other basis and sales expenses Gain or (loss)	289,700. 49,946.					
Other Revenue		Net gain or (loss)	lc).		49,946.			49,946
Othe	b	Less: direct expenses	b	0.				
	с 9а	Net income or (loss) from fundra Gross income from gaming acti	vities.		0.			
	b c	See Part IV, line 19 Less: direct expenses Net income or (loss) from gamir	b	0.	0.			
		Gross sales of inventory, returns and allowances	less					
	b c	Less: cost of goods sold Net income or (loss) from sales of	b	0.	0.			
		Miscellaneous Revenue		Business Code				
	11а b							
	С							
	d	All other revenue						
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.			0.			78,550

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ection 501(c)(3) and 501(c)(4) organizations mus	t complete all columns.	. All other organizatio	ns must complete colu	mn (A).	
Check if Schedule O contains a respo	onse or note to any line	in this Part IX			
o not include amounts reported on lines 6b, 7b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
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	26,370.	26,370.			
Grants and other assistance to foreign					
organizations, foreign governments, and foreign					
individuals. See Part IV, lines 15 and 16	0.				
Benefits paid to or for members	0.				
5 Compensation of current officers, directors,					
trustees, and key employees	Ο.				
Compensation not included above, to disqualified					
persons (as defined under section 4958(f)(1)) and					
persons described in section 4958(c)(3)(B)	0.				
7 Other salaries and wages	0.				
B Pension plan accruals and contributions (include					
section 401(k) and 403(b) employer contributions)	Ο.				
Other employee benefits	0.				
Payroll taxes	0.				
Fees for services (non-employees):					
a Management	0.				
	0.				
b Legalc Accounting	2,850.		2,850.		
	0.				
d Lobbying	0.				
e Professional fundraising services. See Part IV, line 17.	3,392.		3,392.		
f Investment management fees	373721		575521		
g Other. (If line 11g amount exceeds 10% of line 25, column	0.				
(A) amount, list line 11g expenses on Schedule O.)	0.				
Advertising and promotion	0.				
Office expenses	0.				
Information technology	0.				
Royalties	0.				
Occupancy	0.				
Travel					
B Payments of travel or entertainment expenses	0.				
for any federal, state, or local public officials	0.				
Conferences, conventions, and meetings	0.				
) Interest	0.				
Payments to affiliates	0.				
Depreciation, depletion, and amortization	0.				
Insurance	0.				
Other expenses. Itemize expenses not covered					
above (List miscellaneous expenses in line 24e. If					
line 24e amount exceeds 10% of line 25, column					
(A) amount, list line 24e expenses on Schedule O.)					
a					
b					
c					
d					
e All other expenses					
Total functional expenses. Add lines 1 through 24e	32,612.	26,370.	6,242.		
5 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.				

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Part X

Balance Sheet

Page **11** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 0. 1 Cash - non-interest-bearing 0. 1 0. 2 Savings and temporary cash investments 0. 2 3 Pledges and grants receivable, net 0. 0. 3 0. 0. 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, key employees and highest compensated employees

	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.	-		
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	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			
s		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
As	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	0.
	11	Investments - publicly traded securities	1,383,221.	11	1,557,819.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	27,793.	15	15,492.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,411,014.	16	1,573,311.
	17	Accounts payable and accrued expenses	0.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iabi		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.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
es		Organizations that follow SFAS 117 (ASC 958), check here ►			
Fund Balances	27	Unrestricted net assets	0.	27	0.
3al;	28	Temporarily restricted net assets	1,107,370.	28	1,269,667.
pc	29	Permanently restricted net assets	303,644.	29	303,644.
		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
Assets or	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,411,014.	33	1,573,311.
_	34	Total liabilities and net assets/fund balances	1,411,014.	34	1,573,311.
					Form 990 (2018)

THE WOMAN'S EDUCATIONAL SOCIETY OF THE

Form 990	D (2018)				Page 12
Part)					
	Check if Schedule O contains a response or note to any line in this Part XI.			<u></u>	
	Total revenue (must equal Part VIII, column (A), line 12)	1			78,550.
	Total expenses (must equal Part IX, column (A), line 25)	2			32,612.
	Revenue less expenses. Subtract line 2 from line 1	3			45,938.
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			11,014.
	Net unrealized gains (losses) on investments	5			16,359.
	Donated services and use of facilities	6			0.
	Investment expenses	7			0.
	Prior period adjustments	8			0.
	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			1 5	72 211
Deut	33, column (B))	10		т, э	73,311.
Part)					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	••	
4	Accounting method used to prepare the Form 990: X Cash Accrual Other		Г		Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," e	voloio			
	Schedule O.	хріані			
				2a	X
	Were the organization's financial statements compiled or reviewed by an independent accountant?			<u>2</u> a	
	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:	ipilea	or		
	Separate basis Consolidated basis Both consolidated and separate basis				
				2b	x
	Were the organization's financial statements audited by an independent accountant?		· ·	20	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	lea or	na		
	Separate basis, consolidated basis, or both.				
-			abt		
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	
	If the organization changed either its oversight process or selection process during the tax year, e		···· -		
	Schedule O.	хріан			
	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	, in		
	the Single Audit Act and OMB Circular A-133?			3a	х
	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		· · -		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	

SCH	IEDULE A	
·		

SCHEDULE A (Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 20 8

Name of the organization THE WOMAN'S EDUCATIONAL SOCIETY OF THE Employer treatmentation number COLORADO COLLEGE TRUST 84-6035651 94-6035651 Partal Reason for Public Charity Status (All organizations must complete this part.) See instructions. Image: treatmentation of the section 170(b)(1)(A)(i). 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(iii). 2 A school described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). 3 A hospital's name, city, and safate: Support of the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). 4 A decara, state, or local government or governmental unit described in section 170(b)(1)(A)(V). 3 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 4 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 5 An organization organization described in section 570(b)(V)(A)(V). (V) (C) (Complete Part II.) 6 A decara college or university. Community trust described in section 570(b)(V)(A)(V). (V). (Complete Part II.) 7 An organization organization described in secetin 570(b)(V)		rtment of the Treasury nal Revenue Service			v/Form990 for instruction			nformation.	Open to Public Inspection
Tent Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1(A)(i). A chord described in section 170(b)(1(A)(ii), (Attach Schedule E (Form 990 or 990-E2).) A hospital or a cooperative hospital section conjunction with a hospital described in section 170(b)(1(A)(ii), Enter the hospital and and state: Image: the section 170(b)(1(A)(ii), Complete Part II), and state: A federal, state, or local government or governmental unit described in section 170(b)(1(A)(v).) A norganization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1(A)(v).) (Complete Part II).) A community trust described in section 170(b)(1(A)(V).) (Complete Part II).) A norganization that normally receives a substantial part of its support from contributions, membership fees, and gross resetters?: Image: trust described in section 170(b)(1(A)(V).) (Complete Part II.) A norganization and and described in section 170(b)(1(A)(V).) (Complete Part II.) A norganization and and part college of agriculture (see instructions). Enter the name, div, and state of the college or university: Image: trust described in accident and part de exclusively to test for public safety. See section 509(a)(A). Image: trust described in accident and part de exclusively to test for public safety. See section 509(a)(A). <t< td=""><td>Name</td><td>e of the organization</td><td>THE WOMAN</td><td>I'S EDUCATION</td><td>AL SOCIETY OF T</td><td>THE</td><td></td><td>Employer identifi</td><td></td></t<>	Name	e of the organization	THE WOMAN	I'S EDUCATION	AL SOCIETY OF T	THE		Employer identifi	
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-E2).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). 6 A foderal, state. or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization the tormally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A comminity trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An arguitation that normally receives: (1) more than 3310% of its support from contributions, membership fees, and gross acquired by the organization described in section 590(a)(2). Complete Part II.) 9 An organization organization described in section 590(a)(2). Complete Part II.) 9 An arguinzation organization described in section 590(a)(2). Complete Part II.) 9 An organization arguitation described in section 590(a)(2). Complete Part II.) 9 An arguinzation arguitation describes in 3010% of its support from contributions, membership fees,	COI	LORADO COLLEGI	E TRUST					84-60356	51
1 A church, convention of churches, or association of churches described in section 170(b)(1/(A)(i). 2 A chool described in section 170(b)(1/(A)(ii), (tatis Schedule E (rom 900 or 900-EZ)). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1/(A)(ii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1/(A)(ii). Enter the hospital's name, city, and state: 5 A n organization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1/(A)(v). 7 An organization that normally receives a substantial part of its support from continutions with a land-grant college or university or a non-land-grant college of gariculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of gariculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33:1% of its support from contributions, membership fees, and gross receipts from activitication argenization and operated exclusively to test for paties laxable income (see section 509(a)(2). 11 An organization that normally receives: (1) more than 33:1% of its support from contributions, membership fees, and gross receipts from activitication affer during exclusively to test from activitication affer during exclusively to test for paties laxable income (see section 509(a)(2). 12 An organization organization affer during exclusively to test for patits and sexclusion 33:1% of i	Pa	rt Reason for	r Public Cha	rity Status (All c	organizations must o	complete	e this pa	art.) See instructions	
2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-E2)). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital sname, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)((ii). Enter the hospital's name, city, and state: 6 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) 7 An organization operator of governmental unit described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An organization that normally receives: (1) more than 33:1% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) nore than 33:1% of its support from gross investment income and unrelated buisness taxabil income (less section 59(a)(2). 10 An organization organization departated exclusively to test for public setty Set public section 59(a)(2). 11 An organization organization departated exclusively to test for public setty. Section 59(a)(2). 11 An organization organization departated exclusively for the benefit of, to perform the functio	The	organization is not	a private fou	ndation because it	t is: (For lines 1 throug	gh 12, ch	eck only	one box.)	
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, (i)v, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(X)(X)(X)(X) (X)(X) (X)(X) (X) (X) (X)	1	A church, con	vention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A norganization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its activity for the organization after June 30. 1976. See section 599(a)(2). (Complete Part II): An organization organized and operated exclusively to test for publics safety. See section 599(a)(2). Complete Part II): An organization organized and operated exclusively to test for publics. Safety. See section 599(a)(2). Complete Part II): An organization organized and operated exclusively to test for publics. Safety. See sections 599(a)(2). Check the box in lines 12a through 12d that describes the type of supporting organization (3) the power to regularity appoint or elect a majority of the directors or trustees of the supported organization supervised, or controlled in connection with its supported organization(s), typically by giving the supported organization (s) the power to regularity appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlle	2	A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ).)	
inclusion operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) image: the intervention operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). image: the intervention operated for the benefit of a college or university owned or operated by a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) image: the intervention operated in section 170(b)(1)(A)(v). (Complete Part II.) image: the intervention operated in section 170(b)(1)(A)(v). (Complete Part II.) image: the intervention operated in section 170(b)(1)(A)(v). (Complete Part II.) image: the intervention operated in section 170(b)(1)(A)(v). (Complete Part II.) image: the intervention operated in section 170(b)(1)(A)(v). (Complete Part II.) image: the intervention operated in section 170(b)(1)(A)(v). (Complete Part II.) image: the intervention operated in section 170(b)(1)(A)(v). (Complete Part II.) image: the intervention operated intervention intervention intervention intervention operated in section 50(a)(2). Complete Part II.) image: the intervention operated intervention intervention intervention operated intervention operated intervention. image: the intervention operated intervention intervention operated in connection with its supported organization(s), the power to regulari	3	A hospital or a	a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
S An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). G A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(V). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(X) operated in conjunction with a land-grant college or university or ano-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives: (1) more than 33/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33/3 % of its support from gross investment income and unrelated business taxable income (less section 509(a)(2). 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 X An organization organizations duscribes the type of supporting organization(s), typically by giving the supported organization operated, supervised, or controlled by its supported organization(s), by poising the supporting organization supporting organization organization supporting organization supporting organization supporting organization supporting organization supportiting organization supporting organization sup	4	A medical res	earch organiz	zation operated in	conjunction with a ho	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
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Schedule A (Form 990 or 990-EZ) 2018

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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	() 0044	(1) 0045	() 0040	(1) 00 17	() 0040	(0 T)
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s						
13	First five years. If the Form 990 is f organization, check this box and stop here	<u></u>					
	tion C. Computation of Public Sup		-				
14	Public support percentage for 2018 (li						<u>%</u>
15	Public support percentage from 2017					15	<u>%</u>
16a	331/3% support test - 2018. If the org	-					
h	box and stop here . The organization q						
D	331/3% support test - 2017. If the org this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2			-			
17a	10% or more, and if the organization						
	Part VI how the organization meets t					-	
	organization.			•			
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the orga		•				
	Explain in Part VI how the organizati						-
	supported organization				-	-	
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2018

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

 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

 If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	10) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2013	(0) 2010	(u) 2017	(e	12010	(1) 10tai
1	Gifts, grants, contributions, and membership fees							
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise							
2	,							
	sold or services performed, or facilities							
	furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to							
-	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
_	organization without charge							
6	Total. Add lines 1 through 5							
7 a	Amounts included on lines 1, 2, and 3							
h	received from disqualified persons							
D.	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b.							
8	Public support. (Subtract line 7c from							
	line 6.)							
	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(0) 2018	(f) Total
	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2013	(0) 2010	(u) 2017	(6	12010	(1) 10tai
9 10 a	Amounts from line 6 Gross income from interest, dividends,							
ivu	payments received on securities loans,							
	rents, royalties, and income from similar							
L	sources							
D	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is regularly							
	carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is f	-						
	organization, check this box and stop here							
	tion C. Computation of Public Sup	•	-	(7))		1		
15	Public support percentage for 2018 (line 8	.,	•	.,,		. 15		9
16	Public support percentage from 2017 Sche					16		0
	tion D. Computation of Investmen							
17	Investment income percentage for 2018 (li					17		0/
18	Investment income percentage from 2017					18		0
19 a	331/3% support tests - 2018. If the or	-						
	17 is not more than 331/3%, check th		-				-	
	221/29/ augment teats 2017 If the area	anization did not	check a box on	line 14 or line 19	a, and line 16 is	s more	than 331/3	3 %, and
b	331/3% support tests - 2017. If the orga							
b 20	line 18 is not more than 331/3%, check Private foundation. If the organization	this box and s	top here. The or	ganization qualifi	es as a publicly	suppo	rted organi	zation 🕨

Page 4

Yes No

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *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.)

10b Schedule A (Form 990 or 990-EZ) 2018

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	THE WOMAN'S EDUCATIONAL SOCIETY OF THE 84-6035	5651		
(le A (Form 990 or 990-EZ) 2018			Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		х
b	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
	on 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2		
Secti	on 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed</i>			
<u>Ct</u>	the supported organization(s).	1		L
Secti	on D. All Type III Supporting Organizations		Vac	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
-	provided?	1	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If</i> "Yes," <i>describe in Part VI the role the organization</i> 's organization's and in the organization of the tax year?			
	supported organizations played in this regard.	3	Х	
	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instant of the organization satisfied the Activities Test. Complete line 2 below. X The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		-	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in</i> Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	X	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	x	
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			in in Dort VII) See
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organized supporting or			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(000000)
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		
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Section B - Minimum Asset Amount	O	(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	_		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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-functionally integrated Type III supporting organization (see instructions).

	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity		- t '	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	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 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
 b	Excess from 2015			
 C	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Page 8

Part VISupplemental 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 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, LINE 2A & 2B

FUNCTIONALLY-INTEGRATED SUPPORTING ORGANIZATIONS

THE WOMAN'S EDUCATIONAL SOCIETY OF THE COLORADO COLLEGE TRUST WAS ESTABLISHED IN JUNE 1963 IN RESPONSE TO A COLLEGE MATCHING-FUNDS CAMPAIGN TO SECURE A FORD FOUNDATION GRANT. AT THE TIME IT WAS THE LARGEST FUNDRAISING CAMPAIGN IN COLLEGE HISTORY, A MAJOR STEP IN THE COLLEGE'S PROGRESS TOWARD ITS PRESENT STATURE AMONG PRIVATE LIBERAL ARTS COLLEGES. INCOME FROM THE TRUST HAS ALWAYS BEEN USED TO FUND WOMEN'S SCHOLARSHIPS DESIGNATED AS 'WES SCHOLARSHIPS'.

				ATTACHMENT 1			
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED (DRGANIZATIO	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, COLORADO SPRINGS, CO	84-0402510	2	Х	26,370.	0.		
TOTAL AMOUNT OF SUPPORT				26,370.			

	IEDULE D rm 990)	ì	OMB No. 1545-0047			
(-	the organization answer 8, 9, 10, 11a, 11b, 11c, 1		2b.	2018
Depa	rtment of the Treasury		Attach to Form 9	90.		Open to Public
_	al Revenue Service of the organization		Form990 for instruction			ployer identification number
	JORADO COLLEGE	THE WOMAN'S EDUCATIONA	L SOCIETY OF TH	ビ		84-6035651
		tions Maintaining Donor Adv	ised Funds or Other	Similar Funds or	Acc	
10		e if the organization answered				ouno:
	·	5	(a) Donor advi			(b) Funds and other accounts
1	Total number at e	nd of year				
2	Aggregate value of	of contributions to (during year)				
3	Aggregate value of	of grants from (during year)				
4		at end of year				
5	-	ion inform all donors and donor				
~	-	anization's property, subject to the	-	-		
6	-	ion inform all grantees, donors, a e purposes and not for the bene				
		nissible private benefit?				
Pa		ation Easements.				
		e if the organization answered	"Yes" on Form 990,	Part IV, line 7.		
1		nservation easements held by the				
		on of land for public use (e.g., rec	reation or education)			istorically important land area
		of natural habitat		Preservation o	fac	ertified historic structure
2		on of open space	ald a gualified concern	ation contribution in t	he f	arm of a concernation
2		a through 2d if the organization he last day of the tax year.	eiu a quaimeu conserv		nei	Held at the End of the Tax Year
а		onservation easements			2a	
b		tricted by conservation easements			2b	
c	-	rvation easements on a certified			2c	
d		rvation easements included in (c				
		listed in the National Register			2d	
3		rvation easements modified, trar	nsferred, released, exti	nguished, or termina	ted	by the organization during the
	tax year ▶					
4 5		where property subject to conse zation have a written policy reg			n k	andling of
5	-	forcement of the conservation ea				-
6		hours devoted to monitoring, inspec				
•			inig, nananig er nelale	.o, and onloron.g oono		
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violation	ons, and enforcing co	nser	vation easements during the year
	▶\$					
8		vation easement reported on line 2				
•	and section 170(h	ı)(4)(B)(ii)?			• •	Ves 📖 No
9		ibe how the organization reports id include, if applicable, the text o				-
		counting for conservation easeme		rganization s financia	11 310	
Pa		tions Maintaining Collections		easures, or Other	Sim	ilar Assets.
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line 8.		
1a	If the organization works of art, hist	n elected, as permitted under SF torical treasures, or other simila wide in Part XIII the text of the fr	FAS 116 (ASC 958), r ar assets held for pul	not to report in its re plic exhibition, educ	even atior	ue statement and balance sheet n, or research in furtherance of s these items.
b	If the organizatio works of art, hist	n elected, as permitted under S	SFAS 116 (ASC 958) ar assets held for pul	, to report in its rev	venu	ie statement and balance sheet n, or research in furtherance of
	•	0	•			▶\$
						▶\$
2						for financial gain, provide the
		s required to be reported under S				
a L	Revenue included	I on Form 990, Part VIII, line 1.			• •	· · · · ▶ \$
b For l		n Form 990, Part X				▶ \$ Schedule D (Form 990) 2018
						Conedule D (FUIII 330) 2010

THE WOMAN'S EDUCATIONAL SOCIETY OF THE

_	dule D (Form 990) 2018										age 2
Ра	rt III Organizations Maintaini										
3	Using the organization's acquisitio collection items (check all that appl		other recor	ds, check	c any of	the foll	owing that	are a sign	ificant ι	ise o	of its
а	Public exhibition	<i>,</i>	d	loan	or exchai	nae proa	rams				
b	Scholarly research		e	Other		iigo prog	lanio				
c	Preservation for future gener	rations	•								
4	Provide a description of the organ		and evol	ain how t	hov furt	har tha	organization	's evennt		o in	Part
-	XIII.				incy furt		organization	is exempt	. puipos	C III	i art
5	During the year, did the organizatio	n solicit or receive d	onations o	fart histo	orical tre	asures (or other simi	lar			
5	assets to be sold to raise funds rath							_	Yes		No
Pa	rt IV Escrow and Custodial A				Jiganiza				100		
l u	Complete if the organiza		s" on For	m 990, F	Part IV, I	ine 9, o	r reported a	an amour	nt on Fo	rm	
	990, Part X, line 21.										
1a	Is the organization an agent, truste			-				ot _			-
	included on Form 990, Part X?							• • • • L	Yes		No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the fol	lowing tab	ole:						
					Ļ			Amount			
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					1
2a	Did the organization include an am		-	-					Yes		No
	If "Yes," explain the arrangement in	h Part XIII. Check he	ere if the ex	xplanation	has bee	n provide	ed on Part XI			•	
Ра	rt V Endowment Funds. Complete if the organiza	tion answered "Ye	s" on For	m 990 F	Part IV I	ine 10					
		(a) Current year	(b) Prio			years back	(d) Three	vears back	(e) Four	vears	hack
		1,411,014.		8,812.		53,622	.,	5,063.	. ,		$\frac{1}{719}$.
1a	Beginning of year balance	1,111,011.	1,25	0,012.	/ -	55,022	1. 1,13	5,005.	- / -	. 10,	
b	Contributions										
С	Net investment earnings, gains,		18	2,311.	1	33,738	3 4	5,622.		19	438.
_	and losses	26,370.		4,059.		23,239		2,031.			811.
d	Grants or scholarships	20,370.	4	1,057.		23,23.	. 2	2,031.		21,	<u> </u>
е	Other expenditures for facilities										
	and programs	6,242.		6,050.		5,309	9	5,032.		6	283.
f	Administrative expenses	1,378,402.		1,014.	1.2	58,812		3,622.	1.1		063.
g	End of year balance							570221	- / -		
2 a	Provide the estimated percentage Board designated or quasi-endowm		%	e (line 1g,	column	(a)) held	as:				
b	Permanent endowment \blacktriangleright 19.3		_ ^0								
c	Temporarily restricted endowment										
C	The percentages on lines 2a, 2b, a		00%								
30	Are there endowment funds not in t	•		tion that	ara hald	and adr	ninistered fo	r tha			
54	organization by:		ie organize					the	[Yes	No
	(i) unrelated organizations								3a(i)		X
	(ii) related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate								3b		
4	Describe in Part XIII the intended u	•	•								
-	rt VI Land, Buildings, and Equ	lipment.		Wittent fai	140.						
	Complete if the organization	ation answered "Ye	es" on For	<u>m 990, I</u>	Part IV,	line 11a	. See Form	<u>ı 990, Pa</u>	rt X, lin	<u>ə 10</u> .	•
	Description of property	(a) Cost or (invest			or other bas ther)		Accumulated epreciation	(d) Book val	ue	
1a	Land	``	,		,						
b	Buildings										
c	Leasehold improvements										
d	Equipment										
e	Other										
-	I. Add lines 1a through 1e. (Column	(d) must equal Form	n 990, Part	X, columi	n (B), line	= 10c.)					

Schedule D (Form 990) 2018

scription of security or category ncluding name of security) vatives equity interests st equal Form 990, Part X, col. (B) line 12.)	"Yes" on Form 990 (b) Book value), Part IV, line 11b. See Form 99 (c) Method of valu Cost or end-of-year ma	ation:
ncluding name of security) vatives equity interests equity interests st equal Form 990, Part X, col. (B) line 12.)	(b) Book value		
st equal Form 990, Part X, col. (B) line 12.)			
st equal Form 990, Part X, col. (B) line 12.)			
stments - Program Related.			
plete if the organization answered	"Yes" on Form 990) Part IV line 11c. See Form 99	0 Part X line 13
Description of investment	(b) Book value	(c) Method of valu	
		Cost or end-of-year ma	
st equal Form 990, Part X, col. (B) line 13.) 🕨			
er Assets.			
plete if the organization answered), Part IV, line 11d. See Form 99	
(a) Des	scription		(b) Book value
) must equal Form 990, Part X, col. (B) li	ine 15.)	• • • • • • • • • • • • • • • • • • • •	▶
er Liabilities.			
	"Yes" on Form 990), Part IV, line 11e or 11f. See Fo	orm 990, Part X,
25			
(a) Description of liability	(b) Book valu	le	
me taxes			
	r Liabilities. Iplete if the organization answered 25.	er Liabilities. uplete if the organization answered "Yes" on Form 990 25. (a) Description of liability (b) Book value	applete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See For 25. (a) Description of liability (b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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

Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	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	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	
	XIII Supplemental Information.		- A. Dant V. line
Provid 2 [.] Par	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	art V, IIn nation	e 4; Part X, line
	PAGE 5		

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.

SCHEDULE I				Assistance t				OMB No. 1545-0047		
(Form 990)			•	ndividuals in				2018		
	Comp	plete if the or	-	wered "Yes" on F ttach to Form 990		, line 21 or 22.		Open to Public		
Department of the Treasury Internal Revenue Service		► Go		/Form990 for the I		1		Inspection		
Name of the organization	THE WOMAN'S EDUCA						Employer identificat			
COLORADO COLLEG							84-603565	51		
Part I General I	nformation on Grants and	d Assistanc	e							
the selection crit 2 Describe in Part	zation maintain records to su eria used to award the grant IV the organization's proced	s or assistand lures for mor	e? hitoring the use	of grant funds in the	e United States.			X Yes No		
	nd Other Assistance to D							es" on Form 990,		
Part IV, lir	ne 21, for any recipient th	nat received	more than \$5	,000. Part II can I	be duplicated if	•	needed.			
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
_(1)		_								
(2)		-								
(3)		-								
(4)		-								
(5)		_								
(6)										
(7)		_								
(8)		-								
(9)		_								
(10)		_								
(11)		_								
(12)		-								
2 Enter total numb	per of section 501(c)(3) and	government o	organizations lis	ted in the line 1 tal			·			
	per of other organizations list									

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS PAID TO STUDENTS	4.	26,370.			
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provid	de the information re	quired in Part I,	line 2, Part III, o	column (b); and any o	ther additional

information.

SCHEDULE I, PART I, LINE 2

MONITORING USE OF GRANT FUNDS

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

TO COLORADO COLLEGE WHO ADMINISTERS THE FUNDS, CREDITING SCHOLARSHIP

AWARDS TO THE INDIVIDUAL STUDENTS.

Page 2

	EDULE J m 990)	Compen For certain Officers, Dire Cor ► Complete if the organization		20	No. 1545-004 20 18 en to Publi			
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.			ectio		
	of the organization			Employer identification				
COLO	ORADO COLLI	EGE TRUST		84-603565	1			
Part	Question	ns Regarding Compensation						
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	on listed on Form		Yes	No	
			provide any relevant information regarding					
	First-cla	ss or charter travel	Housing allowance or residence for	personal use				
	Travel fo	or companions	Payments for business use of person	•				
		emnification and gross-up payments	Health or social club dues or initiation					
	Discretio	onary spending account	Personal services (such as maid, cha	auffeur, chef)				
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	plete Part III to				
2	explain2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by				1b			
2	-		D/Executive Director, regarding the items	-				
	-			checked on hit	2			
3			nization used to establish the compensation	on of the	_			
Ū	organization's	CEO/Executive Director. Check all that	at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in Pa	ds used by a				
	Comper	nsation committee	Written employment contract					
	Indepen	ndent compensation consultant Compensation survey or study						
	Form 99	90 of other organizations Approval by the board or compensation committee						
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to					
а			ayment?		4a		Х	
b			ental nonqualified retirement plan?		4b		Х	
С			ased compensation arrangement?		4c		X	
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.				
-	-		rganizations must complete lines 5-9. , line 1a, did the organization pay or accrue					
5	•	n contingent on the revenues of:	· · · · · · · · · · · · · · · · · · ·	any				
а		-			5a		X	
	-				5b		X	
-	-	e 5a or 5b, describe in Part III.						
6			, line 1a, did the organization pay or accrue	any				
		n contingent on the net earnings of:		-				
а	The organizat	ion?			6a		Х	
b	Any related or	rganization?			6b		X	
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7			n A, line 1a, did the organization prov escribe in Part III					
8			paid or accrued pursuant to a contract that					
	-	-	Regulations section 53.4958-4(a)(3)? If	-				
					8			
9			low the rebuttable presumption proced					
	Regulations se	ection 53.4958-6(c)?			9			

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Page **2**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
ROBERT MOORE	(i)	0.	0.	0.				
1 1 1	(ii)	329,248.	25,000.	1,200.	27,000.	1,740.	384,188.	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
-	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Page 3

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



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

 Name of the organization
 THE WOMAN'S EDUCATIONAL SOCIETY OF THE
 Employer identification number

 COLORADO
 COLLEGE TRUST
 84-6035651

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 GOVERNING BODY

THE GOVERNING DOCUMENT PRESCRIBES THE TRUSTEES TO BE THE PRESIDENT, TREASURER AND FINANCE COMMITTEE OF WOMAN'S EDUCATION SOCIETY, A RELATED ORGANIZATION, AND THE TREASURER OF COLORADO COLLEGE, THE SUPPORTED ORGANIZATION. THE MEMBERS OF WOMAN'S EDUCATION SOCIETY ELECT THEIR OWN BOARD OF MANAGERS AND OFFICERS AND APPOINT THE MEMBERS TO THE FINANCE COMMITTEE.

FORM 990, PART VII

REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS:

Schedule O (Form 990 or 990-EZ) 2018 Pa							Page 2	
Name of the organization	THE	WOMAN'S	EDUCATIONAL	SOCIETY	OF	THE	Employer identification number	
COLORADO COLLEGE	TRU	ST					84-6035651	

AMY DOUNAY WAS EMPLOYED BY COLORADO COLLEGE (CC), THE SUPPORTED ORGANIZATION, DURING CALENDAR YEAR 2019. HER EMPLOYMENT AT CC WAS IN NO WAY RELATED TO HER MEMBERSHIP IN THE WOMAN'S EDUCATIONAL SOCIETY OR SERVICE ON THE WOMAN'S EDUCATIONAL SOCIETY OF THE COLORADO COLLEGE TRUST'S BOARD. PER THE INSTRUCTIONS FOR FORM 990 A BOARD DIRECTOR SHOULD LIST COMPENSATION AS AN EMPLOYEE OF A RELATED ORGANIZATION.

CC CHOOSES NOT TO SHARE SENSITIVE EMPLOYEE INFORMATION WITH THE WOMAN'S EDUCATIONAL SOCIETY OF THE COLORADO COLLEGE TRUST, OTHER THAN FOR OFFICERS OF CC WHO WILL BE LISTED ON CC'S OWN FORM 990. THE DIRECTOR MENTIONED ABOVE DOES NOT BELIEVE HER COMPENSATION FROM CC WOULD IN ANY WAY ENHANCE THE TRANSPARENCY OR UNDERSTANDING OF THE WOMAN'S EDUCATIONAL SOCIETY OF THE COLORADO COLLEGE TRUST AND THEREFORE, RESPECTFULLY DECLINED TO PROVIDE COMPENSATION INFORMATION TO BE DISCLOSED ON THE WOMAN'S EDUCATIONAL SOCIETY OF THE COLORADO COLLEGE TRUST'S FORM 990.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

84-6035651

8

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization THE WOMAN'S EDUCATIONAL SOCIETY OF THE

COLORADO COLLEGE TRUST

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

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

Part II

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

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

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

Page **2**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1)								Yes No
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

ote: Complete line 1 i	if any entity is listed in Parts II, III, or IV of this schedule.			_	Y	es
During the tax yea	ar, did the organization engage in any of the following transactions	with one or more related organizations li	isted in Parts II-IV?			
a Receipt of (i) intere	est, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.			1	a	
	ital contribution to related organization(s)			· · · · ·		Χ
	ital contribution from related organization(s)			· · · · ·	C	_
	rantees to or for related organization(s)			· · · · · · ⊢	<u>~</u>	Χ
e Loans or loan gua	rrantees by related organization(s)			1	e	_
f Dividends from rel	lated organization(s)			1	f	
g Sale of assets to r	related organization(s)			1	g	
h Purchase of asset	ts from related organization(s)			1	h	_
i Exchange of asset	ts with related organization(s).			1	li	_
Lease of facilities,	, equipment, or other assets to related organization(s)			1	j	
k Lease of facilities,	, equipment, or other assets from related organization(s)			1	k	
	ervices or membership or fundraising solicitations for related organ					
n Performance of se	ervices or membership or fundraising solicitations by related organi	ization(s)		1	m	2
n Sharing of facilities	s, equipment, mailing lists, or other assets with related organization	n(s)		1	n	
						•
	nployees with related organization(s)			1	0	
 Sharing of paid en Reimbursement paid 	nployees with related organization(s)			1	p	_
 Sharing of paid en Reimbursement paid 	nployees with related organization(s)			1		_
 Sharing of paid en Reimbursement pa Reimbursement pa 	nployees with related organization(s)			1 1	p q	
 Sharing of paid en Reimbursement pa Reimbursement pa Reimbursement pa Other transfer of c 	mployees with related organization(s)			1 1 	p q r	
 o Sharing of paid en p Reimbursement pa q Reimbursement pa r Other transfer of c s Other transfer of c 	mployees with related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1 	p q r s	2
 o Sharing of paid en p Reimbursement pa q Reimbursement pa r Other transfer of c s Other transfer of c 	nployees with related organization(s)	ho must complete this line, including cov	rered relationships and trans	1 1 1 saction thresho	p q r s olds.	2
 o Sharing of paid en p Reimbursement pa q Reimbursement pa r Other transfer of c s Other transfer of c 	nployees with related organization(s)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1 1 1 saction thresho	p q r s olds.	
 Sharing of paid en Reimbursement paid Reimbursement paid Reimbursement paid Other transfer of cost Other transfer of cost 	nployees with related organization(s)	ho must complete this line, including cov	rered relationships and trans	1 1 1 saction thresho	p q r s olds.	
 Sharing of paid en Reimbursement paid Reimbursement paid Reimbursement paid Other transfer of cost Other transfer of cost 	nployees with related organization(s)	ho must complete this line, including cov (b) Transaction	rered relationships and trans	1 1 saction thresho (c Method of c	p q r s olds.	
 Sharing of paid en Reimbursement par Reimbursement par Other transfer of c Other transfer of c If the answer to an 	nployees with related organization(s)	ho must complete this line, including cov (b) Transaction	rered relationships and trans	1 1 saction thresho (c Method of c	p q r s olds.	1
 Sharing of paid en Reimbursement part Reimbursement part Other transfer of c Other transfer of c If the answer to an 	nployees with related organization(s)	ho must complete this line, including cov (b) Transaction	rered relationships and trans	1 1 saction thresho (c Method of c	p q r s olds.	1
 Sharing of paid entry Reimbursement part Reimbursement part Other transfer of control Other transfer of control If the answer to antrol 	nployees with related organization(s)	ho must complete this line, including cov (b) Transaction	rered relationships and trans	1 1 saction thresho (c Method of c	p q r s olds.	
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		e (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentag ownership
			Yes	No			Yes	No	Ye	Yes	No	
_												
												<u> </u>
	(b) Primary activity	(state or foreign	(state or foreign income (related, country) unrelated, excluded from tax under	(state or foreign income (related, see country) unrelated, excluded 501 from tax under organiz	(state or foreign income (related, section country) unrelated, excluded 501(c)(3) from tax under organizations?	(state or foreign income (related, section total income country) unrelated, excluded 501(c)(3) from tax under organizations?	(state or foreign income (related, section total income end-of-year country) unrelated, excluded for(c)(a) assets assets	(state or foreign income (related, section total income end-of-year alloc. country) unrelated, excluded 501(c)(3) from tax under organizations?	(state or foreign income (related, section total income end-of-year allocations? country) unrelated, excluded 501(c)(3) assets allocations?	(state or foreign income (related, section total income end-of-year allocations? allocations? allocations? of Schedule K-1 (Form 1065)	(state or foreign income (related, section total income end-of-year country) unrelated, excluded 501(c)(3) unrelated, excluded 501(c)(3) assets assets (Form 1065) (Form 1065)	(state or foreign country) income (related, unrelated, excluded from tax under section organizations? total income allocations? end-of-year allocations? allocations? anount in box 200 of Schedule K-1 partner?

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 Part VII
 Supplemental Information

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

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