Client: COCA

Prepared for: Colorado Ovarian Cancer Alliance
   P.O. Box 9216
   Denver, CO 80209
   800 428 0642

Prepared by: James Yureskes
   CFM, P.C.
   3278 S Wadsworth Blvd 1-145
   LAKEWOOD, CO 80227-5028
   (303) 987-1091

Date: August 8, 2016

Comments:

Route to: ________________________________
Colorado Ovarian Cancer Alliance
P.O. Box 9216
Denver, CO 80209
800 428 0642

FEDERAL FORMS

<table>
<thead>
<tr>
<th>Form</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990</td>
<td>2015 Return of Organization Exempt from Income Tax</td>
</tr>
<tr>
<td>Schedule A</td>
<td>Organization Exempt Under Section 501(c)(3)</td>
</tr>
<tr>
<td>Schedule B</td>
<td>Schedule of Contributors</td>
</tr>
<tr>
<td>Schedule D</td>
<td>Schedule D</td>
</tr>
<tr>
<td>Schedule G</td>
<td>Fundraising or Gaming Activities</td>
</tr>
<tr>
<td>Schedule I</td>
<td>Grants and Other Assistance Inside U.S.</td>
</tr>
<tr>
<td>Schedule O</td>
<td>Supplemental Information</td>
</tr>
<tr>
<td>Form 8868</td>
<td>Application for Extension</td>
</tr>
<tr>
<td>Form 8879-EO</td>
<td>IRS e-file Signature Authorization</td>
</tr>
</tbody>
</table>

FEE SUMMARY

Preparation Fee
<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2014</th>
<th>Diff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributions and grants</td>
<td>447,663</td>
<td>130,225</td>
<td>317,438</td>
</tr>
<tr>
<td>Investment income</td>
<td>825</td>
<td>259</td>
<td>566</td>
</tr>
<tr>
<td>Other revenue</td>
<td>46,572</td>
<td>-566</td>
<td>47,138</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td>495,060</td>
<td>0</td>
<td>495,060</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and similar amounts paid</td>
<td>49,987</td>
<td>14,110</td>
<td>35,877</td>
</tr>
<tr>
<td>Salaries, other compen., emp. benefits</td>
<td>235,882</td>
<td>73,741</td>
<td>162,141</td>
</tr>
<tr>
<td>Other expenses</td>
<td>206,389</td>
<td>26,826</td>
<td>179,563</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>492,258</td>
<td>0</td>
<td>492,258</td>
</tr>
<tr>
<td><strong>NET ASSETS OR FUND BALANCES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue less expenses</td>
<td>2,802</td>
<td>0</td>
<td>2,802</td>
</tr>
<tr>
<td>Total assets at end of year</td>
<td>324,709</td>
<td>305,018</td>
<td>19,691</td>
</tr>
<tr>
<td>Total liabilities at end of year</td>
<td>11,089</td>
<td>0</td>
<td>11,089</td>
</tr>
<tr>
<td>Net assets/fund balances at end of year</td>
<td>313,620</td>
<td>305,018</td>
<td>8,602</td>
</tr>
</tbody>
</table>
Forms needed for this return

Federal: 990, Sch A, Sch B, Sch D, Sch G, Sch I, Sch O, 8868

Carryovers to 2016

None
The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

**Form 990**
The organization should review their Federal Return along with any accompanying schedules and statements.

**Paperless e-file**
The organization should read, sign and date the Form 8879-EO, IRS e-file Signature Authorization.

**Even Return**
No payment is required.

After transmission of the return

**Receive acknowledgement of your e-file transmission status.**
Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.

**Keep a signed copy of Form 8879-EO, IRS e-file Signature Authorization in your files for 3 years.**

**Do not mail:**

Form 8879-EO IRS e-file Signature Authorization
The organization's Federal tax return is NOT FINISHED until you complete the following instructions.

Prior to transmission of the return

Form 8868
No signature is required with Form 8868.

Even Return
No payment is required.

After transmission of the return

Receive acknowledgement of your e-file transmission status.
Within several hours, connect with Lacerte and get your first acknowledgement (ACK) that Lacerte has received your transmission file.

Connect with Lacerte again after 24 and then 48 hours to receive your Federal ACKs.
Computation of Cost of Goods Sold (Form 990)

1. Inventory at start of year .................................................. 1,730.
2. Purchases ................................................................. 1,164.
3. Cost of labor ............................................................. 0.
4. Additional 263A costs ....................................................... 0.
5. Other costs ................................................................ 0.
6. Total (Add lines 1 through 5) ............................................. 2,894.
7. Inventory at end of year .................................................... 1,730.
8. Cost of goods sold (Subtract line 7 from line 6) ................. 1,164.

Form 990, Part III, Line 4e
Program Services Totals

<table>
<thead>
<tr>
<th></th>
<th>Program Services Total</th>
<th>Form 990</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Expenses</td>
<td>382,309.</td>
<td>382,309. Part IX, Line 25, Col. B</td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>0.</td>
<td>49,987. Part IX, Lines 1-3, Col. B</td>
<td></td>
</tr>
<tr>
<td>Revenue</td>
<td>0.</td>
<td>0.       Part VIII, Line 2, Col. A</td>
<td></td>
</tr>
</tbody>
</table>

Form 990, Part IX, Line 24e
Other Expenses

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
<th>(C)</th>
<th>(D)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Program Services</td>
<td>Management &amp; General</td>
<td>Fundraising</td>
</tr>
<tr>
<td>Bank fees</td>
<td>185.</td>
<td>133.</td>
<td>45.</td>
<td>7.</td>
</tr>
<tr>
<td>Credit card fees</td>
<td>10,268.</td>
<td>10,268.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Database mgmt</td>
<td>2,134.</td>
<td>1,536.</td>
<td>513.</td>
<td>85.</td>
</tr>
<tr>
<td>Dues and subscriptions</td>
<td>511.</td>
<td>368.</td>
<td>123.</td>
<td>20.</td>
</tr>
<tr>
<td>Employee development</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Facilitator</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Food costs</td>
<td>25.</td>
<td>18.</td>
<td>6.</td>
<td>1.</td>
</tr>
<tr>
<td>Meals and meetings</td>
<td>36.</td>
<td>26.</td>
<td>10.</td>
<td>54.</td>
</tr>
<tr>
<td>Memberships</td>
<td>1,355.</td>
<td>976.</td>
<td>325.</td>
<td>188.</td>
</tr>
<tr>
<td>Misc</td>
<td>4,694.</td>
<td>3,380.</td>
<td>1,126.</td>
<td>83.</td>
</tr>
<tr>
<td>Payroll Processing</td>
<td>1,511.</td>
<td>1,511.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Postage</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Postage and Shipping</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Program awards</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Recruiting</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Software</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Telephone</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Workers comp</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>Total $</td>
<td>23,280.</td>
<td>20,060.</td>
<td>2,763.</td>
<td>457.</td>
</tr>
</tbody>
</table>
### Schedule A, Part III, Line 7a
### Received From Disqualified Persons

<table>
<thead>
<tr>
<th>Persons</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathleen Bennett Foundation</td>
<td>49,416</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cancer Treatment Am</td>
<td>10,000</td>
<td>25,000</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cheryl Shackelford Foundation</td>
<td>0</td>
<td>52,974</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Richard and Mar Reinisch Foundation</td>
<td>10,000</td>
<td>5,000</td>
<td>20,000</td>
<td>0</td>
<td>10,000</td>
</tr>
<tr>
<td>Board members</td>
<td>0</td>
<td>0</td>
<td>28,566</td>
<td>19,060</td>
<td>28,833</td>
</tr>
<tr>
<td>JoAnne Fricke Cancer Found</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$79,416</td>
<td>$92,974</td>
<td>$58,566</td>
<td>$29,060</td>
<td>$48,833</td>
</tr>
</tbody>
</table>
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning _______ 2015, and ending _______ 20______

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization: Colorado Ovarian Cancer Alliance

Name and title of officer: Patrice Hauptman, Executive Director

Employer Identification number: 87-0752876

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here. 
1b Total revenue, if any (Form 990, Part VIII, column (A), line 12). 495,060.

2a Form 990-EZ check here. 
2b Total revenue, if any (Form 990-EZ, line 9). 

3a Form 1120-POL check here. 
3b Total tax (Form 1120-POL, line 22). 

4a Form 990-PF check here. 
4b Tax based on investment income (Form 990-PF, Part VI, line 5). 

5a Form 8868 check here. 
5b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c). 

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS an acknowledgment of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize CFM, P.C. to enter my PIN 03531 as my signature

ERO firm name

on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature: Patrice Hauptman

Date: 10/30/2016

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84362084362

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature: James Yureskes

Date: 

ERD Must Retain This Form — See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.
Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box.  
  [X]

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8770, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/eFile and click on e-file for Charities & Nonprofits.

**Part I  Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only.  

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

**Enter filer's identifying number, see instructions.**

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>File by this due date for filing your return. See instructions.</td>
<td>Colorado Ovarian Cancer Alliance</td>
<td>87-0752876</td>
</tr>
<tr>
<td>P.O. Box 9216</td>
<td>Number, street, and room or suite number. If a P.O. box, see instructions.</td>
<td>Social security number (SSN)</td>
</tr>
<tr>
<td>Denver, CO 80209</td>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td></td>
</tr>
</tbody>
</table>

Enter the Return code for the return that this application is for (file a separate application for each return).  

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (section 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

- The books are in the care of **The Organization**.

- Telephone No. **(800) 428-0642**  
  Fax No. **(800) 428-0642**

- If the organization does not have an office or place of business in the United States, check this box.  
  -

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box.  
  -

- If it is part of the group, check this box.  
  -

- and attach a list with the names and EINs of all members.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **8/15 2016** to file the exempt organization return for the organization named above.

The extension is for the organization's return:

- X calendar year 2015 or
- tax year beginning **- 2016** and ending **- 2016**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  
  - Initial return  
  - Final return  
  - Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  
  - 3a $  
  - 0

3b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  
  - 3b $  
  - 0

3c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  
  - 3c $  
  - 0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning , 2015, and ending

B Check if applicable:
- Address change
- Name change
- Initial return
- Final return/terminated return
- Amended return
- Application pending

C Colorado Ovarian Cancer Alliance
P.O. Box 9216
Denver, CO 80209

D Employer identification number
87-0752876

E Telephone number
800 428 0642

F Name and address of principal officer:

G Gross receipts
$ 547,101.

H(1) Is this a group return for subordinates? Yes ☐ No ☒
H(2) Are all subordinates included? Yes ☐ No ☒

I Tax-exempt status
☐ 501(c)(3) ☒ 501(c)(4) ☐ 501(c)(5) ☐ 501(c)(6) ☐ 501(c)(7) ☐ 501(c)(8) ☐ 501(c)(9) ☐ 501(c)(10) ☐ 501(c)(11) ☐ 501(c)(12) ☐
☐ 4947(a)(1) or 527 ☒

J Website:
www.colo-ovariancancer.org

K Form of organization:
☐ Corporation ☒ Trust ☐ Association ☐ Other ☐

L Year of formation: 2005
M State of legal domicile: CO

Part I Summary
1 Briefly describe the organization’s mission or most significant activities:
The mission of Colorado Ovarian Cancer Alliance is to promote awareness and early detection of ovarian cancer through advocacy and education, while providing support to people affected by ovarian cancer.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)
4 Number of independent voting members of the governing body (Part VI, line 1b)
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)
6 Total number of volunteers (estimate if necessary)
7a Total unrelated business revenue from Part VIII, column (C), line 12
7b Net unrelated business taxable income from Form 990-T, line 34

Part II Revenue
8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
16b Total fundraising expenses (Part IX, column (D), line 25)
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses. Subtract line 18 from line 12

Part II Expenses

Part II Net Assets of Fund Balance
20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer
Type or print name and title:
Patrice Hauptman

Paid Preparer Use Only
Print/Type preparer’s name
James Yureskes
Preparer’s signature
James Yureskes
Date
Check ☒ if self-employed
PTIN
P00122561
Firm’s EIN: 743017243
Home office: (303) 987-1091
Firm’s address: 3278 S Wadsworth Blvd 1-145
Lakewood, CO 80227-5028

May the IRS discuss this return with the preparer shown above? (see instructions)
☐ Yes ☒ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)
Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission of Colorado Ovarian Cancer Alliance is to promote awareness and early detection of ovarian cancer through advocacy and education, while providing support to people affected by ovarian cancer.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 

☐ Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☐ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $ 303,908, including grants of $ ) (Revenue $ )

An important part of everything that COCA does is education about the symptoms of ovarian cancer in order that early detection can save more lives. To that end we worked over 25 Health Fairs regionally, distributing symptom awareness cards and by having one-on-one conversation with women in attendance. We further promoted awareness of the symptoms electronically through website content and newsletters, as well through printed materials. We connected both personally and/or through the mail with 200 medical facilities in both rural and frontier areas of Colorado to make them aware of the services and resources COCA provides to women stricken with ovarian cancer. Further, we sponsored Ovarian Cancer Awareness month in Colorado and were successful in getting symptom awareness messages out through local television news, through social media and other printed materials.

4b (Code: ) (Expenses $ 49,988, including grants of $ ) (Revenue $ )

COCA cares; continued this financial assistance program that provided $49,988 of support to 25 women.

4c (Code: ) (Expenses $ 28,413, including grants of $ ) (Revenue $ )

Nicki's Circle: Free professionally led support groups throughout the Denver metro area as well as monthly telephone support group that services all areas of Colorado.

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses ▲ 382,309.

BAA
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
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<tr>
<td>2</td>
<td>X</td>
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<tr>
<td>3</td>
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<td>X</td>
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<td>11a</td>
<td>X</td>
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<td>11c</td>
<td>X</td>
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<td>11d</td>
<td>X</td>
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<td>11e</td>
<td>X</td>
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<td>X</td>
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<td>12a</td>
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<td>12b</td>
<td>X</td>
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<td>13</td>
<td>X</td>
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<td>14a</td>
<td>X</td>
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<td>14b</td>
<td>X</td>
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<td>15</td>
<td>X</td>
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<td>16</td>
<td>X</td>
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<td>17</td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td>X</td>
</tr>
</tbody>
</table>
Part IV Checklist of Required Schedules (continued)

20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H.
   Yes No
   X

20b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

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.
   Yes No
   X

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.
   Yes No
   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.
   Yes No
   X

24a 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.
   Yes No
   X

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease
any tax-exempt bonds?

24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?

25a 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.
   Yes No
   X

25b 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 II.

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.

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.

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.
   Yes No
   X

28a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.
   Yes No
   X

28b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete
Schedule L, Part IV.
   Yes No
   X

28c 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.

29a Did the organization receive more than $25,000 in non-cash contributions? If 'Yes,' complete Schedule M.
   Yes No
   X

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
contributions? If 'Yes,' complete Schedule M.

31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.
   Yes No
   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.

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.

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.
   Yes No
   X

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
   Yes No
   X

35b 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.

36a Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related
   Yes No
   X

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.
   Yes No
   X

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?
   Yes No
   X

Note. All Form 990 filers are required to complete Schedule O.

BAA
**Part V: Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Note.</strong> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>4b</td>
<td>If 'Yes,' enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>5c</td>
<td>If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>6b</td>
<td>If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Organizations that may receive deductible contributions under section 170(c).</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7b</td>
<td>If 'Yes,' did the organization notify the donor of the value of the goods or services provided?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7d</td>
<td>If 'Yes,' indicate the number of Forms 8282 filed during the year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7g</td>
<td>If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7h</td>
<td>If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td><strong>Sponsoring organizations maintaining donor advised funds.</strong> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td><strong>Sponsoring organizations maintaining donor advised funds.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td><strong>Section 501(c)(7) organizations.</strong> Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>Initiation fees and capital contributions included on Part VIII, line 12.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td><strong>Section 501(c)(12) organizations.</strong> Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Gross income from members or shareholders.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td><strong>Section 4947(a)(1) non-exempt charitable trusts.</strong> Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td><strong>Section 501(c)(29) qualified nonprofit health insurance issuers.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13a</td>
<td>Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13b</td>
<td>Note. See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13c</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>14b</td>
<td>If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI. [X]

### Section A. Governing Body and Management

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number of voting members of the governing body at the end of the tax year.</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of voting members included in line 1a, above, who are independent</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?</td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>5 Did the organization become aware during the year of a significant diversion of the organization's assets?</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>6 Did the organization have members or stockholders?</td>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td>7b</td>
<td>X</td>
</tr>
<tr>
<td>8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The governing body?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Each committee with authority to act on behalf of the governing body?</td>
<td>8a</td>
<td>X</td>
</tr>
<tr>
<td>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.</td>
<td>9</td>
<td>X</td>
</tr>
</tbody>
</table>

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

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

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed □ None □ Other (explain in Schedule O)

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

X Own website □ Another's website □ Upon request □ Other (explain in Schedule O)

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

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

The Organization P.O. Box 9216 Denver CO 80209 (800) 428-0642
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Mary Phillips</td>
<td>President</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>(2) Heather Elzi</td>
<td>Treasurer</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>(3) Katie Fox</td>
<td>Director</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>(4) John Brammeler</td>
<td>Director</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>(5) Corelle Spettigue</td>
<td>Director</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>(6) Hillary Gilfand</td>
<td>Director</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>(7) Saketh Guntpalli MD</td>
<td>Director</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>(8) Sue Hester</td>
<td>Director</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>(9) Mike Kopcha</td>
<td>Secretary</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>(10) Donna Good</td>
<td>At Large Appt</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>(11) Lisa Muillineaux</td>
<td>Director</td>
<td>5</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>(12) Patrice Hauptman</td>
<td>Exec Director</td>
<td>40</td>
<td>X</td>
<td>X</td>
<td>69,322.</td>
</tr>
<tr>
<td>(13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Name and title</td>
<td>(B) Average hours per week (not any hours for related organizations below dotted line)</td>
<td>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</td>
<td>(D) Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>(E) Reportable compensation from related organizations (W-2/1099-MISC)</td>
<td>(F) Estimated amount of other compensation from the organization and related organizations</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total: 69,322. 0. 0.

c Total from continuation sheets to Part VII, Section A: 0.

d Total (add lines 1b and 1c): 69,322. 0. 0.

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

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. Yes No 3 X

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. Yes No 4 X

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. Yes No 5 X

Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0
**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1 a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1 b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1 c</td>
<td>346,171</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1 d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1 e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1 f</td>
<td>101,492.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f: $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td></td>
<td>447,663</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Service Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Investment income (including dividends, interest and other similar amounts) 825.

Income from investment of tax-exempt bond proceeds 825.

Royalties

<table>
<thead>
<tr>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gross rents

<table>
<thead>
<tr>
<th>Less: rental expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>Net rental income or (loss)</td>
<td></td>
</tr>
</tbody>
</table>

Gross amount from sales of assets other than inventory

<table>
<thead>
<tr>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Gross income from fundraising events (not including $346,171 of contributions reported on line 1c).

See Part IV, line 18

| a | 96,192. |
| b | 50,877. |
| c | 45,315. |

Gross income from gaming activities.

See Part IV, line 19

| a |             |
| b |             |
| c |             |

Gross sales of inventory, less returns and allowances

| a | 2,421. |
| b | 1,164. |
| c | 1,257. |

Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Total revenue. See instructions

<p>| 495,060. | 0. | 0. | 2,082. |</p>
<table>
<thead>
<tr>
<th></th>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.</td>
<td>1,050.</td>
<td>1,050.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22.</td>
<td>48,937.</td>
<td>48,937.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>69,322.</td>
<td>49,912.</td>
<td>16,637.</td>
<td>2,773.</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>150,951.</td>
<td>108,685.</td>
<td>36,228.</td>
<td>6,038.</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (Include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>15,609.</td>
<td>11,238.</td>
<td>3,746.</td>
<td>625.</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Legal</td>
<td>276.</td>
<td>199.</td>
<td>66.</td>
<td>11.</td>
</tr>
<tr>
<td></td>
<td>c Accounting</td>
<td>3,933.</td>
<td>2,832.</td>
<td>944.</td>
<td>157.</td>
</tr>
<tr>
<td></td>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Professional fundraising services. See Part IV, line 17.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>16,702.</td>
<td>12,025.</td>
<td>4,009.</td>
<td>668.</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>13,032.</td>
<td>9,383.</td>
<td>3,128.</td>
<td>521.</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>2,481.</td>
<td>1,786.</td>
<td>596.</td>
<td>99.</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>17,604.</td>
<td>12,675.</td>
<td>4,225.</td>
<td>704.</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>5,583.</td>
<td>4,020.</td>
<td>1,340.</td>
<td>223.</td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Contract services</td>
<td>63,079.</td>
<td>45,417.</td>
<td>15,139.</td>
<td>2,523.</td>
</tr>
<tr>
<td></td>
<td>b Supplies</td>
<td>37,816.</td>
<td>37,816.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Business development</td>
<td>11,526.</td>
<td>8,299.</td>
<td>2,766.</td>
<td>461.</td>
</tr>
<tr>
<td></td>
<td>d Web Site</td>
<td>11,077.</td>
<td>7,975.</td>
<td>2,659.</td>
<td>443.</td>
</tr>
<tr>
<td></td>
<td>e All other expenses</td>
<td>23,280.</td>
<td>20,060.</td>
<td>2,763.</td>
<td>457.</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e.</td>
<td>492,258.</td>
<td>382,309.</td>
<td>94,246.</td>
<td>15,703.</td>
</tr>
</tbody>
</table>

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [ ] if following SOP 98-2 (ASC 958-720).
## Part X  Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash — non-interest-bearing</td>
<td>57,618.1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>234,778.2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>1,869.4</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)(D), 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</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>1,730.8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>9,023.9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>10a</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>10b</td>
</tr>
<tr>
<td>11</td>
<td>Investments — publicly traded securities</td>
<td>11</td>
</tr>
<tr>
<td>12</td>
<td>Investments — other securities. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments — program-related. See Part IV, line 11</td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>305,018.16</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>0.26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34</td>
<td>X 64,946.27</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>240,072.28</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>29</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>305,018.33</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>305,018.34</td>
</tr>
</tbody>
</table>
Form 990 (2015)  Colorado Ovarian Cancer Alliance  87-0752876  Page 12

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  495,060.
2  Total expenses (must equal Part IX, column (A), line 25).  2  492,258.
3  Revenue less expenses. Subtract line 2 from line 1  3  2,802.
4  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  4  305,018.
5  Net unrealized gains (losses) on investments.  5  
6  Donated services and use of facilities  6  
7  Investment expenses  7  
8  Prior period adjustments  8  5,800.
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  313,620.

Part XII  Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

1  Accounting method used to prepare the Form 990:  □ Cash  □ Accrual  □ Other  

   If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a  Were the organization's financial statements compiled or reviewed by an independent accountant?  2a  X

   If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
   □ Separate basis  □ Consolidated basis  □ Both consolidated and separate basis

b  Were the organization's financial statements audited by an independent accountant?  2b  X

   If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
   □ Separate basis  □ Consolidated basis  □ Both consolidated and separate basis

2c  If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c  X

   If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a  X

b  If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.  3b  

BAA
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 990-EZ.

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

Name of the organization: Colorado Ovarian Cancer Alliance

Employer identification number: 87-0752876

<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status (All organizations must complete this part)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(i). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td>5</td>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>11</td>
<td>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.</td>
</tr>
<tr>
<td>a</td>
<td>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
</tr>
<tr>
<td>b</td>
<td>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
</tr>
<tr>
<td>c</td>
<td>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
</tr>
<tr>
<td>e</td>
<td>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(g) Name of supported organization</th>
<th>(h) EIN</th>
<th>(i) Type of organization (described on lines 1-9 above (see instructions))</th>
<th>(j) Is the organization listed in your governing document?</th>
<th>(k) Amount of monetary support (see instructions)</th>
<th>(l) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>(C)</td>
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<td>(D)</td>
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<td></td>
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<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any 'unusual grants'.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>2 Tax revenues levied for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization's benefit and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>either paid to or expended</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>on its behalf.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>facilities furnished by a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>governmental unit to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization without charge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The portion of total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>contributions by each person</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(other than a governmental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>unit or publicly supported</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>organization included on line 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>that exceeds 2% of the amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>shown on line 11, column (f).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dividends, payments received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>on securities loans, rents,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>royalties and income from similar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>9 Net income from unrelated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>business activities, whether or not the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>business is regularly carried on.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>loss from the sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Explain in Part VI).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>through 10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>12 Gross receipts from related activities,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>etc. (see instructions).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>for the organization's first, second,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>third, fourth, or fifth tax year as a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>section 501(c)(3) organization, check this</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
<tr>
<td>box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>October</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2015      |          |          |          |          |          | 14%       |
| (line 6, column (f)) divided by line 11,   |          |          |          |          |          | 15%       |
| column (f)).                               |          |          |          |          |          | October  |
| 15 Public support percentage from 2014     |          |          |          |          |          | 15%       |
| Schedule A, Part II, line 14.              |          |          | October  |

#### 16a 33-1/3% support test — 2015

If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. □

#### 16b 33-1/3% support test — 2014

If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. □

#### 17a 10%-facts-and-circumstances test — 2015

If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. The organization qualifies as a publicly supported organization. □

#### 17b 10%-facts-and-circumstances test — 2014

If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. The organization qualifies as a publicly supported organization. □

#### 18 Private foundation

If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions... □
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')</td>
<td>294,760</td>
<td>368,805</td>
<td>311,430</td>
<td>130,225</td>
<td>447,663</td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
<td>3,504</td>
<td>120</td>
<td>2,421</td>
<td>6,045</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513.</td>
<td>64,878</td>
<td>97,237</td>
<td>105,415</td>
<td>20,500</td>
<td>96,192</td>
</tr>
<tr>
<td>4</td>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6 Total. Add lines 1 through 5</strong></td>
<td>359,638</td>
<td>466,042</td>
<td>420,349</td>
<td>150,845</td>
<td>546,276</td>
<td>1,943,150</td>
</tr>
<tr>
<td>7a</td>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons.</td>
<td>79,416</td>
<td>92,974</td>
<td>58,566</td>
<td>29,060</td>
<td>48,833</td>
</tr>
<tr>
<td>7b</td>
<td>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.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>c Add lines 7a and 7b</strong></td>
<td>79,416</td>
<td>92,974</td>
<td>58,566</td>
<td>29,060</td>
<td>48,833</td>
<td>308,849</td>
</tr>
<tr>
<td>8</td>
<td>Public support. (Subtract line 7c from line 6.)</td>
<td>1,634,301</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th></th>
<th>(a) 2011</th>
<th>(b) 2012</th>
<th>(c) 2013</th>
<th>(d) 2014</th>
<th>(e) 2015</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Amounts from line 6.</td>
<td>359,638</td>
<td>466,042</td>
<td>420,349</td>
<td>150,845</td>
<td>546,276</td>
</tr>
<tr>
<td>10a</td>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.</td>
<td>1,204</td>
<td>834</td>
<td>744</td>
<td>259</td>
<td>825</td>
</tr>
<tr>
<td>10b</td>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Add lines 10a and 10b.</td>
<td>1,204</td>
<td>834</td>
<td>744</td>
<td>259</td>
<td>825</td>
</tr>
<tr>
<td>12</td>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13 Total support. (Add lines 9, 10c, 11, and 12.)</strong></td>
<td>360,842</td>
<td>466,876</td>
<td>421,093</td>
<td>151,104</td>
<td>547,101</td>
<td>1,947,016</td>
</tr>
<tr>
<td>14</td>
<td>First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Percentage for 2015 (line 8, column (f) divided by line 13, column (f)).</th>
<th>15</th>
<th>83.94%</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Public support percentage from 2014 Schedule A, Part III, line 15.</td>
<td>16</td>
<td>85.37%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Percentage for 2015 (line 10c, column (f) divided by line 13, column (f)).</th>
<th>17</th>
<th>0.20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Investment income percentage from 2014 Schedule A, Part III, line 17.</td>
<td>18</td>
<td>0.27%</td>
</tr>
<tr>
<td>19a</td>
<td>33-1/3% support tests — 2015. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19b</td>
<td>33-1/3% support tests — 2014. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part IV Supporting Organizations

(C) only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (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.

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 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.)
### Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?

- b A family member of a person described in (a) above?

- c 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.

### Section B. Type I Supporting Organizations

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.

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

### Section C. Type II Supporting Organizations

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).

### Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

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

1 Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see instructions):

- a The organization satisfied the Activities Test. Complete line 2 below.

- b The organization is the parent of each of its supported organizations. Complete line 3 below.

- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- 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? 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.

- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

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

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</td>
</tr>
</tbody>
</table>
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

#### Section D – Distributions

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2015 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by Line 9 amount.</td>
<td></td>
</tr>
</tbody>
</table>

#### Section E – Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2015</th>
<th>(iii) Distributable Amount for 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2015 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2015:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>h Applied to 2015 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>i Carryover from 2010 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2015 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Applied to 2015 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Remainder. Subtract lines 4a and 4b from 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2016.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Excess from 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 1a; 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 B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

2015

Name of the organization
Colorado Ovarian Cancer Alliance

Employer Identification number
87-0752876

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 527 political organization

☐ 501(c)(3) taxable private foundation

Form 990-PF

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
### Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

**Name of organization**: Colorado Ovarian Cancer Alliance  
**Employer Identification number**: 87-0752876

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Number</th>
<th>(b) Name, address, and ZIP + 4</th>
<th>(c) Total contributions</th>
<th>(d) Type of contribution</th>
</tr>
</thead>
</table>
| 1          | Richard and Mar Reinisch Foundation  
950 Augusta Way #303  
Highland Park, IL 60035 | $25,000 | Person x |
| 2          | JoAnn Fricke Cancer Foundation  
9904 East Pinewood Ave  
Englewood, CO 80111 | $10,000 | Person x |
| 3          | Alan and Trudy Bortz  
P.O. Box 9216  
Denver, CO 80209 | $5,025 | Person x |
| 4          | Leo Trujillo | $5,000 | Person x |
| 5          | Crane Fund for Widows and Children  
100 First Stamford Place  
Stamford, CT 06902 | $11,035 | Person x |
| 6          | Hein and Associated CPAs  
1999 Broadway Ste 4000  
Denver, CO 80202 | $5,000 | Person x |
## Part II Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
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</tbody>
</table>
**Part III**  
*Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)*  

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
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<tr>
<td>N/A</td>
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</tbody>
</table>

**Transfer of gift**  
Transferee's name, address, and ZIP + 4  
Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
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</table>

**Transfer of gift**  
Transferee's name, address, and ZIP + 4  
Relationship of transferor to transferee

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<thead>
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<th>Use of gift</th>
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</table>

**Transfer of gift**  
Transferee's name, address, and ZIP + 4  
Relationship of transferor to transferee

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<thead>
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<th>Purpose of gift</th>
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</tbody>
</table>
**Supplemental Financial Statements**

**Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
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<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? □ Yes □ No

6. Did the organization inform all grantee, donors, and donor advisors that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? □ Yes □ No

**Part II: Conservation Easements.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (e.g., recreation or education)
   - Protection of natural habitat
   - Preservation of open space
   - Preservation of a historically important land area
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Total number of conservation easements</td>
</tr>
<tr>
<td>2b Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

4. Number of states where property subject to conservation easement is located.

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? □ Yes □ No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

8. Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(i)? □ Yes □ No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   (i) Revenue included on Form 990, Part VIII, line 1. $  
   (ii) Assets included in Form 990, Part X. $  

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

   a. Revenue included on Form 990, Part VIII, line 1. $  
   b. Assets included in Form 990, Part X. $  

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization’s acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a Public exhibition
   b Scholarly research
   c Preservation for future generations
   d Loan or exchange programs
   e Other

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? Yes   No

Part IV  Escrow and Custodial Arrangements. Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes   No
   If ‘Yes,’ explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
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<tbody>
<tr>
<td>1c</td>
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<tr>
<td>1d</td>
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<tr>
<td>1e</td>
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<tr>
<td>1f</td>
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</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes   No
   If ‘Yes,’ explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V  Endowment Funds. Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 10.

1a Beginning of year balance
   b Contributions
   c Net investment earnings, gains, and losses
   d Grants or scholarships
   e Other expenditures for facilities and programs
   f Administrative expenses
   g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment
   b Permanent endowment
   c Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) unrelated organizations
   (ii) related organizations

b If ‘Yes’ on line 3a(ii), are the related organizations listed as required on Schedule R?

Part VI  Land, Buildings, and Equipment.

Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
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<tr>
<td>b Buildings</td>
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<tr>
<td>c Leasehold improvements</td>
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<td>d Equipment</td>
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<td>e Other</td>
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</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.). ▶ 0.

Schedule D (Form 990) 2015
**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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives....</td>
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<tr>
<td>Closely-held equity interests.</td>
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<td>Other</td>
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</table>

Total. (Column (b) must equal Form 990, Part X, column (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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
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</table>

Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)

**Part IX | Other Assets.**

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
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</table>

Total. (Column (b) must equal Form 990, Part X, column (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.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
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<tbody>
<tr>
<td>Federal income taxes</td>
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<td>(11)</td>
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</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (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. □
Schedule D (Form 990) 2015  Colorado Ovarian Cancer Alliance  87-0752876  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.

1 Total revenue, gains, and other support per audited financial statements ........................................... 1 495,060.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a Net unrealized gains (losses) on investments .................................................. 2a
   b Donated services and use of facilities ......................................................... 2b
   c Recoveries of prior year grants ...................................................................... 2c
   d Other (Describe in Part XIII.) ........................................................................ 2d
   e Add lines 2a through 2d .................................................................................. 2e
3 Subtract line 2e from line 1 .................................................................................. 3 495,060.
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.) ........................................................................ 4b
   c Add lines 4a and 4b ......................................................................................... 4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) ............ 5 495,060.

Part XII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements ........................................... 1 492,258.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a Donated services and use of facilities ......................................................... 2a
   b Prior year adjustments ................................................................................... 2b
   c Other losses ................................................................................................... 2c
   d Other (Describe in Part XIII.) ........................................................................ 2d
   e Add lines 2a through 2d .................................................................................. 2e
3 Subtract line 2e from line 1 .................................................................................. 3 492,258.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
   a Investment expenses not included on Form 990, Part VIII, line 7b ................. 4a
   b Other (Describe in Part XIII.) ........................................................................ 4b
   c Add lines 4a and 4b ......................................................................................... 4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) ............ 5 492,258.

Part XIII  Supplemental Information.
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.
**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

---

**Colorado Ovarian Cancer Alliance**

**Employer identification number**

87-0752876

**Part I**

**Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - Mail solicitations
   - Internet and email solicitations
   - Phone solicitations
   - In-person solicitations
   - Solicitation of non-government grants
   - Solicitation of government grants
   - Special fundraising events

2. **a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  
   - Yes
   - No

3. **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in column (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
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</table>

Total: 0.0

4. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

---

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

**Schedule G (Form 990 or 990-EZ) 2015**
### Part II Fundraising Events
Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jodie's Race</td>
<td>Teal To Do</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Gross receipts</td>
<td>331,233</td>
<td>111,130</td>
<td>442,363</td>
</tr>
<tr>
<td>2</td>
<td>Less: Contributions</td>
<td>241,626</td>
<td>104,545</td>
<td>346,171</td>
</tr>
<tr>
<td>3</td>
<td>Gross income (line 1 minus line 2)</td>
<td>89,607</td>
<td>6,585</td>
<td>96,192</td>
</tr>
</tbody>
</table>

#### Direct Expenses

<table>
<thead>
<tr>
<th>DIRECT EXPENSES</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>48,439</td>
</tr>
<tr>
<td>10 Direct expense summary</td>
<td></td>
</tr>
<tr>
<td>11 Net income summary</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>REVENUE</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/Instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Gross revenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Other direct expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Volunteer labor</td>
<td>Yes %</td>
<td>No</td>
<td>Yes %</td>
</tr>
<tr>
<td>7</td>
<td>Direct expense summary</td>
<td>Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Net gaming income summary</td>
<td>Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter the state(s) in which the organization conducts gaming activities:

- a. Is the organization licensed to conduct gaming activities in each of these states?  
  - Yes  
  - No

- b. If 'No,' explain:  
  -

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  

- b. If 'Yes,' explain:  
  -
11 Does the organization conduct gaming activities with nonmembers?  
   □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  
   □ Yes □ No

13 Indicate the percentage of gaming activity conducted in:  
   a The organization’s facility.  
   □ 13a %
   b An outside facility.  
   □ 13b %

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

   Name ▶
   Address ▶

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

   b If ‘Yes,’ enter the amount of gaming revenue received by the organization ▶ $ and the amount of gaming revenue retained by the third party ▶ $.

   c If ‘Yes,’ enter name and address of the third party:

   Name ▶
   Address ▶

16 Gaming manager information:

   Name ▶
   Gaming manager compensation ▶ $  
   Description of services provided ▶

   □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions

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

   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year ▶ $.

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

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes  [No]

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

## Part II | Grants and Other Assistance to Domestic Organizations and Domestic Governments

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>Row</th>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<td>5</td>
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<td>7</td>
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<tr>
<td>8</td>
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</tr>
</tbody>
</table>

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

3. Enter total number of other organizations listed in the line 1 table: 0

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

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benevolence/See Attached Schedule</td>
<td>25</td>
<td>48,937</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4</td>
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<tr>
<td>5</td>
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<tr>
<td>6</td>
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<tr>
<td>7</td>
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</tbody>
</table>

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Form 990, Part VI, Line 11b - Form 990 Review Process

Upon completion of the 990, the preparer reviews the draft with the Executive Director at which time any questions or incorrect answers to questions are resolved. After this procedure is completed the Executive director presents the final copy to the entire Board for review and filing.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

A standing policy exists that prohibits conflicts of interest, that is monitored on a constant basis. All members are expected to disclose any conflict or appearance of a conflict on an ongoing basis.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Committee of the board of directors reviews qualified applications and schedules interviews with the top candidates.

The following factors are taken into consideration:

- Past compensation at the position
- Experience level
- Comparability with local executive director salaries in the Denver area (using the Colorado Non profit data base and guidestar, a national search engine for non profits)
- Educational level
- Stage of growth and resources of the Organization.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available upon request