Form **8868**

Department of the Treasury Internal Revenue Service Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

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

Automati	c 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).							
All corporat	ions required to file an income tax return other th	an Form 99	00-T (including 1120-C filers), partnership	os, REI	MICs, and	trusts must				
use Form /	2004 to request an extension of time to file income	e tax return	s. Enter filer's identi	fying n	umber, se	e instructions				
	Name of exempt organization or other filer, see instructions.			Emplo	yer identification	on number (EIN) or				
Type or										
orint	Colorado Youth Corps Associat:			84-1532028						
ile by the	Number, street, and room or suite number. If a P.O. box, see in	Social	er (SSN)							
due date for iling your	1640 Grant Street #210									
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
	Denver, CO 80203									
Enter the Re	eturn Code for the return that this application is for	or (file a se	parate application for each return)			01				
Application		Return	Application			Return				
s For		Code	ls For			Code				
orm 990 or	Form 990-EZ	01	Form 990-T (corporation)			07				
orm 990-B		02	Form 1041-A			08				
orm 4720 (i	•	03	Form 4720 (other than individual)			09				
Form 990-P		04	Form 5227	10						
Form 990-T (section 401(a) or 408(a) trust) Form 990-T (trust other than above)		05	Form 6069			11				
-01111 990-1	(trust other than above)	06	Form 8870			12				
If the orIf this is check the extended	ne No. ► (303) 863-0600 ganization does not have an office or place of bu for a Group Return, enter the organization's four his box ►	digit Group check this b	ne United States, check this box	this is mes a	for the wh	ole group,				
for the X	organization named above. The extension is for the calendar year 20 $\underline{17}$ or	organization		ZallOII	returri					
	tax year beginning, 20									
	tax year entered in line 1 is for less than 12 mont lange in accounting period	ths, check r	reason: Initial return Fir	nal retu	ırn					
	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions			3 a	\$	0.				
	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpaymer			3 b	\$	0.				
	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See			3 c	\$	0.				
	you are going to make an electronic funds withdra	awal (direct	debit) with this Form 8868, see Form 84	153-EC	and Form					
payment ins		•								

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **990**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Α	For t	ne 2017 calen	dar year, or tax year begin	ining	, 2017,	and ending	3		,	
В	Check	if applicable:	С				D	Employ	er identif	ication number
	А	ddress change	Colorado Youth C	orps Associatio	n			84-	15320	128
		lame change	1640 Grant Stree	+ #210			E	Telepho		
	-	-	Denver, CO 80203							
	\vdash	nitial return					<u> </u>	303	-863-	-0600
	Fi	inal return/terminated								
	A	mended return						Gross r		
	Α	pplication pending	F Name and address of principa	^{l officer:} Jessica Ke	lleher		H(a) Is this a g			
			Same As C Above			ŀ	H(b) Are all sul If 'No,' atta	oordinates	included	? Yes No
T	Tax	-exempt status	X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or	527	ii ivo, au	acii a iist.	(See IIISII	ructions)
J			w.cyca.org	, , ,	- ()()		H(c) Group exe	mntion nu	ımher 🕨	
K		n of organization:	X Corporation Trust	Association Other ►	lı v	ear of formatio	• • • • • • • • • • • • • • • • • • • •			gal domicile: CO
	rt I	-		ASSOCIATION	-	ear or iornatio	1999	IVI	otate of le	gai domicile. CO
Fa		Summar Briefly deseri	y ha tha arganization's missi	ion or most significant o	otivition CVC	71				
	1		be the organization's missi			A'S MIS	<u>slon 18</u>	<u> </u>	<u>advar</u>	ice the
8		Colorado	<u>youth conservat:</u>	<u>lon corps movem</u>	<u>ent.</u>					
Activities & Governance										
ᇤ										
ð	2	Check this bo		n discontinued its opera						sets.
<u>ن</u>	3		oting members of the gover						3	7
တ္	4		dependent voting members						4	7
≗	5		of individuals employed in						5	5
÷	6		of volunteers (estimate if						6	16
¥			ed business revenue from I						7a	0.
	b	Net unrelated	l business taxable income	from Form 990-T, line 3	<u> </u>				7b	0.
								r Year		Current Year
a)	8	Contributions	and grants (Part VIII, line		3,	154,9	38.	3,552,869.		
ğ	9	Program serv	rice revenue (Part VIII, line	e 2g)			•	60,6	64.	126,919.
Revenue	10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)					501.	427.
8	11	Other revenu	e (Part VIII, column (A), lir	nes 5, 6d, 8c, 9c, 10c, a	nd 11e)					19,500.
	12		e – add lines 8 through 11					216,2	203.	3,699,715.
	13		imilar amounts paid (Part I				-,	834,5		3,076,018.
	14		to or for members (Part I)	• •	-			001/0	, , , ,	3/0/0/010.
	15		er compensation, employee				-	199,0	111	209,897.
es								199,0	141.	209,091.
Expenses			fundraising fees (Part IX, o							
×	b	Total fundrais	sing expenses (Part IX, col	lumn (D), line 25) 🕨	4	7,612.				
ш	17	Other expens	ses (Part IX, column (A), lii	nes 11a-11d, 11f-24e)				160,9	98.	359,375.
	18	Total expense	es. Add lines 13-17 (must	equal Part IX, column (A	A), line 25)		3,	194,6	06.	3,645,290.
	19	Revenue less	expenses. Subtract line 1	8 from line 12				21,5	97.	54,425.
- S							Beginning of			End of Year
캶	20	Total assets	(Part X, line 16)					632,0		668,723.
Ass	21	Total liabilitie	s (Part X, line 26)					312,9		295,246.
Net Assets Fund Baland	22	Not accets or	fund balances. Subtract li	no 21 from lino 20						·
				THE ZT HOTTI IIITE ZU				319,0	152.	373,477.
	rt II	Signatur								
Unde	er pena plete. D	ilties of perjury, I de Declaration of prepa	eclare that I have examined this returner (other than officer) is based on	urn, including accompanying sch all information of which prepare	iedules and statem r has any knowled	nents, and to th lge.	ne best of my k	nowledge	and belie	f, it is true, correct, and
		<u> </u>		· ·						
٥.		Signatu	re of officer				Date			
Siç	gn								_	
He	re		Roberson				Secret	ary/	l'reas	
		- ''	print name and title	T		T = .			1 1-	
		Print/Type p	oreparer's name	Preparer's signature		Date	Ch	neck	if F	PTIN
Pa	id	<u>Jame</u> s	M Davis	James M Davis			se	lf-employ	ed	200290880
	epar	er Firm's name	► Davis & Co.,	CPAs, P.C.						
	Jse Only Firm's address ▶ 9457 S. University Blvd., #410						Fi	rm's EIN	84 -	1184234
			Highlands Rai					none no.	(303	
May	v the	IRS discuss th	is return with the preparer		tructions)				(303	X Yes
mu	,	0130033 [otam with the proparer		40110110/					110

rai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CYCA's mission is to advance the Colorado youth conservation corps movement.
2	Did the organization undertake any significant program services during the year which were not listed on the prior
	Form 990 or 990-EZ?
_	If 'Yes,' describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If 'Yes,' describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, 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.
4 a	(Code:) (Expenses \$ 3,396,017. including grants of \$) (Revenue \$)
	See Schedule O
	bec_beneatie_o
4 b	(Code:) (Expenses \$114,356. including grants of \$) (Revenue \$)
	See Schedule O
4 c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	
A	Other program convices (Describe in Schedule O.)
4 d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
/10	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 3 510 373

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
á	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ŀ	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Form 990 (2017) Colorado Youth Corps Association Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Χ
b	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
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? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Χ
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2017) Colorado Youth Corps Association 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....

Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No				
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a	7							
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0							
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1 c	Χ					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	5							
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	Χ					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х				
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>		3b						
4 a 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)?		4 a		Х				
b If 'Yes,' enter the name of the foreign country: ▶								
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		Х				
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c						
6 a 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?								
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?								
7 Organizations that may receive deductible contributions under section 170(c).	Ī							
a 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?								
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b						
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7 c		Х				
d If 'Yes,' indicate the number of Forms 8282 filed during the year								
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e		X				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		X				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8						
9 Sponsoring organizations maintaining donor advised funds.								
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a						
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	_	9 b						
0 Section 501(c)(7) organizations. Enter:								
a Initiation fees and capital contributions included on Part VIII, line 12								
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b								
1 Section 501(c)(12) organizations. Enter:								
a Gross income from members or shareholders								
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a						
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year								
3 Section 501(c)(29) qualified nonprofit health insurance issuers.								
a Is the organization licensed to issue qualified health plans in more than one state?		13a						
Note. See the instructions for additional information the organization must report on Schedule O.								
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
c Enter the amount of reserves on hand				7.7				
4a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14b	000	(2017)				

Nancy Weil 1640 Grant Street, #210

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. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... 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 .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... Χ 15a 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... Χ 16 a **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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Denver CO 80203 (303) 863-0600

Form 990 (2017) Colorado Youth Corps Association	Form 990 (2017	7) Colorado	Youth Corps	Associatio
--	----------------	-------------	-------------	------------

84-1532028

Page 7

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

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	(C)									
(A) Name and Title	(B) Average hours per	Pos thar is	s both	ector	officer /trust	eck moss pers and a ee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Jessica Kelleher	0.5									
Chair	0	Х		Χ				0.	0.	0.
<u>(2) Peter Robinson</u> Director	_ <u>0.5</u> _	X						0.	0.	0.
(3) Ed Roberson	0.5									
Secretary/Treas	0	Х		Χ				0.	0.	0.
(4) Mark Wertheimer	0.5									
Director	0	Χ						0.	0.	0.
(5) Mike King	0.5									
Director	0	Χ						0.	0.	0.
(6) Margaret Taylor	0.5									
Director	0	Χ						0.	0.	0.
	0.5									_
Director	0	Χ						0.	0.	0.
(8) Scott Segerstrom	_ 40 _				3.7			72 000	0	0 000
Executive Director	0				Х			73,000.	0.	2,920.
_(9)										
(10)										
<u>(11)</u>		-								
(12)										
<u>(13)</u>										
(14)										

Part VII Section A. Officers, Directors, Tru		Key	Em			es,	and	d Highest Com	pensated Empl	oyees	(conti	nued)
(A) Name and title	Average hours per week	offic	, unle cer ar	ess pe nd a d	sition more erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amou	(F) stimated int of otl pensation	her
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org	om the anizatio d related anization	d
<u>(15)</u>												
<u>(16)</u>												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							•	73,000.	0.		2,9	920.
c Total from continuation sheets to Part VII, Secti							>	0.	0.	0.		
d Total (add lines 1b and 1c)	to those I	ictod	oho.			rocci	vod	73,000.	0.	oncotion	2,9	920.
from the organization • 0	to those i	isteu	abo	ve) (WIIO	recei	veu	more than \$100,00	o of reportable comp	ELISALIOI		1
3 Did the organization list any former officer, direc	tor or tru	ıstee	kev	/ em	nnlov	/66	or h	nighest compensa	ted employee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for suc	h individu	ıal								3		Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportaber than \$1	1e co 50,00	mpe 00?	ensa If '\ 	ition ⁄ <i>es,</i>	and ' <i>con</i>	otn <i>iple</i>	er compensation te Schedule J for	irom	4		Х
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	nsatio ete So	on fr chea	om dule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	individual	5		X
1 Complete this table for your five highest compen compensation from the organization. Report compensation	sated ind	epen	dent	t coi	ntra	ctors	tha	t received more the	nan \$100,000 of			
(A) Name and business add		trie c	aien	uar	year	enai	ng v	Description of		((Compe	c)	n n
rvaine and business add	1033							Description	DI SCIVICES	Compe	iisaliU	11
2 Total number of independent contractors (including to \$100,000 of compensation from the organization		ited to	o tho	se I	isted	abo	ve)	who received more	than			

Form 990 (2017) Colorado Youth Corps Association 84-1532028 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions) 3,486,805 **f** All other contributions, gifts, grants, and similar amounts not included above . . . 66,064 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 3,552,869 **Business Code** Program Service Revenue 2a Training & program fees 900099 126,919 126,919 f All other program service revenue. . . g Total. Add lines 2a-2f 126,919 Investment income (including dividends, interest and other similar amounts) 427 427. Income from investment of tax-exempt bond proceeds . > Royalties.... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss)..... **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including. \$ of contributions reported on line 1c). See Part IV, line 18..... a **b** Less: direct expenses **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code 11a** <u>Miscellaneous</u> 19,500 19,500

19,500

126,919

0

699,715

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.....

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX										
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	organizations and domestic governments. See Part IV, line 21	3,076,018.	3,076,018.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22										
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4 5	Benefits paid to or for members	73,000.	54,750.	14,600.	3,650.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7		106,715.	92,232.	12,238.	2,245.						
8	Pension plan accruals and contributions	100,713.	72,232.	12,230.	2,243.						
0	(include section 401(k) and 403(b) employer contributions)	4,116.	3,363.	617.	136.						
9	Other employee benefits	12,729.	10,400.	1,909.	420.						
10	Payroll taxes	13,337.	10,400.	2,001.	440.						
11	Fees for services (non-employees):	13,337.	10,050.	2,001.	440.						
	a Management										
	b Legal										
	c Accounting	12,964.		12,964.							
(d Lobbying	,		,							
	e Professional fundraising services. See Part IV, line 17										
	f Investment management fees										
Ć	3 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	112,651.	52,658.	28,969.	31,024.						
12	Advertising and promotion.	2,424.	238.	268.	1,918.						
13	Office expenses	7,461.	3,817.	2,642.	1,002.						
14	Information technology	10,118.	7,988.	1,788.	342.						
15	Royalties										
16	Occupancy	38,890.	31,143.	6,345.	1,402.						
17	Travel	20,047.	16,514.	460.	3,073.						
18	expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	9,070.	9,070.								
20	Interest										
21	Payments to affiliates	6 150	5 040	100	2.0						
22 23	Depreciation, depletion, and amortization	6,158.	5,940.	120.	98.						
24		5,334.	4,281.	863.	190.						
i	Contract services - corps	124,307.	124,307.								
	Dues, fees & subscriptions	6,683.	4,538.	532.	1,613.						
	Equip_rent/maintenance	1,855.	1,492.	304.	59.						
	Printing and Publications	1,371.	686.	685.							
	e All other expenses	42.	42.								
25	Total functional expenses. Add lines 1 through 24e	3,645,290.	3,510,373.	87,305.	47,612.						
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)										
DAA					F 000 (0017)						

		Check if Schedule O contains a response or note to	any line	in this Part X		<u></u>					
					(A) Beginning of year		(B) End of year				
	1	Cash — non-interest-bearing				1					
	2	Savings and temporary cash investments			291,948.	2	499,978.				
	3	Pledges and grants receivable, net				3					
	4	Accounts receivable, net			315,176.	4	149,138.				
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	mplovees	s. Complete II							
	_			<u> </u>		5					
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	I contributing ary employees' of Schedule L		6						
ts	7	Notes and loans receivable, net			7						
Assets	8	Inventories for sale or use				8					
Ä	9	Prepaid expenses and deferred charges			6,130.	9	6,971.				
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	33,965.							
	b	Less: accumulated depreciation		23,329.	15,194.	10 c	10,636.				
	11	Investments — publicly traded securities			- ,	11	,				
	12	Investments – other securities. See Part IV, line 11	stments – other securities. See Part IV, line 11								
	13	Investments – program-related. See Part IV, line 11.		13							
	14	Intangible assets			3,600.	14	2,000.				
	15	Other assets. See Part IV, line 11			·	15	·				
	16	Total assets. Add lines 1 through 15 (must equal line	34)		632,048.	16	668,723.				
	17	Accounts payable and accrued expenses			312,996.	17	295,246.				
	18	Grants payable		18							
	19	Deferred revenue	<u> </u>		19						
(A	20	Tax-exempt bond liabilities		<u> </u>		20					
tie	21	Escrow or custodial account liability. Complete Part I		<u> </u>		21					
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disquali	fied persons.		22					
	23	Secured mortgages and notes payable to unrelated th	ird partie	es		23					
	24	Unsecured notes and loans payable to unrelated third	parties.			24					
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to rela	ted third parties, tt X of Schedule D.		25					
	26	Total liabilities. Add lines 17 through 25			312,996.	26	295,246.				
S		Organizations that follow SFAS 117 (ASC 958), check he	re ►	X and complete							
ë		lines 27 through 29, and lines 33 and 34.	_	_							
<u>a</u>	27	Unrestricted net assets		<u> </u>	299,052.	27	353,477.				
Ba	28	Temporarily restricted net assets.		-	20,000.	28	20,000.				
P	29	Permanently restricted net assets				29					
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.									
9	30	Capital stock or trust principal, or current funds				30					
8	31	Paid-in or capital surplus, or land, building, or equipment	ent fund			31					
As	32	Retained earnings, endowment, accumulated income,	or other	funds		32					
fet	33	Total net assets or fund balances			319,052.	33	373,477.				
	34	Total liabilities and net assets/fund balances			632,048.	34	668,723.				

BAA Form **990** (2017)

. 011	1930 (2017) COTOTAGO TOUCH COTPS ASSOCIACION 04	1332	020		uge	
Pa	rt 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	3	, 699,	,71	5.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	, 645,	, 29	0.
3	Revenue less expenses. Subtract line 2 from line 1	3		54,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		319,		
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				
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		373,	, 47	7.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	s I	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain					
	in Schedule O.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review	ed on a				
	separate basis, consolidated basis, or both:	, ou on u				
	Separate basis Consolidated basis Both consolidated and separate basis					
	b Were the organization's financial statements audited by an independent accountant?		2	е Б		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate	ate				
	basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi	t,	_			
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single					
,	Audit Act and OMB Circular A-133?		3	Ba X		
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	вь Х		

BAA Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number Colorado Youth Corps Association 84-1532028 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 Χ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. **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.** 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. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			•	,		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	2,079,101.	2,223,984.	3,395,911.	3,154,938.	3,552,869.	14,406,803.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,079,101.	2,223,984.	3,395,911.	3,154,938.	3,552,869.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						14,406,803.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2,079,101.	2,223,984.	3,395,911.	3,154,938.	3,552,869.	14,406,803.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	925.	640.	1,285.	601.	427.	3,878.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			2,200			0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). See Part VI.					19,500.	19,500.
	Total support. Add lines 7 through 10						14,430,181.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ 🗍
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	017 (line 6, colum	n (f) divided by lir	ne 11, column (f)))	14	99.84%
15	Public support percentage from	2016 Schedule A,	Part II, line 14				99.97%
16a	33-1/3% support test—2017. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b blicly supported o	oox on line 13, an rganization	id line 14 is 33-1/3	3% or more, check	k this box
b	33-1/3% support test—2016. If the and stop here. The organization	ne organization did n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Par	t VI how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	est-2016. If the or meets the 'facts-a d-circumstances'	rganization did no and-circumstance test. The organiza	ot check a box on s' test, check this ation qualifies as	line 13, 16a, 16b box and stop he a publicly suppor	, or 17a, and line re. Explain in Par ted organization	15 is 10% t VI how the ►
18	Private foundation. If the organi						

84-1532028

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (c) 2015 Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.'). 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. . Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf... The value of services or facilities furnished by a governmental unit to the organization without charge . . **Total.** Add lines 1 through 5... Amounts included on lines 1, 2, and 3 received from disqualified persons... **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year...... c Add lines 7a and 7b..... Public support. (Subtract line 7c from line 6.). Section B. Total Support (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) **9** Amounts from line 6...... 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)... Total support. (Add lines 9, 10c, 11, and 12.)..... First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))..... % 15 16 Public support percentage from 2016 Schedule A, Part III, line 15..... 용 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))...... 17 % 18 19a 33-1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33-1/3% support tests -2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and

line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.....

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	1		
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			
3a	described in section 509(a)(1) or (2). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
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.	3b		
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.	3c		
4 a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4 a		
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.	4b		
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.	4 c		
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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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	6		
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
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).	7		
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).	8		
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))?	0-		
b	If 'Yes,' provide detail in Part VI . 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 .	9a 9b		
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 .	9c		
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)? If 'Yes,'			
1.	answer 10b below.	10a		
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

BAA

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations			
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele Part \ If the direct	ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
	applie	ed to such powers during the tax year.	1		
	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organ	nization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how</i> rganization maintained a close and continuous working relationship with the supported organization(s).	2		
	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was purpose to those supported organizations, and how the organization determined that these activities constituted			
		antially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Parer	nt of Supported Organizations. Answer (a) and (b) below.			
а	Did the each	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
		e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990 of 990-E2) 2017 COLOTADO YOUTH COTPS ASSOCIATIO			32028 F	aye c
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on N ons mu	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Ye (optional)	ar
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8			
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Ye (optional)	ar
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):				
- 6	Average monthly value of securities	1a			
ŀ	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	d Total (add lines 1a, 1b, and 1c)	1d			
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current Yea	r
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			·
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			

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

Schedule A (Form 990 or 990-EZ) 2017

10 Line 8 amount divided by line 9 amount

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	

(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Excess	Excess Underdistributions

BAA

Schedule A (Form 990 or 990-EZ) 2017

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income

Nature and Source			2017	 2016	 2015	 2014	 2013
Miscellaneous	Total	\$ \$	19,500. 19,500.	\$ 0.	\$ 0.	\$ 0.	\$ 0.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	xy Tax) (see separate instruct Section 501(c)(4), (5), or (6) o	tions), then rganizations: Complete Part III.			
		Youth Corps Association		Employer identifica	ation number
		-		84-153202	
		rganization is exempt under section	· · ·		zation.
1		organization's direct and indirect political on of 'political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity ex	penditures (see instructions)		▶\$	
3	Volunteer hours for political	campaign activities (see instructions)			
		rganization is exempt under section	, , , ,		
		ise tax incurred by the organization under			
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 8	a Was a correction made?				Yes No
ı	b If 'Yes,' describe in Part IV.				
Pai	rt I-C Complete if the or	rganization is exempt under section	on 501(c) , except	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt functio	n activities > \$	
2		organization's funds contributed to other organ			
3	Total exempt function expendine 17b	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	amount of political contribution	and employer identification number (EIN) s. For each organization listed, enter the as s received that were promptly and directly del I action committee (PAC). If additional spa	ivered to a separate po	olitical organization, such	as a separate
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if section 501(the organization i	s exempt under sec		filed Form 5768 (el	ection under
	••	to an affiliated group (and	list in Part IV each affilia	ted group member's name).
<u> </u>		share of excess lobbying		9	,
B Check ► ☐ if the filir	ng organization checke	ed box A and 'limited cor	ntrol' provisions apply.		
(The term	Limits on Lobbyin	g Expenditures s amounts paid or incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence publi	c opinion (grass roots lo	bbying)	7,500.	
b Total lobbying expenditudes	-	- ·		22,500.	
c Total lobbying expenditu	·	•	-	30,000.	0.
d Other exempt purpose e	•			3,615,290.	
e Total exempt purpose e				3,645,290.	0.
f Lobbying nontaxable an both columns		ınt from the following tab		332,265.	
If the amount on line 1e, colu		ne lobbying nontaxable	amount is:		
Not over \$500,000		% of the amount on line 1e.	<u> </u>		
Over \$500,000 but not over \$1,	·	00,000 plus 15% of the excess			
Over \$1,000,000 but not over \$ Over \$1,500,000 but not over \$		75,000 plus 10% of the excess 25,000 plus 5% of the excess of			
Over \$17,000,000 but not over \$,000,000 plus 5% of the excess o	ver \$1,500,000.		
q Grassroots nontaxable a	·	· ·		83,066.	0.
h Subtract line 1g from lin	•	•		0.	0.
i Subtract line 1f from line	e 1c. If zero or less, e	nter -0		0.	0.
j If there is an amount othe section 4911 tax for this	er than zero on either lir	ne 1h or line 1i, did the org	anization file Form 4720	reporting	
(Som	e organizations that r	Year Averaging Period L nade a section 501(h) el w. See the separate instr	ection do not have to c		1 1
		ng Expenditures During			
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2 a Lobbying nontaxable amount	265,039.	328,902.	309,730.	332,265.	1,235,936.
b Lobbying ceiling amount (150% of line					
2a, column (e))					1,853,904.
2a, column (e)) c Total lobbying expenditures	24,000.	24,000.	24,000.	30,000.	1,853,904. 102,000.
2a, column (e)) c Total lobbying	24,000. 66,260.		24,000. 77,433.	30,000. 83,066.	<u> </u>
2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable					102,000.
2a, column (e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line		82,226.		83,066. 7,500.	102,000. 308,985.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

(election under section 501(n)).	(a	1)		(b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Ar	nount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		-			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501('c)(5)	or			
section 501(c)(6).	(C)(O)	, 01			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the p	orior ye	ear?	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part I	, or s II-A, I	ection 5 line 3, is	601(c)	
1 Dues, assessments and similar amounts from members.		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year.	L	2b			
c Total.		2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
• Issued a mount of robbying and pointed experientation (500 matrices)		~			

Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Colorado Youth Corps Associ	Lation		84-15320	28
Par	Organizations Maintaining Dono Complete if the organization answ	r Advised Funds or Oth vered 'Yes' on Form 990	er Similar Funds), Part IV, line 6.		
1 2 3 4	Total number at end of year	(a) Donor advised	funds	(b) Funds and other	er accounts
5	Did the organization inform all donors and don are the organization's property, subject to the	organization's exclusive legal	control?	∐Y€	es No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor	, or for any other pu	rpose conferring	es No
Par	Conservation Easements. Complete if the organization answ	wered 'Yes' on Form 990), Part IV, line 7.		
2	Purpose(s) of conservation easements held by Preservation of land for public use (e.g., reprotection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization hast day of the tax year.	ecreation or education)	Preservation of a Preservation of a	historically important la certified historic structu f a conservation easemer	ure
Ł	Total number of conservation easements Total acreage restricted by conservation easer Number of conservation easements on a certif	nents		Held at the End 2 a 2 b 2 c	d of the Tax Year
3	Number of conservation easements included in structure listed in the National Register			2 d brganization during the	
4 5 6	Number of states where property subject to conse Does the organization have a written policy re- and enforcement of the conservation easement Staff and volunteer hours devoted to monitoring, i	garding the periodic monitorin		Y€	
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, handling of violations, and	d enforcing conservati	on easements during the	year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote t conservation easements.	conservation easements in its r o the organization's financial	revenue and expense statements that description	statement, and balance s cribes the organization's	heet, and accounting for
Par	Organizations Maintaining Collection Complete if the organization answ	<mark>ctions of Art, Historical</mark> vered 'Yes' on Form 990	Treasures, or On On Part IV, line 8.	ther Similar Assets	·
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finan	ld for public exhibition, educatio	n, or research in furth	e statement and balance erance of public service,	e sheet works of provide,
t	Diff the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items: (i) Revenue included on Form 990, Part VIII,	or public exhibition, education, or	r research in furtherar	ice of public service, prov	eet works of art, ide the
	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art, hamounts required to be reported under SFAS	istorical treasures, or other simi 116 (ASC 958) relating to thes	lar assets for financia se items:	gain, provide the following.	ng
	Revenue included on Form 990, Part VIII, line	1		▶\$ ▶\$	
L	Accete included in Form 990 Part Y			▶ ♀	

Part III Organizations Maintai	ning Colle	ections of Art,	Historica	i ireasures, or	Other Similar Ass	ets (contini	iea)
3 Using the organization's acquisition, items (check all that apply):	accession, a	nd other records, cl	heck any of	the following that are	a significant use of its o	collection	
a Public exhibition		d	Loan or exc	change programs			
b Scholarly research		e	Other				
c Preservation for future genera	ations						
4 Provide a description of the organization Part XIII.			-	· ·			
5 During the year, did the organizat to be sold to raise funds rather th	an to be mai	intained as part of	f the organi	zation's collection?		Yes	No
Part IV Escrow and Custodial line 9, or reported an a	amount on	Form 990, Pa	rt X, line	rganization ans 21.	wered Yes on Foi	m 990, Pa	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodia	n or other interme	ediary for co	ontributions or othe	assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII a	and complete the f	following ta	ble:			
						Amount	
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance							_
2a Did the organization include an ar					- L	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here if the	explanation	has been provided	on Part XIII		
D IV E I O	1 1 '6			107 1 5	000 D 1 N / 1	1.0	
Part V Endowment Funds. Co							
1 - Reginning of year helence	(a) Current	year (b) Pi	rior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains,							
and losses							
d Grants or scholarships							
Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage		-	ce (line 1g,	column (a)) held a	S:		
a Board designated or quasi-endowme		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
b Permanent endowment ►	 %						
c Temporarily restricted endowmen		%					
The percentages on lines 2a, 2b, an	d 2c should e	qual 100%.					
3 a Are there endowment funds not in the	ne possession	of the organization	that are he	ld and administered	for the		
organization by:						Yes	No
(i) unrelated organizations (ii) related organizations						3a(i)	
b If 'Yes' on line 3a(ii), are the relative						3a(ii) 3b	
4 Describe in Part XIII the intended	-					30	
Part VI Land, Buildings, and E			aowinient iu	iius.			
Complete if the organiz			Form 99	0, Part IV, line	11a. See Form 990	D, Part X, Ii	ne 10.
Description of property		(a) Cost or other to (investment)	pasis (b	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment				33,965.	23,329.	10	,636.
e Other							-
Total. Add lines 1a through 1e. (Column	n (d) must ed	qual Form 990, Pa	art X, colum	n (B), line 10c.)		10	,636.
BAA					Schedu	le D (Form 99	

	urities.	N/A
		990, Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including na		(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(l)		
Total. (Column (b) must equal Form 990, Part X, column		17 / 3
Part VIII Investments — Program R	(elated. on answered 'Yes' on Form	N/A 990, Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	
(1)	(4) 2 5 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	(-)
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column	ı (B) line 13.) ▶	
Part IX Other Assets.	N	N/A
Complete if the organization		990, Part IV, line 11d. See Form 990, Part X, line 15
(1)	(a) Description	(b) Book value
<u>(1)</u> (2)		-
(3)		
(4)		
(5)		
(6)		
(7)		
(7)		
(8)		
(8)		
(8) (9) (10)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Pa	art X, column (B) line 15.)	>
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X Other Liabilities.		•
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ	vered 'Yes' on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ (a) Description of liability		ne 11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes	vered 'Yes' on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes (2)	vered 'Yes' on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Pa Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes (2) (3)	vered 'Yes' on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Pa Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes (2) (3) (4)	vered 'Yes' on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Pa Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes (2) (3)	vered 'Yes' on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	vered 'Yes' on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	vered 'Yes' on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	vered 'Yes' on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	vered 'Yes' on Form 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X, line 25
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X Other Liabilities. Complete if the organization answ (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	vered 'Yes' on Form 990, Part IV, lii (b) Book va	ne 11e or 11f. See Form 990, Part X, 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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	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	3,699,715.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	. 2e	
3 Subtract line 2e from line 1	. 3	3,699,715.
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		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b.	. 4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	3,699,715.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	. Dotus	_
i di tami i recombination di Expenses per Addited i maneial otatements triti Expenses pe	r Returi	n.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	r Keturi	n.
	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	1	3,645,290.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. 2 b	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 Donated Services and Use of facilities. 2 Donated Services and Use of facilities.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). 2 d	. 1 2e	3,645,290.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	. 1 2e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a	. 1 2e	3,645,290.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a b Other (Describe in Part XIII.) 4 b	2e 3	3,645,290.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2e 3	3,645,290.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 a b Other (Describe in Part XIII.) 4 b	2e 3	3,645,290.

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.

Part X - FIN 48 Footnote

The Association is exempt from federal and state income taxes under IRC Code Section 501(c)(3), has no items of taxable unrelated business income, and believes it is in compliance with all requirements necessary to maintain its status.

BAA Schedule **D** (Form 990) 2017

SCHEDULE I (Form 990)

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Colorado Youth Corps Association

Part I General Information on Grants and Assistance

Employer identification number 84-1532028

5		the use of grant fu		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?					
		2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV							
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.									
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1) Larimer Cnty Youth Cons Corps 200 W. Oak Street, #5000 Fort Collins, CO 80522	84-6000779		137,250.	0.			Environmental remediation		
(2) Western Colorado Conservation 2818 1/2 North Ave.	T4 0405004		444.505				Environmental		
Grand Junction, CO 81501 (3) Rocky Mtn Youth Corps P.O. Box 775504	74-2486204		444,526.	0.			Environmental		
Steamboat Springs, CO 80477 (4) Conservation Legacy 701 Camino del Rio, #101	84-1483022		701,594.	0.			remediation Environmental		
Durango, CO 81301 (5) Mile High Youth Corps 1801 Federal Blvd. Denver, CO 80204	84-1450808 84-1182631		618,518. 1,005,402.	0.			remediation Environmental remediation		
(6) Weld County Youth Conservatio P.O. Box 1805 Greeley, CO 80632	84-6000813		168,728.	0.			Environmental remediation		
(7)									
(8)									
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. ► 6 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. TEEA3901L 08/10/17 Schedule I (Form 990) (2017)									

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

We closely monitor the activities of grant recipients, and provide hands-on technical assistance, to assure compliance with the terms of underlying contracts.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

84-1532028

Department of the Treasury Internal Revenue Service

Name of the organization

Colorado Youth Corps Association

_

Form 990, Part III, Line 4a - Program Service Accomplishments

Corps Support and Project Management:

- 1) Supported statewide youth corps participation of 1,597 youth at 8 independently operating youth conservation corps;
- 2) Provided land managers with 206 weeks of work throughout the state;
- 3) Coordinated \$ 1,366,146 in statewide fee-for-service contracts with public lands managers
- 4) Renewed AmeriCorps Grant, Youth and Veterans for Colorado Education Awards
 Program, for Program Year 2016 starting 1/1/2017: Expenses \$1,065,383 (of which
 \$6,036 was 2016 A/P) against grant income of \$1,092,094 (of which \$32,747 was 2016
 A/P)
 - A) In 2017, Corporation for National & Community Service (CNCS) provided AmeriCorps education awards for 300 young people and military veterans:

FT (1700 hrs) to 10 members at \$5775.00

PT (900 hrs) to 10 members at \$2887.50

RPT (675 hrs) to 23 members at \$2199.92

QT (450 hrs) to 174 members at \$1527.45

MT (300 hrs) to 81 members at \$1221.96

For a total of \$517,793.06

B) In 2017, under this same program, CYCA provided financial support for AmeriCorps program costs per-member through 5 participating youth corps:

Larimer County Conservation Corps - 16 members totaling \$41,851.82

Mile High Youth Corps (2 locations, Denver and Southern Front Range) - 167 members For a total of \$574,596.88

Rocky Mountain Youth Corps - 105 members totaling \$296,652.84

Weld County Youth Conservation Corps - 14 members totaling \$52,689.99

Form 990, Part III, Line 4a - Program Service Accomplishments

Western Colorado Conservation Corps - 33 members totaling \$82,850.64 For a total of \$1,050,810.49

5) In cooperation with Bureau of Land Management, enrolled 50 Interns, who completed 28,497 hours of work directed by public land managers with the goal of providing opportunities for careers in natural resources management. Another 5,712 hours of direct labor were served by interns still working at the end of 2017. Of these interns, 34 were ethnically diverse or considered non-traditional candidates.

Form 990, Part III, Line 4b - Program Service Accomplishments

Technical assistance:

Expenses of \$37,250 in staff time plus travel costs of \$1,884 related to supporting corps trainings and best practices, with income from Corps dues of \$40,300; and Expenses of \$16,922 including CAEE and CYCA staff time, related to hosting trainings in Careers in Natural Resources outreach, with Income from allocations of \$21,942 from BLM and US Forest Service.

- 1) Convened Corps Directors, Program Managers, project partners and other stakeholders for CYCA-facilitated meetings, supported by grant funding, to share best practices, lessons learned, and potential collaboration and partnerships next season.
- 2) Partnered with Colorado Alliance for Environmental Education to promote Careers in Natural Resources Initiative, supported by grant funding, to improve coordination between natural resources agencies, institutions of higher education, and nonprofit partners with the goal of building more pathways to natural resources careers.

Form 990, Part VI, Line 11b - Form 990 Review Process

Reviewed in detail by Executive committee and then emailed to full board for a one

Name of the organization	Employer identification number
Colorado Youth Corps Association	84-1532028

Form 990, Part VI, Line 11b - Form 990 Review Process (continued)

week comments period prior to filing.

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

Reviewed annually to assure full understanding and compliance.

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

Executive Director - Annually by Compensation Committee of the board of directors using comparables from similar sized non-profit organizations in the youth conservation corps and environmental preservation sectors.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Executive Director - Annually by Compensation Committee of the board of directors using comparables from similar sized non-profit organizations in the youth conservation corps and environmental preservation sectors.

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

Provided upon written request and the receipt of a nominal fee for handling and shipping.