efile	e GF	RAPHIC	C print - DO NOT PROCESS	As Filed Data -			DLI	N: 93	493195041650	
	00	20	Return of O	rganization Exempt	t From	n Incom	ne Tax		DMB No. 1545-0047	
Form	コこ	U		r 4947(a)(1) of the Internal Rev				ne)	2018	
<u>م</u>			Do not enter s		15)	2010				
Departi		of the		gov/Form990 for instructions		,	•		Open to Public	
Treasu Interna	-	enue Servi		gov/ronnood	, and the	lucese intoi	mation		Inspection	
			calendar year, or tax year beg	inning 09-01-2018 , and end	ding 08-3	1-2019				
B Che	ck if a	applicable	C Name of organization JEFFERSON COUNTY EDUCATION	ASSOCIATION			D Employer	identifi	ication number	
		change	JEH EKSON COONTEEDOCATION	ASSOCIATION			84-05839	75		
□ Na □ Ini ⁻		-	Doing business as				-			
🗆 Fina	l retur	n/terminate					E Telephone r	umbor		
		d return	1447 NELCON STREET	mail is not delivered to street address	lite					
Ш Ар	Jiicati	ion pendir	-	ountry, and ZIP or foreign postal code			(303) 232	-6405		
			LAKEWOOD, CO 80215	· · · · · · · · · · · · · · · · · · ·			G Gross recei	pts \$ 3;	23,199	
			F Name and address of princi	pal officer:		H(a) Is t	his a group retur		<u> </u>	
			JOHN FORD 1447 NELSON STREET			sub	ordinates?		🗌 Yes 🗹 No	
			LAKEWOOD, CO 80215				all subordinates uded?		Yes No	
I Tax	(-exe	mpt statu	s: 501(c)(3) 🗹 501(c)(5)	◄ (insert no.)	527		No," attach a list	. (see	instructions)	
J W	ebsi	te:► W	/WW.COLORADOEA.ORG			H(c) Gro	up exemption nu	ımber	•	
						1				
K Form	n of o	rganizatio	on: 🗹 Corporation 🗌 Trust 🗌 A	ssociation 📙 Other 🕨		► Year of for	mation: 1968	State (of legal domicile: CO	
Pa	rt I	Sur	nmary							
			escribe the organization's mission	or most significant activities:						
<i>a</i> ,			SOCIATION'S MISSION IS TO EMP LEVE EXCELLENCE IN PUBLIC EDU							
Governance			LEVE EXCELLENCE IN FODEIC EDG	CATION. ASSOCIATION ACTIVITY						
ma										
ove	2	ets.								
	3] з	13							
∼ sa	4	4	13							
Ť	5	5	0							
Activities &			umber of volunteers (estimate if r					6	0	
			nrelated business revenue from P				•	7a	36,250	
	b	Net unr	elated business taxable income fr	om Form 990-T, line 34			•	7b	-1,453	
		Cantrib	utions and events (Dest)/III line 1	L)		•	Prior Year		Current Year	
ēηι			utions and grants (Part VIII, line 1 n service revenue (Part VIII, line 2	•	•		192,618 21,416	-	264,680 21,385	
enneven			nent income (Part VIII, column (A)		44:	-	884			
à			evenue (Part VIII, column (A), line			89,576	_	36,250		
	12	Total re	evenue—add lines 8 through 11 (r	nust equal Part VIII, column (A), I		304,05:	L 323,199			
	13	Grants	and similar amounts paid (Part IX	, column (A), lines 1–3).		(<u>, </u>	0		
	14	Benefit	s paid to or for members (Part IX,	column (A), line 4)			() (
8	15	Salaries	s, other compensation, employee	benefits (Part IX, column (A), line	es 5-10)		110,198	8 181,698		
SUE	16 a	a Profess	sional fundraising fees (Part IX, co	lumn (A), line 11e)	• •		()	0	
Expenses	b	Total fur	ndraising expenses (P <mark>art</mark> IX, column (D), line 25) ▶0						
ш			expenses (Part IX, column (A), line				165,229	-	175,662	
			xpenses. Add lines 13–17 (must e				275,427	-	357,360	
<u>_</u> 0	19	кеvenu	e less expenses. Subtract line 18	rrom line 12	• •	Beeine	28,624	_	-34,161 End of Year	
NCe O						Beginnii	ng of Current Year		LIN VI TEAR	
Net Assets or Fund Balances	20	Total as	ssets (Part X, line 16)				1,234,664	ŧ	1,195,412	
Mara	21	Total lia	abilities (Part X, line 26) .				263,568	3	258,476	
źŻ	22	Net ass	ets or fund balances. Subtract lin	e 21 from line 20			971,096	5	936,936	
Pa			nature Block	·						
			perjury, I declare that I have exa lief, it is true, correct, and comple							
any k			· , , ,	· (*****	• •	,				
		****	<**			2	020-07-01			
Sign		Sign	ature of officer				ate			
Here		лнос	N FORD PRESIDENT							
			or print name and title							
			Print/Type preparer's name	Preparer's signature	[Date	heck if PTI	N 320807	7	
Paic	1					s	elf-employed			
Pre			Firm's name 🕨 HANSON & CO CPAS	5		F	'irm's EIN ▶ 84-10	46243		
Use	On	ily	Firm's address Þ 4100 E MISSISSIPPI	AVE 17TH FL		F	hone no. (303) 388	3-1010		
			DENVER, CO 80246							

May the IRS discuss this return with the preparer shown above? (see instructions)	•	•	•	•	•	•	•	•	•	•	⊻Yes ∟No
For Paperwork Reduction Act Notice, see the separate instructions.					Cat	. No	. 11	282	Y		Form 990 (2018)

Form	990 (2018)					Page 2
Pa	t III Statement	of Program Service	e Accomplis	hments		
	Check if Sche	dule O contains a respor	nse or note to a	any line in this Part III .		🗆
1	Briefly describe the o	organization's mission:				
	SSOCIATION'S MISSI		UCATORS AND	PROMOTE PROFESSIO	NAL RIGHTS, RESPONSIBILITIES, A	AND PRACTICES TO
2		undertake any significar r 990-EZ?			ich were not listed on	□Yes ☑No
		ese new services on Sche				
3		cease conducting, or ma		changes in how it condu	cts, any program	
		ese changes on Schedule				🗌 Yes 🗹 No
4	Section 501(c)(3) an	ation's program service a d 501(c)(4) organizatior ue, if any, for each prog	ns are required	to report the amount o	largest program services, as measu f grants and allocations to others, t	ured by expenses. The total
4a	(Code: See Additional Data) (Expenses \$	357,360	including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d		ces (Describe in Schedul	,			
	(Expenses \$		ding grants of) (Revenue \$)
		vice expenses 🕨	357,3	c ∩		

Form 990 (2018)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	Yes	
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		
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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🛸	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?If "Yes," complete Schedule D, Part IV 😒	9		No
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 😒	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 😒	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😒	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🛸	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 😒	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 🛸 .	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🛸	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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Form 990 (2018)

Par	t IV Checklist of Required Schedules (continued)						
			Yes	No			
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		No			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes," answer lines 24b through 24d and complete Schedule K. If</i> " <i>No," go to line 25a</i>	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b					
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? <i>If "Yes," complete Schedule L, Part II</i>	26		No			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No			
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? <i>If "Yes," complete Schedule L,</i> Part IV	28a		No			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No			
С	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? <i>If "Yes," complete Schedule L, Part IV</i> .						
29	9 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M						
31	1 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .						
32	2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes				
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No			
36	organization? If "Yes," complete Schedule R, Part V, line 2	36					
37	7 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸						
38	All Form 990 filers are required to complete Schedule O.						
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V	•••	Var				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 4		Yes	No			
b	Enter the number of Forms W-2G included in line 1a. <i>Enter -0-</i> if not applicable . 1b 0						
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c F	orm 99	0 (2018)			

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				ruge D			
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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2Ь					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? \ldots .	3a	Yes				
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	Зb	Yes				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No			
	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).						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $$.	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		No			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b					
7							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a					
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						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year? \ldots . \ldots	14a 14b		No			
b	b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>						
15	parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O .	16		No			
		F	orm 99	0 (2018)			

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Form	990 (2018)			Page G
Par	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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		onse to i	lines 🔽
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	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 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $$.	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? $$.	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	-	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	🗌 Own website 🛛 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►THE ORGANIZATION 1447 NELSON STREET LAKEWOOD, CO 80215 (303) 232-6405

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule Q contains a response or note to any line in this Part VII

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

	,							,		
(A) Name and Title	(B) Average hours per week (list any hours	than c is b	ne bo oth a	ox, ι n of	t ch unle: ficei	check more inless person ficer and a rustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) ANGELA ANDERSON CEA BOARD	1.00	х						0	0	0
(2) ROBERT HAWKINS DIRECTOR	1.00	х						0	0	0
(3) SANDI LEGGITT DIRECTOR	1.00	х						0	0	0
(4) LINDA MILLARD DIRECTOR	1.00	х						0	0	0
(5) DALE MUNHOLLAND DIRECTOR	1.00	x						0	0	0
(6) FRANK REETZ DIRECTOR	1.00	х						0	0	0
(7) RHIANNON WENNING CEA BOARD	1.00	х						0	0	0
(8) CHRISTIE WIGGINS DIRECTOR	1.00	х						0	0	0
(9) CHRISTY YACANO DIRECTOR	1.00	х						0	0	0
(10) JOHN FORD PRESIDENT	40.00			x				123,214	0	0
(11) MELISSA ROACH TREASURER	10.00			x				0	0	0
(12) STEPHIE ROSSI VICE PRESIDENT	10.00			×				0	0	0
(13) BROOKE WILLIAMS SECRETARY	10.00			x				0	0	0
			1	I						Form 990 (2018)

Form	990 (2018)												Page 8
Pa	rt VII Section A. Officers, Direc	tors, Trustees	s, Key	Emp	loye	es,	and	Higł	nest Compensat	ed Employees (conti	nued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o is b	one b	ox, u in of tor/t	t che unles ficer rust	and a	son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (V 2/1099-MISC)	v-	(F) Estima amount c compen: from organizat relat organiza	ated of other sation the ion and ed
			đ.	stee			isated						
c	Sub-Total Total from continuation sheets to P Total (add lines 1b and 1c)		 A.		· ·		• •	·	123,214	(0
2	Total number of individuals (including of reportable compensation from the	, but not limited	to thos			bove	e) who	o rece	eived more than \$1	100,000			
3	Did the organization list any former line 1a? If "Yes," complete Schedule .			ee, k •	ey e	mplo	oyee, (or hi	ghest compensated	l employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual									n the			
5	Did any person listed on line 1a recei services rendered to the organization									lividual for	4 5		No No
S	ection B. Independent Contract	ors										·	
1	Complete this table for your five high from the organization. Report compe	est compensate nsation for the c	d indep alendar	ender vear	nt co • end	ontra ling	actors with o	that r wit	received more that hin the organizatio	n \$100,000 of com n's tax year.	pens	ation	
		(A) and business addre		,		2				(B) cription of services		(C Comper	

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

	000	(2010)	
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Page	9

		Check if Schedule O contains	a respons		(A Total re)	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a	Federated campaigns	1a				1		
ons, Gifts, Grants Similar Amounts	b	Membership dues	1b	185,358					
	с	Fundraising events	1c						
Ę	d	Related organizations	1d						
u lia	e	Government grants (contributions)	1e						
Sim's	f	All other contributions, gifts, grants,							
		and similar amounts not included above	1f	79,322					
Lontributions, Giffs, and Other Similar A		Noncash contributions included in lines 1a - 1f:\$ Notal. Add lines 1a-1f							
			•••	Busines	s Code	264,680			
Program Service Revenue	2a	CEA PROGRAM SUBSIDY			900001	2	21,385 21	.,385	
Bek									
cel	b c								
er vi	d								
с С	e								
gra	f	All other program service revenue	e.						
ĕ	g٦	Fotal. Add lines 2a–2f	. ►		21,385				
		nvestment income (including divid				884	884		
		imilar amounts) ncome from investment of tax-exe			▶]	004	004		
		Royalties							
		(i) Rea		(ii) Personal					
	6a	Gross rents			_				
	b	Less: rental expenses	36,250 0		_				
	с	Rental income or (loss)	36,250		_				
	d	Net rental income or (loss)		• • •	-1	36,250		36,250	
		(i) Securi	ties	(ii) Other					
		Gross amount from sales of assets other than inventory							
	b	Less: cost or other basis and sales expenses			_				
	С	Gain or (loss)							
		Net gain or (loss)	· _	•	_				
Other Revenue		Gross income from fundraising ev (not including \$ contributions reported on line 1c) See Part IV, line 18	of						
lev		Less: direct expenses	b		_				
erf		Net income or (loss) from fundrai		ts 🕨					
ţ.		Gross income from gaming activit	ies.						
0		See Part IV, line 19	a						
	b	Less: direct expenses	ь Б		_				
		Net income or (loss) from gaming							
	10a	Gross sales of inventory, less		F					
		returns and allowances	а						
	b	Less: cost of goods sold	a b						
		Net income or (loss) from sales of		y ►					
		Miscellaneous Revenue		Business Code					
	11a	a							
	b								
	U								
	с								
		All other records							
		All other revenue		►					
		Total revenue. See Instructions.							
	- 2	iotal revenue. See Instructions.	• •	>		323,199	22,269	36,250	1

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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 .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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, line 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	124,882	124,882		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	56,816	56,816		
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
ä	a Management				
I	. Legal				
	Accounting	21,436	21,436		
Ċ	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	JOther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	8,146	8,146		
14	Information technology				
	Royalties				
16	Occupancy				
	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	9,298	9,298		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	28,439	28,439		
23	Insurance	8,489	8,489		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a GOVERNANCE EXPENSES	32,778	32,778		
	b PROGRAM EXPENSES	19,540	19,540		
	c BUILDING MAINTENANCE	13,847	13,847		
	d UTILITIES	12,401	12,401		
	e All other expenses	21,288	21,288		
25	Total functional expenses. Add lines 1 through 24e	357,360	357,360	0	0
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).				

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Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line	in this Part IX			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			11,395	1	5,682
	2	Savings and temporary cash investments			312,718	2	266,459
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			31,526	4	72,685
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disquali	ted employe	es. Complete		5	
s		section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L	n 4958(c)(3) itions of secti (see instructi	(B), and on 501(c)(9) ons) Complete		6	
Assets	7	Notes and loans receivable, net				7	
S	8	Inventories for sale or use				8	
~	9	Prepaid expenses and deferred charges		• _		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,263,418			
	b	Less: accumulated depreciation	1 0 b	412,832	879,025	10 c	850,586
	11	Investments—publicly traded securities .				11	
	12	Investments-other securities. See Part IV, line	11	🛛		12	
	13	Investments—program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets.Add lines 1 through 15 (must equ	al line 34) .	[1,234,664	16	1,195,412
	17	Accounts payable and accrued expenses			37,064	17	50,120
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
â	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ab		persons. Complete Part II of Schedule L 🔒 🔒				22	
Ξ	23	Secured mortgages and notes payable to unrela	ted third par	ties	218,070	23	199,922
	24	Unsecured notes and loans payable to unrelated	I third parties	; ⁻		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ated third parties,	8,434	25	8,434	
	26	Total liabilities.Add lines 17 through 25		Γ	263,568	26	258,476
Fund Balances	27	Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33 Unrestricted net assets		nere ► 🗹 and	971,096	27	936,936
Sal	28	Temporarily restricted net assets				28	
ЧE	29	Permanently restricted net assets		F		29	
. n		Organizations that do not follow SFAS 117	(ASC 958),				
Assets or F	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds	rough 34.			30	
ets	31	Paid-in or capital surplus, or land, building or ec				31	
ISS	32	Retained earnings, endowment, accumulated in				32	
	33	Total net assets or fund balances			971,096	33	936,936
Net	34	Total liabilities and net assets/fund balances		· · · · -	1,234,664	34	1,195,412
			• • •	••••	1,207,004	57	Form 990 (2018)

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Pa	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				\checkmark
1	Total revenue (must equal Part VIII, column (A), line 12)	1			323,199
2	Total expenses (must equal Part IX, column (A), line 25)	2			357,360
3	Revenue less expenses. Subtract line 2 from line 1	3			-34,161
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			971,096
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			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			936,936
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash 🗹 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	□ Separate basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule C			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ngle	3a		No
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	Зb		

Form **990** (2018)

Additional Data

Software ID: Software Version: EIN: 84-0583975 Name: JEFFERSON COUNTY EDUCATION ASSOCIATION

Form 990 (2018)

Form 990, Part III, Line 4a:

THE ASSOCIATION'S MISSION IS TO EMPOWER EDUCATORS AND PROMOTE PROFESSIONAL RIGHTS, RESPONSIBILITIES, AND PRACTICES TO ACHIEVE EXCELLENCE IN PUBLIC EDUCATION. THE ASSOCIATION IS ORGANIZED TO PROVIDE PROFESSIONAL REPRESENTATION TO EDUCATORS AND ENHANCE LEADERSHIP AND PROFESSIONAL DEVELOPMENT OF ITS MEMBERS.

efi	le GRAPHIC pri	nt - DO NOT PROCESS A	s Filed Data -		D	LN: 9	93493195	
SC	HEDULE C	Political Ca	mpaign an	d Lobbying Activi	ties		OMB No. 1	545-0047
	rm 990 or 990-	For Organizations Exempt	From Income 1	Fax Under section 501(c) a	and section 5	27	20	18
	rtment of the Treasury al Revenue Service	►Complete if the organization ►Go to <u>www.irs.gov/</u>		low. ▶Attach to Form 990 c tructions and the latest info		z.	Open to Inspe	
• S • S • S If the • S • S • S • S • S • S • S • S • S • S	Section 501(c)(3) org Section 501(c) (othe Section 527 organiz e organization ans Section 501(c)(3) or Section 501(c)(3) or e organization ans xy Tax) (see separ	wered "Yes" on Form 990, Part ganizations: Complete Parts I-A a er than section 501(c)(3)) organiza- ations: Complete Part I-A only. wered "Yes" on Form 990, Part ganizations that have filed Form - ganizations that have NOT filed F wered "Yes" on Form 990, Part ate instructions), then	nd B. Do not comp ations: Complete F IV, Line 4, or For 5768 (election und Form 5768 (election IV, Line 5 (Proxy	blete Part I-C. Parts I-A and C below. Do not com m 990-EZ, Part VI, line 47 (Lo er section 501(h)): Complete P n under section 501(h)): Compl	omplete Part I-E bbying Activiti art II-A. Do not ete Part II-B. D	3. i es), t comp o not	hen lete Part II-E complete Pa	3. art II-A.
-	me of the organizat	5), or (6) organizations: Complete on	Part III.		Employer id	entifi	cation num	ber
	FERSON COUNTY EDU							
Dar	t I-A Complet	e if the organization is exe	emnt under ser	tion 501(c) or is a sectiv	84-0583975	nizat	ion	
1 2	"political campaig	ion of the organization's direct ar n activities") activity expenditures (see instru	·	1 5		s for a	definition of	
3	Volunteer hours f	or political campaign activities (se	e instructions)			_		
Par	t I-B Complet	e if the organization is exe	empt under sec	tion 501(c)(3).				
1	Enter the amount	of any excise tax incurred by the	organization unde	er section 4955	►	\$_		
2	Enter the amount	of any excise tax incurred by org	anization manager	rs under section 4955	►	\$_		
3	If the organization	n incurred a section 4955 tax, did	it file Form 4720 f	for this year?	•••••		🗌 Yes	🗆 No
4a		made?					🗌 Yes	🗆 No
b Dat	If "Yes," describe t I-C Complet	in Part IV. e if the organization is exe	mot under co	tion E01(c) except cost	ion $E01(c)/c$	2)		
	-		-			-		
1 2	Enter the amount	directly expended by the filing or of the filing organization's funds	contributed to othe	er organizations for section 527	' exempt	≯_ ≮		
3		tion expenditures. Add lines 1 an				Ψ_		
						\$_		
4	Did the filing orga	nization file Form 1120-POL for	this year?				🗌 Yes	🗌 No
5	organization mad of political contrib	addresses and employer identific e payments. For each organizatio utions received that were prompt action committee (PAC) If additi	n listed, enter the ly and directly deli	amount paid from the filing or vered to a separate political or	anization's fund ganization, such	ds. Al	so enter the	

(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) JCEA SMALL DONOR COMMITTEE	1447 NELSON STREET LAKEWOOD, CO 80215	84-1553207		65,188
2				
3				
4				
5				
6				

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

chedule C	(Earm	000 05	000 EZ)	2010
chequie C	(Form	990 or	990-EZ)	2018

Sch	edule C (Form 990 or 990-EZ) 2018			Page 2
P	art II-A Complete if the organization is a section 501(h)).	exempt under section 501(c)(3) and file	ed Form 5768 (elec	ction under
A	Check I if the filing organization belongs to an expenses, and share of excess lobbying		group member's name,	address, EIN,
в	Check > I if the filing organization checked box /	A and "limited control" provisions apply.		
	Limits on Lobbying (The term "expenditures" means		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinio	on (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a and 1b)			
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1c and	d 1d)		
f	Lobbying nontaxable amount. Enter the amount fron columns.	n the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
		·		
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -	D		
i	Subtract line 1f from line 1c. If zero or less, enter -0			
j	If there is an amount other than zero on either line : section 4911 tax for this year?	, .		□ Yes □ No

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total					
2a	Lobbying nontaxable amount										
b	Lobbying ceiling amount (150% of line 2a, column(e))										
с	Total lobbying expenditures										
d	Grassroots nontaxable amount										
e	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditures										

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)).

	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying)	(b)		
activi		Yes	No	Amount		
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	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					
с	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?					

	301(C)(0) .			
			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	Yes	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3	
	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 expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

Return Reference

SCHEDULE D	print - DO NOT PROCESS As Fi		04-4		DLN: 93493195041650 OMB No. 1545-0047
Form 990)	Supplement	ntal Financial			2018
Department of the Treasu	Part IV, line 6, 7, 8, 9,	ete if the organization answered "Yes," on Form 990, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. 9 <u>www.irs.gov/Form990</u> for the latest information.			ZUIO Open to Public Inspection
Name of the org	anization				r identification number
JEFFERSON COUNTY EDUCATION ASSOCIATION				84-05839	975
	nizations Maintaining Donor Adv				
Comp	lete if the organization answered "Ye		art IV, line 6. advised funds	(6)	Funds and other accounts
1 Total number	at end of year	(a) Donor a	avised runds	(0)	
	ue of contributions to (during year)				
	ue of grants from (during year)				
	ue at end of year				
	ization inform all donors and donor advise property, subject to the organization's ex				are the 🗌 Yes 🗌 No
charitable pu	ization inform all grantees, donors, and d poses and not for the benefit of the dono t?	or or donor advisor, or f	for any other purpose		
Part II Cons	ervation Easements. Complete if t	he organization ans	wered "Yes" on For	m 990, Pai	t IV, line 7.
	conservation easements held by the orga	, ,	t apply).		
Preserva	ation of land for public use (e.g., recreation	on or education)	Preservation of an	historically	important land area
Protectio	on of natural habitat	E	Preservation of a	certified hist	toric structure
Preserva	tion of open space				
easement on	s 2a through 2d if the organization held a the last day of the tax year.				servation eld at the End of the Year
	of conservation easements			2a	
-	restricted by conservation easements			2b	
	nservation easements on a certified histor			2c	
structure liste	nservation easements included in (c) acqu d in the National Register .			2d	
Number of co	nservation easements modified, transferm	ed, released, extinguis	hed, or terminated by	the organiz	ation during the
Number of sta	ates where property subject to conservation	on easement is located	d ▶		
	nization have a written policy regarding t ent of the conservation easements it hold			of violations	5, 🗌 Yes 🗌 No
Staff and volu	Inteer hours devoted to monitoring, inspe	cting, handling of viola:	ations, and enforcing co	onservation	easements during the year
Amount of ex ► \$	penses incurred in monitoring, inspecting	, handling of violations	;, and enforcing conser	vation ease	ments during the year
and section 1	nservation easement reported on line 2(d 70(h)(4)(B)(ii)?	·			Yes No
balance sheet	lescribe how the organization reports con: ;, and include, if applicable, the text of the on's accounting for conservation easemen	e footnote to the orgar			
Comp	nizations Maintaining Collections lete if the organization answered "Ye	es" on Form 990, Pa	art IV, line 8.		
art, historical	ation elected, as permitted under SFAS 1 treasures, or other similar assets held for rt XIII, the text of the footnote to its fina	r public exhibition, edu	ication, or research in f		
historical trea	ation elected, as permitted under SFAS 1 sures, or other similar assets held for pub unts relating to these items:				
(i) Revenue incl	uded on Form 990, Part VIII, line 1			🕨	\$
(ii)Assets includ	ed in Form 990, Part X			🕨	\$
If the organiz following amo	ation received or held works of art, histor unts required to be reported under SFAS	rical treasures, or othe	r similar assets for fina		provide the
- B 1			-		
a Revenue inclu	ided on Form 990, Part VIII, line 1			🕨	\$

.

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

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e Other .

Sche	edule D (Form 990) 2018							Page 2
Par	t IIII Organizations Mainta	aining Collections o	of Art, Histor	ical Treas	sures, or Oth	ner Similar A	ssets (cont	tinued)
3	Using the organization's acquisition items (check all that apply):	on, accession, and other	records, check	any of the f	following that a	re a significant i	use of its col	lection
а	Public exhibition		d	🗌 Loa	n or exchange	programs		
b	Scholarly research		e	🗌 Oth	er			
С	Preservation for future gen	erations						
4	Provide a description of the orgar Part XIII.	ization's collections and	explain how th	ey further tl	he organization	's exempt purpo	ose in	
5	During the year, did the organiza assets to be sold to raise funds ra						🗌 Yes	
Pa	rt IV Escrow and Custodia Complete if the organiz X, line 21.		" on Form 99(0, Part IV,	line 9, or rep	orted an amou	unt on Forr	n 990, Part
1 a	Is the organization an agent, trus included on Form 990, Part X? .						🗌 Yes	✓ No
b	If "Yes," explain the arrangement	in Part XIII and comple	ete the following	table:		A	mount	
С	Beginning balance		-	-	. 1c			
d	Additions during the year							
е	Distributions during the year				1 e			
f	Ending balance				1f			
2a	Did the organization include an a	mount on Form 990, Par	t X, line 21, for	escrow or c	custodial accour	nt liability?	🗌 Yes	
b							_	
Pa	art V Endowment Funds. (
		(a)Curren	t year (b)	Prior year	(c)Two years b	ack (d) Three ye	ars back (e)	Four years back
1a	Beginning of year balance	· · 1	,087,974	104,309		5,820	102,400	100,000
	Contributions		5,401	982,608		0,373	6,892	2,436
	Net investment earnings, gains, ar	d losses	18,608	11,813		84	123	129
	Grants or scholarships		15,000	8,000	3	3,000	1,000	
	Other expenditures for facilities and programs .							
	Administrative expenses		1,751	2,756		9,968	1,595	165
g	End of year balance		,095,232	1,087,974		1,309	106,820	102,400
2	Provide the estimated percentage		l balance (line 1	.g, column (a)) held as:			
а	Board designated or quasi-endow							
b		000 %						
С	Temporarily restricted endowmer The percentages on lines 2a, 2b,	******	10/6					
3a	Are there endowment funds not in organization by:			at are held a	ind administere	ed for the		Yes No
	(i) unrelated organizations .						3a(i)	
	(ii) related organizations						3a(ii)) Yes
b	If "Yes" on 3a(ii), are the related	-	•				. 3b	Yes
4	Describe in Part XIII the intendec	-	n's endowment	funds.				
Pa	rt VI Land, Buildings, and Complete if the organiz	ation answered "Yes						
	Description of property	a) Cost or other basis (investment)	(b) Cost or othe	r basis (other)) (c) Accumula	ted depreciation	(d) E	3ook value
1a	Land	90,000						90,000
	Buildings	485,000			1	145,191		339,809
с	Leasehold improvements	584,713				164,107		420,606
d	Equipment	103,705				103,534		171

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►

850,586

Schedule D (Form 990) 2018 Part VII Investments—Other Securities. Complete if the org	ganizatio	on ansv	vered "Yes" on Form 990, P	Page 3 Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book	(c) Method of Cost or end-of-yea	
(1) Financial derivatives	·	value		
(3)Other(A)	— [
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form S	990, Pa	rt IV, li	ne 11c. See Form 990, Parl	t X, line 13.
(a) Description of investment	(b) Boo			valuation:
(1)	<u> </u>			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form	990, Pa	rt IV, line 11d. See Form 990,	Part X, line 15. (b) Book value
(1)				_
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
 Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answe See Form 990, Part X, line 25. 	ered 'Yes	s' on Fo		▶ r 11f.
1.(a) Description of liability		(b) B	ook value	
(1) Federal income taxes ACCRUED LIABILITIES			8,434	
(2)			- /	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•		8,434	

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

Sche	dule D (Form 990) 2018			Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		leturn	
1	Complete if the organization answered 'Yes' on Form 990, Part Total revenue, gains, and other support per audited financial statements		1	<u>.</u>
2	Amounts included on line 1 but not on Form 990. Part VIII, line 12:			
- a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	- 1	
c	Recoveries of prior year grants	2c	- 1	
d	Other (Describe in Part XIII.)	2d	- 1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	- 1	
с	Add lines 4a and 4b		- 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Par	t XII Reconciliation of Expenses per Audited Financial Statem		Return	
	Complete if the organization answered 'Yes' on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 🛛 .	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4 c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18	.)	5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version: EIN: 84-0583975

Name: JEFFERSON COUNTY EDUCATION ASSOCIATION

Supplemental Information

Return Reference Explanation	
PART V, LINE 4:	SCHOLARSHIPS FOR JEFFERSON COUNTY SCHOOL DISTRICT GRADUATES ENTERING THE TEACHING PROFESSION.

Supplemental Information	
Return Reference	Explanation
	AS OF AUGUST 31, 2019, THERE IS NO TAXABLE INCOME FROM UNRELATED BUSINESS ACTIVITIES OR NO NEXEMPT FUNCTION INCOME AND MANAGEMENT HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS REQU IRING DISCLOSURE OR ACCRUAL.

efile GRAPHIC prin	t - DO NOT PROCESS	As Filed Data -		DLN: 93493195041650
				OMB No. 1545-0047
SCHEDULE O (Form 990 or 990- EZ) Supplemental Information to Form 990 or S Complete to provide information for responses to specific quest Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.			responses to specific questions on de any additional information.	2 2018 Open to Public
Department of the Treasury	► Go to <u>w</u>	ww.irs.gov/Form9	20 for the latest information.	Inspection
Namel & the of gan station Employer i			er identification number	
IEFFERSON COUNTY EDUCATION ASSOCIATION				
84-058397				975

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION IS A LABOR UNION, WHICH IS A MEMBERSHIP ORGANIZATION. THERE ARE APPROX. 2,823 FULL OR PART-TIME MEMBERS.

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	ASSOCIATION REPRESENTATIVES ARE ELECTED BY MEMBERS AND FOR THE JCEA COUNCIL WHICH IS THE GOVERNING BODY OF THE ORGANIZATION.

Return Reference	Explanation
PART VI,	AFTER THE TAX PREPARER COMPLETES THE FORM 990, A DRAFT OF THE RETURN IS SUBMITTED TO THE E XECUTIVE DIRECTOR AND PRESIDENT FOR REVIEW AND APPROVAL. THE TAX PREPARER THEN FILES THE A PPROVED FORM 990.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	ROUNDING 1.

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -									D	LN: 93493	195041	650				
SCHEDULE R	Related	Oraphiz	atione ar	d Hn	rolatod	Darta	arehin	c			OMB No.	1545-004	17				
(Form 990)		-					-				20	10					
(1 0111 000)	Complete if the orga	nization and	wered "Yes" ▶ Attach to Fo	on Form rm 990.	990, Part I	V, line 33	, 34, 35b,	36, or	37.		2018						
Department of the Treasury Internal Revenue Service											Open to Public Inspection						
Name of the organization JEFFERSON COUNTY EDUCATION AS:	SOCIATION							Emp	loyer identifi	cation r	umber						
								84-0	583975								
Part I Identification	of Disregarded Entities Complete if	the organi:	zation answer	ed "Yes	" on Form 9	90, Part	IV, line 33	3.									
Name, address, and	(a) EIN (if applicable) of disregarded entity		(b) Primary activ	vity	(c) Legal domici or foreign c		(d) Total inco	ome	(e) End-of-year ass	ets	(f Direct co ent	ntrolling					
	of Related Tax-Exempt Organization npt organizations during the tax year.	ns Complet	e if the organ	ization	I answered ""	Yes" on F	orm 990,	Part I\	/, line 34 bec	ause it	had one or	more					
Name, address, and	(a) EIN of related organization	Prima	(b) ry activity		(c) omicile (state ign country)	(« Exempt Co	i) de section		(e) ublic charity status f section 501(c)(3))		(f) Direct controlling entity) 512(b) ntrolled ty?				
(1)JEFFERSON COUNTY EDUCATION	N ASSOCIATION EXCELLENCE FUND	AWARD SCHO	LARSHIPS TO		СО	501(C)(3)		LINE 7				Yes	No No				
1447 NELSON STREET LAKEWOOD, CO 80215		JEFFERSON C	OUNTY WHO PLAN TO														
84-1543140 (2)JCEA PAC SMALL DONOR COMM: 1447 NELSON STREET	ITTEE	JCEA PAC SM COMMITTEE	ALL DONOR		СО	527							No				
LAKEWOOD, CO 80215 84-1553207												<u> </u>					
or Paperwork Reduction Ac	t Notice, see the Instructions for Form	990.		Ca	t. No. 50135	Y				Sched	ule R (Form	990) 20	112				

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. 1-1 1 (1.) 1 (3) 1 - 1 *...*

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Dispropr allocat	tionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	ral or aging	(k) Percentage ownership
				514)			Yes	No		Yes	No	
Part IV Identification of Polated Organizations Taxable as a Co			- Complete	if the oreaniz	ation anou	orod "Voc	" on Er			line	24	

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

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

Schedule R (Form 990) 2018

d

q

h

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

i Exchange of assets with related organization(s)				1 i	No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
I Performance of services or membership or fundraising solicitations for related organization(s)				11	No
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Y	es
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1 p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r Y	es
s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete thi	is line, including covered	relationships and tra	ansaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining	amount invo	blved
(1)PAC SMALL DONOR COMMITTEE	R	65,188	COLLECTION XFERRED MONTH	ILY	
	•	•	Schedule R	(Form 99	0) 2018

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

e Loans or loan guarantees by related organization(s)

Purchase of assets from related organization(s)

Loans or loan guarantees to or for related organization(s)

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

No

No

No

No

No

No

No

No

No

Yes

1a

1b

1c

1d

1e

1f

1g

1h

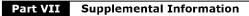
Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	0	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?) (i) tionate ions? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	•		•				•			Schedul	e R (Form	1 99() 2018







Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation