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Short Form

Return of Organization Exempt From Income Tax

2016

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

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning JANUARY 1, 2016, and ending DECEMBER 31, 2016

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

C Name of organization: NORTH FORT COLLINS BUSINESS ASSOCIATION
 Number and street (or P.O. box, if mail is not delivered to street address): P.O. BOX 115 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: FORT COLLINS CO 80522

D Employer identification number: 73-1715254

E Telephone number: _____

F Group Exemption Number: ▶ _____

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ _____

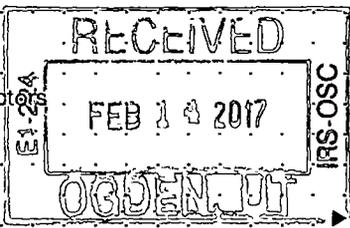
J Tax-exempt status (check only one) - 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 69042

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | |
|------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|----|----|----|----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|--|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | Program service revenue including government fees and contracts | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | Membership dues and assessments | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | Investment income | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5a | Gross amount from sale of assets other than inventory | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | Gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Less: direct expenses from gaming and fundraising events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Less: cost of goods sold | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Other revenue (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 | Benefits paid to or for members | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | Salaries, other compensation, and employee benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13 | Professional fees and other payments to independent contractors | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 | Occupancy, rent, utilities, and maintenance | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 | Printing, publications, postage, and shipping | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | Other expenses (describe in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Total expenses. Add lines 10 through 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments | 24246 | 39147 |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) | | |
| 25 Total assets | | |
| 26 Total liabilities (describe in Schedule O) | | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | | |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? IMPROVE CONDITIONS NORTH FT COLLINS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

| | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 28 <u>LARGEST SINGLE EFFORT EACH YEAR - NFOBA PROVIDES NEW WINTER COATS + BOOTS TO NEEDY CHILDREN IN POWDER SCHOOL DISTRICT - 2016 = 900 NEW SETS COATS + BOOTS</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a 48189 |
| 29 <u>NFOBA IS COFOUNDER OF PROJECT SMILE INC. WHICH PROVIDES FREE DENTAL + EYE SCREENINGS FOR OVER 1200 STUDENTS AND FREE GLASSES + DENTAL CARE TO NEEDY CHILDREN</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a 1500 |
| 30 <u>BEATIFY NORTH FORT COLLINS BY UNDERWRITING COST TO FLY AMERICAN FLAGS ON 1.25 MILE STRETCH OF NORTH COLLEGE AVENUE DURING NAT'L HOLIDAY WEEKENDS</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a 1590 |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a 1912 |
| 32 Total program service expenses (add lines 28a through 31a) | 32 53191 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| DEAN HOAG, PRESIDENT | | 0 | 0 | 0 |
| NEIL MCCARTHY III VICE PRES. VICE PRESIDENT | | 0 | 0 | 0 |
| DONALD BUTLER, TREASURER | | 0 | 0 | 0 |
| GREGORY WOODS, SECRETARY | | 0 | 0 | 0 |
| BRYAN WATKINS, DIRECTOR | | 0 | 0 | 0 |
| Charles Meserlian, DIRECTOR | | 0 | 0 | 0 |
| JAMES TRUPP, DIRECTOR | | 0 | 0 | 0 |
| Michael Belle, DIRECTOR | | 0 | 0 | 0 |
| MARY ANN COELISS, DIRECTOR | | 0 | 0 | 0 |
| RONALD LAUTZENHEISER, DIRECTOR | | 0 | 0 | 0 |
| SEAN DOUGHERTY, DIRECTOR | | 0 | 0 | 0 |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

| | Yes | No |
|----|-----|----|
| 46 | | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

| | Yes | No |
|----|-----|----|
| 47 | | X |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

| | Yes | No |
|----|-----|----|
| 48 | | X |

49a Did the organization make any transfers to an exempt non-charitable related organization?

| | Yes | No |
|-----|-----|----|
| 49a | | X |

b If "Yes," was the related organization a section 527 organization?

| | Yes | No |
|-----|-----|----|
| 49b | | X |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 0

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here

Signature of officer: *Neil McCaffrey* Date: 2-10-17

Type or print name and title: NEIL McCAFFREY V. P.

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN:

Firm's name: Firm's EIN:

Firm's address: Phone no:

May the IRS discuss this return with the preparer shown above? See instructions Yes No