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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u> </u>	For the 2	016 cale	endar year, or tax year	beginning		, 201	16, and e	nding			, 20				
В	Check if ap	pplicable	C Name of organization \$	Small Char	npions Inc					D Employ	er identificat	ion number			
	Address ch	hangé	Doing business as							_	84-13462	80			
	Name char	nae	Number and street (or I	O. box if ma	ail is not delivered to s	street address)	Roor	n/suite		E Telephone number					
V	Initial return		PO Box 4691								970-390-0	004			
	Final return/		City or town, state or p	rovince, coun	try, and ZIP or foreign	postal code									
	Amended i		Vail, CO 81658-4691							G Gross n	eceipts \$				
ī			F Name and address of p	nncipal office	r				Hiat is this a n			Yes No			
	фриоссон	, portaling	Connie Miller						1		_	Yes No			
	Tax-exemp	nt etatus	✓ 501(c)(3)	501(c) () ◀ (insert no.	4947(a)(1)	or 🗌 52	7	4		a list (see inst				
J	Website:			<u> </u>	/ 4 (115021110)	/ <u> +3+1 (u)(1)</u>	<u>ه ت عد</u>		H(c) Groun	exemption	number >	•			
<u> </u>			Corporation Trust	Associa	tion ☐ Other ▶	1,	L Year of fo	mation		· · · ·	of legal dom	icile. CO			
	art i	Summ			IOI C OBIEI P		L Teal Of IO	imauoi	1. 1330	IM State	e or legal dom	cile CO_			
_	_		escribe the organizat	ion's miss	on as most sign:	ficant activit	noo: Pr	ovidoe	memation	al oppor	tunities for	eligible			
۵	'	outh wit	b multiple disabilities	who are re	ion of most sign eidents of Faale (County Colo	rado Ind	ividua	ls receive	needs ha	sed instruc	tion to			
Activities & Governance	1														
Ē	1		heir developmental pr							050/ -					
Š			is box ▶☐ if the org			•	•				its net ass				
Ğ	1		of voting members o	-						<u> </u>		7			
9	1		of independent votin	-	-			1b)				7			
語	1		mber of individuals e	• -	-	016 (Part V,	line 2a)			5					
흦	6 T	Total nur	mber of volunteers (e	stımate if ı	necessary)					6		30			
ĕ			elated business reve							7a	<u></u>				
	b N	let unre	lated business taxab	le income	from Form 990-1	Γ, line 34 .			<u></u>	7b					
								L	Prior Y	ear	Curr	ent Year			
Revenue	8 0	Contribu	tions and grants (Par	t VIII, line	1h)					98,777		158,197			
	9 F	Program	service revenue (Par												
ě	10 Ir	nvestme	ent income (Part VIII,	column (A), lines 3, 4, and	7d)		. [827		1,941			
Œ	1		venue (Part VIII, colui	-	•					55,634	ECEIV	52,731			
	1		enue-add lines 8 thr				-			154,638	1	212,869			
			nd similar amounts p						i i	(m)		ाष्ट्रा			
	1		paid to or for member			<u>8</u> M	AY 0 4 2	2017							
60	1 0		other compensation,	-	• •							<u> </u>			
Expenses	16a F		onal fundraising fees					_			SOFM	1157			
ē	b T		draising expenses (F	-			1,92				DIE NO EST				
Ä	17 0		penses (Part IX, colu	-			1,02	- -		91.177	120,110				
			penses (rartix, cold penses. Add lines 13				0.25)	`		91,177	 	120,111			
	E	-		-	-			. ├─		63,461		92,760			
		reveriue	less expenses. Sub	uaci mie i	O HOHI MIE 12 .	. : :	· ·		ginning of C			of Year			
260	oo 7		(D V l 1C)					<u> </u>			 				
Bals Bals	20 1		sets (Part X, line 16)				• •	. ⊢		257,395	 	353,695			
¥ E	- 1		oilities (Part X, line 26	-				·		2,178	,	5,718			
	22 N		ts or fund balances.	Subtract I	ine 21 from line 2	<u> </u>	· · · · ·	•		255,217	1	347,977			
_	art II		ture Block												
Un	ider penalti	es of perju	iry, I declare that I have ex lete. Declaration of prepar	amined this i	return, including acco officed is based on a	mpanying sche	edules and : f which one	stateme namer h	ents, and to t as any know	the best of ledge	my knowledg	e and belief, it is			
_		and ordina		1)/	- Children's debots of the			paror 11		A	11:-				
o:				<u> </u>							127 17				
Sig		,	nature of officer	\	_				D.	ate					
He	ere		STEVE HOLD	<u>۱۲۰ (مد</u>	Z ca sce ce										
		/	e or print name and title		T			T = :		-,	1===				
Pa	ıid	Preparer's signature Date								Check					
	eparer	· [L					self-en	ployed				
	se Only		name ►						Fm	n's EIN ▶					
_			address ►						Ph	one no.					
Ma	y the IRS	3 discus	s this return with the	preparer s	shown above? (s	ee instructio	ons) .		<u> </u>		<u> [</u>] Yes ∏ No			
For	Paperwo	ork Redu	ction Act Notice, see	the separa	te instructions.			at. No.	11282Y		ſ	Form 990 (2016)			

Part		_
	Check if Schedule O contains a response or note to any line in this Part III	ᆜ
1	Briefly describe the organization's mission:	
	Small Champions is a non-profit organization that provides recreational opportunities for eligible youth with multiple disabilities who	
	are residents of Eagle County, Colorado. Individuals receive needs based instruction to support their developmental progress. We	
	collaborate with and educate community organizations, and generate sustainable funding and services.	
	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	
•		
		,
	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 lexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 112,440 including grants of \$) (Revenue \$)	_
	Winter Programs- 42 Small Champions participated in 9 Sunday Ski and Snowboard events, Bowling, Gymnastics and Swim Lessons	3
	with one-on-one instruction as well as family event/lunches.	
	Summer Programs- 26 Small Champions participated in Summer Camp, Hippotherapy/Horseback riding, Bowling, Gymnastics and	
	Swim Lessons, with one-on-one instruction.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	—
•••	/ Lexpenses #	

	.,,	
	4	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_
₩.	(Code) (Expenses #	

<u></u>	Other program convince (Describe in Cahadula C.)	_
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	_
4e	Total program service expenses ► 112,440	

Part	Checklist of Required Schedules		<u>_</u>	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	r	Yes	No
•	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
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		1
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		>
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		>
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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		,
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	-	~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			٠ ,
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		·····
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		~
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	11c		~
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		~
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		V
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
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		,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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		-
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		~
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		~
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		~
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	~	
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		~
			-	

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Part	Checklist of Required Schedules (continued)			
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	-	Yes	No V
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		/
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
	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? If "Yes," complete Schedule L, Part II	26		v_
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		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	A CONTRACTOR		
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		~
С	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		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		<i>y</i>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		,
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		V
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			~
38	Part VI	37	v 000	
		For	m 99 () (20

rart				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No.
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	\longrightarrow	163	
па b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ŀ		}
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	7	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	, i	. 1	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		.]	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			_
_	account)?	4a		
b	If "Yes," enter the name of the foreign country: ▶		}	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		/
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u></u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		स
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			- 1
•	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	
	required to file Form 8282?	7c		•
d	If "Yes," indicate the number of Forms 8282 filed during the year	,	7.3	. ^
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	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		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
_	sponsoring organization have excess business holdings at any time during the year?	8		
9_	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	\vdash	
ь 10	Section 501(c)(7) organizations. Enter:	<u> </u>		
а	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 . 10b]		l Ì
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	1	ŀ]
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)	 =		<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	├	
а	Is the organization licensed to issue qualified health plans in more than one state?	138	 	
ь	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		1	
С	Enter the amount of reserves on hand	1	1	'
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	to me to the total to the total tota	14b		
		For	m 99 0	(2016)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S							
	Check if Schedule O contains a response or note to any line in this Part VI							
Section	on A. Governing Body and Management	- ,						
4-	Fates the number of victims members of the coverning body at the end of the toy year.		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b							
2	▼ · · · · · · · · · · · · · · · · · · ·							
_	any other officer, director, trustee, or key employee?							
3 Did the organization delegate control over management duties customanly performed by or under the direct								
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		•				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~				
6	Did the organization have members or stockholders?	6		1				
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		~				
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	 	~				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during] .				
	the year by the following:							
a	The governing body?	8a	~					
þ	Each committee with authority to act on behalf of the governing body?	8b	-	ļ				
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,				
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode					
Jecu	OT B. Policies (1118 Geolion B requests information about policies not required by the informal vision		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
	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		1				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			. "				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		L				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	↓				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this was done	12c		ļ				
13	Did the organization have a written whistleblower policy?	13	1	!				
14	Did the organization have a written document retention and destruction policy?	14	ļ	1				
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?			1				
		150	7	 				
a	The organization's CEO, Executive Director, or top management official	15a 15b	+	 				
þ	Other officers or key employees of the organization	130	+-	 _				
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1	1	'				
, va	with a taxable entity during the year?	16a		1				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	T		1				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1						
	organization's exempt status with respect to such arrangements?	16b	Ī	1				
Secti	on C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶ Colorado							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 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 in	terest	polic	y, an				
	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 re-	cords	s; ►					
	John Weiss, PO Box 4691, Vail, CO 81658 970-390-0004							

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	~ <i>1</i>		1 490
Part VII	Compensation of Officers, Directors, Trustees, Key	Employees, Highest Com	pensated Employees, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any li	ine 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 year.

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

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
				((-					
(A)	(B)	/do n	at at		mon	e than o	ma	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any			_	rect	or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	임	ing	Officer	Ş Q	en F	Former	the	organizations	compensation
	related organizations	le vi	Ē	§	Key employee	nest	를	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	현) <u>a</u>		ջ	# COT	l	2 1000 111100,		and related
	line)	Individual trustee or director	Institutional trustee		8	Pen				organizations
		•	8			Highest compensated employee		•		
18 18 10 10 11 11 1					-		-			
(1) Honore Everty- Board Member	1									
	<u> </u>	~	ļ	ļ	<u> </u>		<u> </u>			
(2) Paul Gotthelf- Board Member	1	,		ł		1		١,		
(3) Kara Heide- Board Member	3	-	┝		-	 				
(b) Nata Heide- Board meliber	 	~						(i	
(4) Steve Holden-Treasurer	3									
		1			L		ļ	(
(5) Kristin Jennings-Board Member	11	ļ	İ							
(4)	<u> </u>	~	₽	<u> </u>	_	<u> </u>	├	ļ		
(6) Donna Johnson- Board Member	11	,		1		}			j	
(7) Connie Miller- Board Chair	3	-	\vdash	╁	┢	-	\vdash	<u> </u>		
(1) Comine minor- Board Gran	† -	1	}	l			١	1 (x	
(8) Brian Nestor- Board Member	1	İ	Ì							
		~	L_	_			<u> </u>		1	
(9) John Weiss- Executive Director	30	1		ا ا						
(10)	 	├	╁	~	-	 	├	31,333		
(10)		1	ŀ		1	ļ				
(11)					t					
			L	_		ļ		ļ	_	
(12)	 	1								
(13)	 	 	1	-	\vdash		-	 		
N.21		1								
(14)										
		1	1	1	1	1	1	ł	l	

	(A) Name and title	(B) Average hours per week (list arry hours for related	(do n box, t office	ot ch unles	Posi eck s pe	tion more rson irect	than our	one an	(D) Reportable compensation from the organization	(E) Reportable compensation frelated organizations (W-2/1099-Milk	rom	Estin amou ott compe	ınt of	
		organizations below dotted line)		Institutional trustee	у.	Key employee	Highest compensated employee	er	(W-2/1099-MISC)	,		and r	zation elated zations	
(15)														
(16)								 						
(17)				-		-		_					,,	
(18)						-								
(19)					_			_			-			
										-,,,			-	
(20)			ļ					_						
(21)														
(22)														
(23)														
(24)		ļ				-	<u> </u>							
(25)			 				l	_						
1b	Sub-total		<u> </u>	L_	L	_	<u> </u>	<u> </u>	31,333					
C	Total from continuation sheets to Part			-	_	_		>	31,333					
<u>d</u>	Total number of individuals (including bu							e) w	<u> </u>		0,000 o	f		
	reportable compensation from the organ	ızation ►											Yes N	ło
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compen	sated	3		<u>, ''</u>
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150,	con ,000	npe)? <i>I</i>	nsatio f "Ye	on a s,"	and other comp complete Sch	pensation from the dule of the	m the such	4	-	
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi	vidual	5		
Section	on B. Independent Contractors	: 11 100, 0	, , , , , , , , , , , , , , , , , , ,						oden percen					_
1	Complete this table for your five highest compensation from the organization. Repyear.													_
	(A) Name and business add	tress							(B) Description of s	ervices	Co	(C) impens	ation	
								-						
								-						
2	Total number of independent contractor received more than \$100,000 of compens							o ti	hose listed ab	ove) who				

Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response or note to				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a		·		<u> </u>
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 2,870				
ts, (С	Fundraising events 1c			ļ	
Gif	d	Related organizations 1d				,
Sim	e	Government grants (contributions) 1e 5,600				
utic	f	All other contributions, gifts, grants, and similar amounts not included above 1f 149,727			}	
중	_	and similar amounts not included above 1f 149,727 Noncash contributions included in lines 1a-1f: \$				
Son	g	Total. Add lines 1a–1f	158,197			
		Business Code	130,137			
e I	2a					
æ	ь					
8	c					- · - <u>- · -</u>
ē	d					
E	e					
Program Service Revenue	f	All other program service revenue .				
2	g	Total. Add lines 2a–2f				1
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	1,941			., .
	4	Income from investment of tax-exempt bond proceeds ▶				
ļ	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents	1	:		
	b	Less: rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory	ļ			,
		Less: cost or other basis				t
	b	and sales expenses .				
	c	Gain or (loss)				
	d	Net gain or (loss)				
<u>o</u>		Gross income from fundraising				
enue	8a	events (not including \$				
Other Re		of contributions reported on line 1c). See Part IV, line 18 a 64,065				
ᅙ		Less: direct expenses b 11,334	1			-
		Net income or (loss) from fundraising events .	52,731			
	ya	Gross income from gaming activities. See Part IV, line 19 a				
		Less: direct expenses b	-			
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
	L	Miscellaneous Revenue Business Code				-
	11a					
	Ь					
	C	AD - U-	 			
	d	All other revenue				-
	12	Total. Add lines 11a–11d	212.869			

	0 (2016)				Page 10
	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	s must complete col	umn (A).
	Check if Schedule O contains a respons	se or note to any lir	e in this Part IX .		🗹
Do no Bb, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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, lines 15 and 16				,
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes	· · · · · · · · · · · · · · · · · · ·			
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	3175		3175	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		,	`	
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	112,440	112,440		
12	Advertising and promotion	328			328
13	Office expenses	146		146	
14	Information technology	2031		432	1599
15	Royalties				
16	Occupancy				
17	Travel	272		272	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	949		949	
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.)				
а	Credit Card Fees	569		569	
b	Bank Fees	77		77	
C	Dues	100		100	
d					
е	All other expenses	23		23	
25	Total functional expenses. Add lines 1 through 24e	120,110	112.440	5,743	1,927
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 following SOP 98-2 (ASC 958-720)				

F 3	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par		• • •	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	
-	2	Savings and temporary cash investments	249,931	2	353,695
- }	3	Pledges and grants receivable, net		3	
ŀ	4	Accounts receivable, net		4	
ł	5	Loans and other receivables from current and former officers, directors,		-	*
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		İ	
1		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and		l	1
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ets	_	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
•	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			
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	10c	
			7,464		
	11	Investments—publicly traded securities	7,404	12	
	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 equal line 34)	257,395		353,695
-	17	Accounts payable and accrued expenses	2,178		5,718
	18	Grants payable		18	
	19	Deferred revenue	,	19	
	20	Tax-exempt bond liabilities		20	· ·. ···-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,	, , , ,	- /	
Liabilities		trustees, key employees, highest compensated employees, and		4"	and the second of the second
ρ		disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	<u> </u>	25	
	26	Total liabilities. Add lines 17 through 25	2,178	26	5,718
8		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	'		,
ĕ	27	Unrestricted net assets	255,217	27	347,977
ala	28	Temporarily restricted net assets	200,211	28	
8	29	Permanently restricted net assets		29	
Ĕ	25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Ī		complete lines 30 through 34.	•		
80	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds.		32	
	33	Total net assets or fund balances		33	
	34	Total liabilities and net assets/fund balances		34	
_					Form 990 (2016

		Pa	ge 12
÷		21	2,870
_			0,110
			2,760
			5,217
			
		34	7,977
		Yes	No
		, , , , , , , , , , , , , , , , , , ,	
	22		•

3b

Form 990 (2016)

Form 990 (2016) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 2 2 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . 5 5 6 6 7 7 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:
Cash
Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis 2b b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury

	of the organization	our scriedule G (FC	#10 590 OF 590	-E27 and 188 i	ISTUCIOIS IS AL WA	Employer identific	ation number
	Champions Inc					1 ' '	1346280
Par		Complete if th	e omaniza	tion answ	vered "Ves" on		
, GI	Form 990-EZ filers are r					101111 330, 1 411 14,	IIIIO 17.
1	Indicate whether the organization				wing activities. C	heck all that apply.	
а	Mail solicitations						
b							
C	Phone solicitations				undraising event		
d	✓ In-person solicitations		• -			-	
2a	- 				ees,		
	or key employees listed in Form						
b	If "Yes," list the 10 highest paid	individuals or e	ntities (fund	Iraisers) pu	irsuant to agreen	nents under which th	
	compensated at least \$5,000 by			, .	•		
			(iii) Did fuo	draiser have		(v) Amount paid to	(vi) Amount paid to
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	control of utions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
		ļ	Yes	No		COI. (1)	<u> </u>
1		1	ļ		1		
-							
2		<u> </u>	1				
3							
					<u> </u>		
4							
5							
6							
		<u> </u>	ļ			· · · · · · · · · · · · · · · · · · ·	
7							
		ļ	 	<u> </u>			ļ
8			1				
			 	- -			
9				ļ			
10			 				
10							
		<u> </u>			1		
Total				. •			
3	List all states in which the orga	nization is regis			olicit contribution	ns or has been notifi	ed it is exempt from
-	registration or licensing.	y -					•
	-						

Cat. No 50083H

		gross receipts greater tha	η ψο,σοσ.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	64,065			64,065
Œ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	64,065			64,065
_		,	04,000			
	4	Cash prizes			:	
	5	Noncash prizes	1,350			1,350
uses	6	Rent/facility costs	2,400			2,400
Direct Expenses	7	Food and beverages	6,010			6,010
Direct	8	Entertainment	150			150
	9	Other direct expenses .	1,424			1,424
	10	Direct expense summary. Ad	ld lines 4 through 9 in c	olumn (d)		11,334
	11	Net income summary. Subtra	act line 10 from line 3, c	olumn (d)	<u> ▶</u>	52,731
Pa	irt III	Gaming. Complete if the than \$15,000 on Form 9		ed "Yes" on Form 99	90, Part IV, line 19, or	reported more
/enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
_	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
_			(a) Bingo		(c) Other gaming	
Direct Expenses Revenue	2	Cash prizes	(a) Bingo		(c) Other gaming	
_	3	Cash prizes		bingo/progressive bingo		
_	3 4	Cash prizes Noncash prizes Rent/facility costs		bingo/progressive bingo	(c) Other gaming	
_	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	☐ Yes%	bingo/progressive bingo	☐ Yes%	
_	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No	bingo/progressive bingo Yes% No olumn (d)	☐ Yes% ☐ No	
_	2 3 4 5 6 7 8	Cash prizes	Yes% No dd lines 2 through 5 in c	Yes % No olumn (d)	☐ Yes% ☐ No	
_	2 3 4 5 6 7 8	Cash prizes	Yes% No Id lines 2 through 5 in c y. Subtract line 7 from line rganization conducts gai onduct gaming activities	☐ Yes % ☐ No Olumn (d)	☐ Yes% ☐ No ▶	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes% No Id lines 2 through 5 in c y. Subtract line 7 from line rganization conducts gai onduct gaming activities	☐ Yes % ☐ No Olumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 a Is b if	Cash prizes	Yes% No Id lines 2 through 5 in conjucts gardened activities	Yes % No olumn (d)	☐ Yes% ☐ No	col. (a) through col. (c))

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

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.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number		
Small Champions Inc	84-1346280		
Part VI Section A 2. Board Members Connie Miller and Steve Holden are siblings			
Part VI Section B 11b. Form 990 is sent to all Board members for their review			
Part VI Section B 12c. Per the Conflict of Interest policy, Board members recuse themselves from deci	sions if there is a conflict.		
Part VI Section B 15b. The Board determines the Executive Director's compensation, comparing to loc			
Part VI Section C 19. Form 990 and governing documents are filed with the state of Colorado and publi	cly available. All Policies are available		
on ColoradoGives.org			
Part IX 11g. Other Expenses: Expenses for facilities and instructors: Bowling-\$898, Gymnastics-\$765,	Hyppotherapy/Horseback Riding-\$9,560		
Ski Program-\$64,158, Summer Camp-\$4,350 and Swim Lessons-\$1,375. Program Director compensation	on: \$31,333		

