Form

Department of the Treas Internal Revenue Sent ce

**Return of Organization Exempt From Income Tax** 

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

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

_		C No.	ar year, or tax year b e of organization	eginning U	0\0T\T0	, and ending	02/31/		D. Employe	r identification number
E	7	аррисаме	•	umiam Tas	of 1	Fort Callin	. =		D Employe	i identinication ridifidei
Ļ	Address		g business as	unior Lea	igue or	Fort Collin	18		74 2	250006
L	Name cl	2006	ber and street (or P O box if	mail is not delivere	ed to street addres	<u></u>	<del></del>	Room/suite	E Telephon	259906 e number
ſ	Initial ref	_	Box 217803			<u></u>	_			
Ī	Final ret		or town, state or province, co	ountry, and ZIP or fo	oreign postal code	•				<del></del>
	_J terminat	F	rt Collins		CO 8052	7			G Gross rec	eipts\$ 89,715
Ļ	Amende	return F Na	e and address of principal of	fficer						
	Applicat	on pending S	avannah Ahr	ens				H(a) Is this a grou	p return for s	ubordinates? Yes X No
		P	Box 21780	3			_	H(b) Are all subo	rdinates incl	uded? Yes No
_		F	ort Collins	<u> </u>	CO	80527	~~	If "No," a	attach a list	(see instructions)
_1	Tax-exe		501(c)(3) 501(c		(insert no )	4947(a)(1) or	( 527	_		
<u> 1</u>	Websit		jlfortcoll:	ins.org			<u> </u>	H(c) Group exem	ption numbe	
<u> </u>			Corporation Trust	Association	Other >			Year of formation		M State of legal domicile CO
1_	Part I	Summ			<del></del>					
	1		the organization's mi				•			
	8		volunteerism		ve the c	ommunity th	rough a	ction and	leade	rship
	돌	of trai	ed volunteer	s.						
	Activities & Governance 9 9 4 2 5 7									
	င္တ်   2	Check this box				ons or disposed of	more than 2	5% of its net asse	ets	_
	3		ng members of the go	• • •		1	į.		3	8
	<u>§</u>   4		pendent voting memb				,		4	8
	<b>≨</b>   5		findividuals employed			CANIGO Zay	) ( D \		5	2
			f volunteers (estimate	<b>3</b>		. \?	ارڅ		6	0
	7a	Total unrelated	business revenue fro	m Part VIII, ço	lumar(C), line	12 6 5018 /	ທ (ເ. ,		7a	0
-	<del>- </del> ь	Net unrelated	business revenue fro usiness taxable incon	ne from Form	990 T, line 84	00-	3	Prior Year	7b	Current Year
		Contributions	nd grants (Part VIII, lii	ne 1n)	圖	FAL III	Merce's		,040	26,053
BOKNNED	울  🍦		e revenue (Part VIII, II		12/00	DEN, UI	-		,,,,,	20,035
- €	ē 10	-	ome (Part VIII, column		and 7d			-4	,006	19,470
	2 11		Part VIII, column (A),	•		d 11e)			, 357	35,401
2	12		add lines 8 through 1						,391	80,924
5	13		ilar amounts paid (Pa						,,,,,,	0
<b>→</b>		Benefits paid t		<u>_</u>						
APR	- 1	•	compensation, emplo	,446	15,681					
_	ופי		ndraising fees (Part IX		0					
૯	ā b		g expenses (Part IX,				0			
2	~ I		(Part IX, column (A),					67	,233	77,315
0 <del>%</del>			Add lines 13-17 (mu			), line 25)		81	,679	92,996
CC.	- 1	· ·	xpenses Subtract line						-288	-12,072
	Balances Balances							Beginning of Curr		End of Year
	등록 20	Total assets (F		_					,003	268,383
,	글 4'		Part X, line 26)						,606	26,058
-	-		and balances Subtrac	t line 21 from	line 20			254	.,397	242,325
_	Part II		ire Block							
			I declare that I have ex Declaration of prepare							lowledge and belief, it is
-				Th					TA	-110-2018
5	Sign	Signatur	of officer						Date	<del></del>
	lere	Sa	vannah Ahre	ens			Presi	.dent		
_		Type or	nnt name and title							
_		Print/Type prepa	er's name		Preparer's sign	eture		Date	Check	If PTIN
	aid	Claudia B			19/	1		10416	//8self-en	ployed <b>P00363943</b>
	reparer	Firm's name	Dye & W					Fu	m's EIN	84-1523575
ľ	Jse Only					Parkway 1	2B			
_		Firm's address	• Fort Co	llins,	CO 80	525-3089		Pt	one no	970-207-9724
_			return with the prepar			uctions)				X Yes No
Ē	or Paper	work Reduction	Act Notice, see the se	parate instruction	ons					Form <b>990</b> (2016)

	inior League of		/4-2259906	Page <b>2</b>
	ement of Program Servi	ce Accomplishments a response or note to any line in	this Part III	<b>**</b> : * '
1 Briefly describe Promote v	the organization's mission.	mprove the community		leadership
prior Form 990 of If "Yes," describ  3 Did the organization services? If "Yes," describ  4 Describe the organization organ	or 990-EZ?  De these new services on Sched ation cease conducting, or make these changes on Schedule (ganization's program service action 501(c)(3) and 501(c)(4) organization.	e significant changes in how it conducts, a  complishments for each of its three larges inizations are required to report the amou	any program st program services, as measured by	Yes X No
4a (Code Community with loca	service programal needs including	n program service reported  10,913 including grants of \$ Ins to assist various Ing Career Closet, Li Iries, and Party for	ncoln Center	)
	education to p	.4,668 including grants of \$ romote volunteerism ctive action and lea	<del>-</del>	)
<b>4c</b> (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other program (Expenses \$	services (Describe in Schedule inclu	ding grants of \$	) (Revenue \$	)
4e Total program s	service expenses >	55,581		
AA				Form <b>990</b> (2016)

unn ssu (20	<i>J</i> 10) <b>U</b>	TILL C.		960	<u> </u>	1010	<u> </u>
Part IV	10	eckliet	of Regu	uired 9	Scho	dulae	

Pi	art 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)? If "Yes,"		<u>.</u> )	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	$\dashv$	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	v
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			v
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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	_	1	v
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	-	<u> </u>
U	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	ì	x
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	- 1	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
Ū	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<b>└</b> ~┤		
•	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		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<b>-</b> *		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Į	x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	34	N.	
	VII, VIII, IX, or X as applicable.	3		*.
а			~^	
	complete Schedule D, Part VI	11a	1	X
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	ľ	X
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	_ [	X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>x</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 1	Ì	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		<u>x</u>
þ			- 1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4 6	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3.5
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			4.5
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	ا ہے ا		v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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	$\mathbf{x}$	!
	rait viii, iinos to and da: ii- ras, lidinpiala dulladula O, rait II		- 47b	

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

FOIII	1 990 (2016) Utilities 14-2259906			age «
<u> Pa</u>	art IV Checklist of Required Schedules (continued)			
20-	Delth and the second and the second be set of the second by the second b	[00-	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	├	X
b 24	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	├	<del> </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1 24	ì	x
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	├	^
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	ļ	x
22	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	ĺ	ĺ	(
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1 22		x
04-	employees? If "Yes," complete Schedule J	23	-	
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	,		]
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		<b></b>
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24-	ļ	ļ
	to defease any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	├	├─-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		İ	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<del> </del>	X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	ł		ł
	current or former officers, directors, trustees, key employees, highest compensated employees, or		ŀ	-
	disqualified persons? If "Yes," complete Schedule L, Part II	_26_	}	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ļ
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1	ļ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	÷ \ 38	X
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		-	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  Schedule L. Part IV	201		
_	,	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	l	
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	┝	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	- Za	<del></del>	<del>  ^</del>
30		1 20	1	-
31	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	$\vdash$	X
31	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	├─-	
32	complete Schedule N, Part II	32	ĺ	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_32_	-	1
<b>J</b> J	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ł	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		_	<del>  ^</del>
J-	or IV, and Part V, line 1	34		x
35a		35a	<del>                                     </del>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a	-	<u></u>
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	1
26	•	330	<del> </del>	<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		x
27	related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	<del>                                     </del>	<del>  ^</del>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	1	{	ł
	Part VI	37	Į	x
	I CILL A I	1 3/	1	4

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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

<u>r</u> a	Check if Schedule O contains a response or note to any line in this Part V					
	Check is occidence of contains a response of note to any line in this Fait v				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1		163	-140
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			;
	Did the organization comply with backup withholding rules for reportable payments to vendors and		· <u>·</u> ·			
·	reportable gaming (gambling) winnings to prize winners?			1c	$\mathbf{x}^{-}$	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			10		
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2	l		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns				X	·
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			20		
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	')		3a	~+. ~	X
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	^		3b		
b			h.	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ıy			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	anciai		42		x
L	account)?			4a		-
b	If "Yes," enter the name of the foreign country.  See particular for filling requirements for Fig.CEN Form 114. Report of Foreign Rapk and Financial A	· ccoun	te			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	(CCOuri	ıs	1		1
E.a.	(FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			F2		X
5a		tion?		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction. It is a second to be seen as the second transaction of the se	UOII				
C	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	е		60		x
L	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 contribution with a work part to yield with less	itis Oi		e b		
7	gifts were not tax deductible?  Organizations that may receive deductible contributions under section 470(c)			6b	, ,	-
7	Organizations that may receive deductible contributions under section 170(c).	noodo		« N	*, 1	. ( .
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good sources provided to the payor?	joous		*	<b>%</b>	, W
h.	and services provided to the payor?  If "Vec " did the experiented petity the depay of the yellor of the goods or convices provided?			7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			"		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	3		70		
	required to file Form 8282?  If "You " indicate the number of Forms 9282 filed during the year.	7d		7 <u>c</u>	,	1
d	If "Yes," indicate the number of Forms 8282 filed during the year		2	7e		4
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control to the organization received a contribution of qualified intellectual property, did the organization file.		10 on required?	<del></del>		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<del></del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained			7h		
8		u by ii	ie	8		
0	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			-		<del>                                     </del>
9				9a	~	
a L	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	<del>                                     </del>	$\vdash$
b 10	Section 501(c)(7) organizations. Enter			35	<b>-</b>	<b>-</b>
	Initiation fees and capital contributions included on Part VIII, line 12	10a		Ì	Ì	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<del> </del>			Ì
11	Section 501(c)(12) organizations. Enter	100	<del></del>		1	1
a	Gross income from members or shareholders	11a		1		}
b	Gross income from other sources (Do not net amounts due or paid to other sources	- <u></u> -		$\dashv$		
	against amounts due or received from them )	11b		ŀ		ł
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		7	12a	ļ	}
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	· [	120		<del>                                     </del>
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		$\dashv$		l
	Is the organization licensed to issue qualified health plans in more than one state?			13a	<del>                                     </del>	<del>                                     </del>
а	Note. See the instructions for additional information the organization must report on Schedule O.			134	<del>                                     </del>	<del>                                     </del>
h	Enter the amount of reserves the organization is required to maintain by the states in which				1	]
b	the organization is licensed to issue qualified health plans	13b	1		1	
_	Enter the amount of reserves on hand	13c	<del></del>		1	1
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	136	<del></del>	14a	<del>  -</del>	X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	<del>                                     </del>	<del> </del>
	in 100, has a fine a form 120 to report these payments. If No, provide all explanation in Schedul	<u> </u>		170		<u></u>

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» Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an			
	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	ee instr	uctio	ns.
Sec	tion 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 1a 8	4:		4, 4,
	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			1: 4
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8 °	-1 '> "\	3.	
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	i i	1	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1 1		ļ
	one or more members of the governing body?	7a	X	<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			ł
	stockholders, or persons other than the governing body?	7b	X	66
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		-	lly F
а	The governing body?	8a	X	<del></del> -
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		1	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u> 5ec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oae.)		r <del></del>
		[40]	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	x	├
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>~</u>	3 7
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	<i>X</i>	*	6 2"
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<del> </del> -
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,"	40-		
40	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
14	Did the organization have a written document retention and destruction policy?	14	1	1-
15	Did the process for determining compensation of the following persons include a review and approval by		l (1	
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	هٔ ۱۰۰۰ هٔ	
a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	150	*	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4	₩.	1/2
iva	with a taxable entity during the year?	160	1.	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		<u> </u>
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	*		2
	organization's exempt status with respect to such arrangements?	16b	-	ly "
Sec	tion C. Disclosure		<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X 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			
13	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			
	irrent Treasurer PO Box 217803			
	<del></del>	3-65	3-4	1037

orm 990 (2016)	Junior	League	of	Fort	Collins

74-2259906

Page 7

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

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

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

- 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 nor any related organization compensated any current officer, director, or trustee

(list any hours for related reganizations below dotted line)  10.00 0.00  5.00 0.00  10.00	of Individual trustee		od a d		Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
5.00 0.00 5.00 0.00	x						0	0	0
5.00 0.00 5.00 0.00	x				$\vdash$	$\dashv$	0	0	0
5.00 0.00									
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	-	-	-						
	2.00 0.00 2.00 0.00	2.00 0.00 x 2.00	2.00 x 0.00 x	2.00 0.00 x 2.00	2.00 0.00 x 2.00	2.00 0.00 x 2.00	2.00 0.00 x 2.00	2.00 x 0	2.00 0.00 x 0 0

DAA

7	4	_	2	2	5	9	9	0	6

<u>, i a</u>	(A) Name and title	(B) Average hours per week (list any	(do	o not c	Pos check ess pe	c) ition more	than o	ne an	(D)  Reportable compensation from the	(F) Estimated amount of other compensation	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
						; ;					
				-		 					
				 	<u> </u> 			- -			
1b c	Sub-total Total from continuation she	ets to Part VII,	Secti	on A	L •	<u> </u>	<u> </u>	<b>&gt;</b>			
<u>d</u> _2	Total (add lines 1b and 1c)  Total number of individuals (in reportable compensation from				thos	e lıs	ted a	bov	e) who received more than	\$100,000 of	
3 4 5	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and person listed on line of for services rendered to the o	ormer officer, dir "complete Schee e 1a, is the sum nizations greater	ector dule of re than	r, or <i>J for</i> port \$15	suc able 50,00	h ind com 00? I	dividu pens f "Ye	i <i>al</i> satic s," o n ar	on and other compensation complete Schedule J for su	from the ch	yes No 3 X 4 X
	ion B. Independent Contractor  Complete this table for your fi	ors								than \$400,000 of	
1 	compensation from the organ	zation Report c (A) I business address	omp	ensa	ition	for t	he ca	alen	dar year ending with or with	(B) (B)	(C) Compensation
		<del></del>						_		·	
				_			-				
2	Total number of independent received more than \$100,000	contractors (incli of compensation	udıng n fror	but n the	not e org	lımıt janız	ed to	tho	se listed above) who	00	300
DAA											Form <b>990</b> (2016)

Pa	rt V	III Stäten Check	nent of Reve of Schedule (		aıns a r	esponse (	or note to any line	in this Part VIII		
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Grants		Federated car Membership d	· -	1a 1b		15,042		revenue	Tevenio	512-514
is, Gifts, imilar An	d	Fundraising ev Related organ Government grants	ızatıons	1c 1d 1e		<u>-</u> .				
ntribution d Other S			ns, gifts, grants, s not included above ins included in lines 1a	<b>1f</b> \$		11,011				
Col	_	Total. Add line				<u> </u>	26,053			
Program Service Revenue Contributions, Gifts, Grants	2a b					Busn Code				
ıram Servı	d e			ı						
Prog	t g	Total Add line	am service reve es 2a–2f	nue	Į	<b>•</b>				
	3	Investment inc	come (including			•	19,470			19,470
	5 6a	Royalties Gross rents	(ı) Real		(II) Pe	ersonal				
	b c _d	Less rental exps Rental inc or (loss) Net rental inco				<b>.</b>				
	7a b	sales of assets other than inventory Less cost or other	(i) Securities	1	(u) (	Other				
	đ	Gain or (loss) Net gain or (lo				<b>•</b>				
Other Revenue	Ва	(not including \$	om fundraising eve reported on line 1c)			38,238				
ther	b	Less direct ex		ь		8,791				34 3 3 3
			(loss) from fund		events	<u> </u>	29,447			29,447
	b	See Part IV, line Less direct ex	penses	a b						
	10a			a b	vities	P				
	11a		(loss) from sale cellaneous Revenue DAy	s of inve	entory [	Busn Code	5,433			5,433
	b c d	May Celeb		:			521			521
		Total. Add line				<b>•</b>		着ななど、強いで		
	12	Total revenue	See instruction	ıs		•	80,924	0	0	54,871

### Part IX Statement of Functional Expenses

<u>"Pa</u>	IT IX Statement of Functional Ex	penses			<del> `</del>
Secti	on 501(c)(3) and 501(c)(4) organizations must c			mplete column (A)	
	Check if Schedule O contains a resp				<b>X</b>
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.	<del></del>	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments See Part IV, line 21		<u> </u>		
2	Grants and other assistance to domestic				
•	Individuals See Part IV, line 22	<del></del>	<del> </del>		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		<del></del>		
5	Compensation of current officers, directors,				<u> </u>
•	trustees, and key employees				
6	Compensation not included above, to disqualified			<del> </del>	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,359	7,009	6,350	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			_	
9	Other employee benefits				
10	Payroll taxes	2,322	1,207	1,115	
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting	2,125		2,125	·
d	Lobbying				·
е	Professional fundraising services See Part IV, line 17		· * * * * * * * * * * * * * * * * * * *		
f	Investment management fees				<del></del>
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	• ,	2,475		2,475	
13	Office expenses	4,255	3,695	560	
14	Information technology	9,871	<del></del>	9,871	
15	Royalties	14 330	0 300	4 022	<del></del>
16	Occupancy	14,330	9,398	4,932	
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials  Conferences, conventions, and meetings	9,564	9,564	<del></del>	
20	Interest	J,50±	3/30=	<del> </del>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		<del></del>		
23	Insurance	2,338	693	1,645	
24	Other expenses Itemize expenses not covered		7, 7 , 7 %		1. 1. 1. 1. 1.
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		*	1	
	(A) amount, list line 24e expenses on Schedule O)		* : , , * *		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
a	ALJI Dues	7,211		7,211	
b	Career Closet enhancement	5,902	5,902		
С	Lincoln Center Children's	5,400			
d	Supplies - other	4,496			
е	All other expenses	9,348		1,131	
25	Total functional expenses. Add lines 1 through 24e	92,996	55,581	37,415	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)				

Part X **Baiance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 28,665 12,575 Savings and temporary cash investments 2 82,165 69,318 Pledges and grants receivable, net 3 Accounts receivable, net 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 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 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 **b** Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 165,673 184,990 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 1,500 15 1,500 Total assets. Add lines 1 through 15 (must equal line 34) 278,003 16 268,383 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 23,606 19 26,058 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 23,606 26 26,058 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 254,397 242,325 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 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 254,397 242,325 33 Total liabilities and net assets/fund balances **278,003** 268,383

Form 990 (2016)

	990 (2016) Junior League of Fort Collins 74-2259906				Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets		•			
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				924
2	Total expenses (must equal Part IX, column (A), line 25)	2			92,	996
3	Revenue less expenses Subtract line 2 from line 1	_ 3			12,0	072
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		25	54,:	397
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				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		24	12,	325
Pa	rt 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 X Accrual Other			3%	4	77
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			***	₹	1
	Schedule O.		[	4	ئ	1/2
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			j	*	
	reviewed on a separate basis, consolidated basis, or both		·		,\$	
	Separate basis Consolidated basis Both consolidated and separate basis			7	4	
ь	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			¥		* *
	separate basis, consolidated basis, or both			<i>i</i>	ĵ.	<b>%</b> ′
	Separate basis Consolidated basis Both consolidated and separate basis		1	4	,,	Ĉ.,
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		<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			*	20,00	XVII,
	Schedule O		1.	<b>#</b>	4.	1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				Ĭ	
	the Single Audit Act and OMB Circular A-133?			3a ]		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Γ	$\neg$		
	at assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4 turrealized gains (losses) on investments  5 castment expenses  6 castment expenses  7 corpered adjustments  6 castment expenses  7 column (B)  6 castment expenses  7 column (B)  6 castment expenses  8 corpered adjustments  8 column (B)  6 castment expenses  9 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  6 castment expenses  10 column (B)  10 column (B)  6 castment expenses  10 column (B)  10 column (B)  10 column expenses  10 column (B)  10			3b		L

## SCHEDULE A (Form 990 or 990-EZ)

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

**Public Charity Status and Public Support** 

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

OMB No 1545-0047 **2016** 

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Name of the organization

Junior League of Fort Collins

Employer identification number 74-2259906

		rt I Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
<u>Pa</u>	art I	Rease	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns					
The	orga	nızation ıs not	a private foundation becaus	e it is (For lines 1 through 12, o	check only	one box	)						
1		A church, cor	nvention of churches, or asse	ociation of churches described i	n section	170(b)(1	)(A)(ı).	$\sim$ (1					
2		A school des	cribed in section 170(b)(1)(a	<b>A)(ii).</b> (Attach Schedule E (Form	n 990 or 9	90-EZ))	1						
3	$\Box$	A hospital or	a cooperative hospital service	ce organization described in sec	ction 170	b)(1)(A)(	iii).						
4		A medical res	search organization operated	in conjunction with a hospital o	described	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name.					
		city, and state						į.					
5	$\Box$			of a college or university owned	or operate	ed by a o	overnmental unit described in						
_	ш	•	b)(1)(A)(iv). (Complete Part	-	о. орочи.	,, - 9							
6		•		, overnmental unit described in <b>s</b>	ection 17	0(h)(1)(A	٧v١						
7	H		-	substantial part of its support fro			·· ·	1					
•	ب	=	section 170(b)(1)(A)(vi). (Co		om a gove	i i i i i i i i i i i i i i i i i i i	unit of from the general public	•					
8				70(b)(1)(A)(vi). (Complete Part	u y								
9	-				•	d in coni	unction with a land-grant collection	םר					
	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
	university												
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its												
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		acquired by the	he organization after June 3	0, 1975 See <b>section 509(a)(2)</b> .	. (Comple	te Part III	)						
11		An organizati	on organized and operated e	exclusively to test for public safe	ety See s	ection 50	)9(a)(4).						
12		An organizati	on organized and operated o	exclusively for the benefit of, to	perform th	ne functio	ns of, or to carry out the purpo	ses					
				ations described in section 509				•					
		Check the bo	x in lines 12a through 12d th	at describes the type of suppor	ting orgar	iization a	nd complete lines 12e, 12f, and	d 12g					
	а		• • • •	erated, supervised, or controlled		•		ng					
				ver to regularly appoint or elect		of the di	rectors or trustees of the						
				omplete Part IV, Sections A a									
	b		.,	pervised or controlled in connec									
			r management of the suppor ion(s) You must complete	ting organization vested in the s	same pers	ons that	control or manage the support	ea					
	_		•	•		at.anath	and functionally integrated we	.th					
	С			upporting organization operated tructions) You must complete				iui,					
	d			I. A supporting organization ope				n(s)					
			•	organization generally must sa			, ,	` '					
		requireme	ent (see instructions) You n	nust complete Part IV, Section	ns A and	D, and P	art V.						
	е	Check the	is box if the organization rec	eived a written determination fro	om the IR	S that it is	s a Type I, Type II, Type III						
				n-functionally integrated support	ting organ	ızatıon							
	f		nber of supported organization					L					
	g	Provide the fo	ollowing information about th	e supported organization(s)									
(ı		e of supported	(ii) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of					
	org	ganization		(described on lines 1–10 above (see instructions))		ir governing nent?	support (see instructions)	other support (see instructions)					
					Yes	No	1100 0000137	mou delions)					
(A)	_												
(~)					Ì								
(B)			<del> </del>		<del> </del>		<del></del>						
ν,		İ			1								
(C)					<b> </b>			<del></del>					
` _					1								
(D)													
					ļ		<del></del>						
(E)													
Γota	ıl				1								

Pa	rt II Support Schedule for O						
	(Complete only if you che						lify under
1	Part III. If the organization	fails to qualify	under the tests	listed below, p	olease complet	e Part III.)	·········
	tion A. Public Support						
Calèr	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4		<del> </del>	<b>* , *</b>	4 1 1 1 1 2	. /	<del>                                     </del>
	tion B. Total Support		<u> </u>		<u> </u>	L	<del></del>
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	<u> </u>					
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		1,				
11	Total support. Add lines 7 through 10	<u>* * ** **</u>	** \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1	% / <u>/</u> /	<u> </u>
12	Gross receipts from related activities, etc	(see instructions)	·			12	: [
13	First five years. If the Form 990 is for the	_	t, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	_
	organization, check this box and stop her	e		<del>`</del>			<u> </u>
	tion C. Computation of Public Su						<del></del>
14	Public support percentage for 2016 (line 6		•	ın (f))		14	<del></del>
15	Public support percentage from 2015 Sch			**	20.4/00/	15	%
16a	33 1/3% support test—2016. If the organ			`	33 1/3% of more, o	check this	
_	box and <b>stop here</b> . The organization qual		• • •		),   E	b1.	
b	33 1/3% support test—2015. If the organ this box and stop here. The organization of				5 15 55 1/5% 01 111	ore, check	
17a	10%-facts-and-circumstances test—201	•	-		sa or 16b <sup>®</sup> and line	14.0	
ı,a	10% or more, and if the organization meet	_			4/		
	Part VI how the organization meets the "fa				11		
	organization	ioto ana ciroamsta	nocs test the or	garnzadori qualines	as a publicly supp	ported	▶ □
b	10%-facts-and-circumstances test—201	5. If the organizati	on did not check a	box on line 13 16	Sa 16h or 17a an	d line 🔪	
	15 is 10% or more, and if the organization					1	
	Explain in Part VI how the organization me				•		<u>.</u>
	supported organization				4		<b>→</b>
18	Private foundation. If the organization did	d not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee	
	instructions		. ,	.,			` ▶ □

Schedule A (Form 990 or 990-EZ) 2016 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,320	35,839	31,565	27,040	26,053	139,817
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	60,767	57,643	48,888	73,786	44,192	285,276
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		·				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	80,087	93,482	80,453	100,826	70,245	425,093
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			ı	:		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		 				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)		`	*	* * *	** **	425,093
	tion B. Total Support	<del></del>			, <del></del>	<del></del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	80,087	93,482	80,453	100,826	70,245	425,093
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,658	16,484	5,227	-4,006	19,470	58,833
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					,	
c	Add lines 10a and 10b	21,658	16,484	5,227	-4,006	19,470	58,833
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			) 			
13	Total support. (Add lines 9, 10c, 11,	]				]	
	and 12)	101,745	109,966				483,926
14	First five years. If the Form 990 is for the organization, check this box and stop her	•	t, secona, tnira, to	urtn, or tittn tax ye	ar as a section 50°	I(C)(3)	▶ □
Sec	tion C. Computation of Public Se		lage			<del></del> -	
15	Public support percentage for 2016 (line 8			on (f))		15	87.84%
16	Public support percentage from 2015 Sch			"' (' <i>))</i>		16	92.18%
	tion D. Computation of Investme			<del></del>	<del></del>		52.10 /0
17	Investment income percentage for 2016 (			3. column (f))		17	12%
18	Investment income percentage from 2015			,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18	8%
19a	33 1/3% support tests—2016. If the orga			e 14, and line 15 is	s more than 33 1/3		
	17 is not more than 33 1/3%, check this b						<b>▶</b> 🗓
b	33 1/3% support tests—2015. If the orga	anization did not ch	eck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3%, and	<u></u>
	line 18 is not more than 33 1/3%, check the	his box and stop he	ere. The organiza	tion qualifies as a	publicly supported	organization	▶ 🖳
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruct	ions	▶ [

# Schedule A (Form 990 or 990-EZ) 2016

### Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

		Yes	No
	** 3	· · · /	
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F	10b orm 99	0 or 990	)-EZ) 2016
			, 10

r di	rt IV Supporting Organizations (continued)		—т	
	`		Yes	No_
11	Has the organization accepted a gift or contribution from any of the following persons?			,
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	_[	ļ	-
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	l	
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	T	7	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-		ı
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	1	1
	controlled the organization's activities. If the organization had more than one supported organization,	1		i
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			. 1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1	1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	[	}	- September 1
	supervised, or controlled the supporting organization	2		- A
Sect	tion C. Type II Supporting Organizations			
		1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			<del>- ;-</del> -
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	1	_ [	
	or management of the supporting organization was vested in the same persons that controlled or managed	ı	* ». *	· .
	,, ,	1		vis i
Sect	the supported organization(s) tion D. All Type III Supporting Organizations			
انانات			Yes	No No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	7	· · · · · · · · · · · · · · · · · · ·	*
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	. أ	N [	' y <b>%</b>
	• • • • • • • • • • • • • • • • • • • •	<sup>**</sup>	, <sup>32</sup> , -\$	. %, 4
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	~	* #00xx	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-'-		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	l	, 3-	• 4
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	2	5 104	- ,
_	the organization maintained a close and continuous working relationship with the supported organization(s)	-		* *
3	By reason of the relationship described in (2), did the organization's supported organizations have a	]	Ì	1
	significant voice in the organization's investment policies and in directing the use of the organization's	j		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-	** ·	
C	supported organizations played in this regard	3_		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a				
b				
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction)	ons)		
		1	<del></del> -	<del></del>
2	Activities Test Answer (a) and (b) below.		Yes	No
а		İ		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		l Ì	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
þ	• •			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a				
4	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	<u>_</u> .	
b			<u> </u>	
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		<u> </u>

	e of Fort Collins				_7	<u>4</u> –	225	99	906			Pag	e 6
Part V Type III Non-Functionally Integrated 50													
1 Check here if the organization satisfied the Integral Part									е		•		
instructions. All other Type III non-functionally integrated	supporting organizations must cor	mpie	ete S	Secti	ons	A th	rough	<u>ıĘ</u>					
Section A - Adjusted Net Income				(A)	Prio	r Ye	ar		(		ırrent		
	<del></del>	-						$\dashv$		<u>(o</u>	otiona	<u> </u>	
1 Net short-term capital gain		_						$\dashv$					
2 Recoveries of prior-year distributions		_						_					
3 Other gross income (see instructions)		$\neg$						-					
4 Add lines 1 through 3	4	_						-					
5 Depreciation and depletion		-						$\rightarrow$					
6 Portion of operating expenses paid or incurred for production	ı or	-						-					
collection of gross income or for management, conservation, or								- [					
maintenance of property held for production of income (see instr		_						$\dashv$					
7 Other expenses (see instructions)	7	_						_					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	4						-					
Section B - Minimum Asset Amount				(A)	Prioi	r Ye	ar		(1	-	urrent otiona		
1 Aggregate fair market value of all non-exempt-use assets (s	ee ·	*		\$	.ļ/"			Å	1	411	Ą	, 1/	II.
instructions for short tax year or assets held for part of year)		٠			*	<u> </u>	9 <sup>37</sup> ,	*	*	<u>!//</u>	<u> </u>		<u> </u>
Average monthly value of securities	1a	<u>a [</u>											
b Average monthly cash balances	1b							_L					
c Fair market value of other non-exempt-use assets	1c	<u>.                                    </u>											
d Total (add lines 1a, 1b, and 1c)	1d						·			<u></u>			
e Discount claimed for blockage or other	· «	<i>i</i> " .		w, .		**	×	,	۰.	17	*	ħ,	Set Set
factors (explain in detail in Part VI)		ş*		<i>*</i>	<i>"</i>	<u> </u>	., ,		<u>, , , , , , , , , , , , , , , , , , , </u>		(		
2 Acquisition indebtedness applicable to non-exempt-use asset	ets 2												
3 Subtract line 2 from line 1d													
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for	or greater amount,												
see instructions)	4	_											
5 Net value of non-exempt-use assets (subtract line 4 from line	e 3) 5	4						_					
6 Multiply line 5 by 035	6	4						_					
7 Recoveries of prior-year distributions								4	_				
8 Minimum Asset Amount (add line 7 to line 6)	8	4						_					
Section C - Distributable Amount		Ĭ.	· \$	***************************************	4	{ <sup>3</sup>	<u> </u>	Ag.		Cun	rent Y	ear	
1 Adjusted net income for prior year (from Section A, line 8, C	olumn A) 1			*	4	٠,٠	1	*3					
2 Enter 85% of line 1	2		Ÿ	*	1	4	1	4					
3 Minimum asset amount for prior year (from Section B, line 8	, Column A) 3		<b>.</b>	*	ì		1/	3					
4 Enter greater of line 2 or line 3.	4		32.1	**	>	×	í.	í*					
5 Income tax imposed in prior year	5		0)	1/2	×		11	*					
6 Distributable Amount. Subtract line 5 from line 4, unless su	ubject to		*	¥.	**	ş·	. 7	न					
emergency temporary reduction (see instructions)	6		a.			, sec	. //						
7 Check here if the current year is the organization's first as	a non-functionally integrated Type	111 0	ะแทก	ortir	חת חו	man	uzatio	n /sı					

	rt V Type III Non-Functionally Integrated 509(a)(3)	Fort Collins	74-225	9906 Page 7
Sec	tion D- Distributions	oupporting Organiza	ations (continued)	T
1	Amounts paid to supported organizations to accomplish exempt purpo	2000	<del></del>	Current Year
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported		<u> </u>
_	organizations, in excess of income from activity	s or supported		
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations	<del>_</del>	<del></del>
4	Amounts paid to acquire exempt-use assets	orted organizations	<del>-</del>	<u> </u>
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
6	Other distributions (describe in Part VI). See instructions			<u> </u>
7	Total annual distributions. Add lines 1 through 6		<del> </del>	
8	Distributions to attentive supported organizations to which the organization	otion in section	<del> </del>	
	(provide details in Part VI) See instructions.	ation is responsive		
9	Distributable amount for 2016 from Section C, line 6			<u> </u>
10	Line 8 amount divided by Line 9 amount	<del>-</del>		<del></del> -
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable
_1_	Distributable amount for 2016 from Section C, line 6		F16-5010	Amount for 2016
	Underdistributions, if any, for years prior to 2016		<del></del>	
2	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2016	, , ,	,	, ,
a		<b></b>	,	3
		, , , ,	*	, , ,
	From 2013			3 3
_	From 2014		* : *	
	From 2015		*	* ***
	Total of lines 3a through e		, **, ' *, *	1 11 4 5 1
	Applied to underdistributions of prior years	***		· · · · · · · · · · · · · · · · · · ·
	Applied to 2016 distributable amount	* * * * * * * * * * * * * * * * * * *		
i_	Carryover from 2011 not applied (see instructions)	, , , , , ,	*	
<u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f		* :	
4	Distributions for 2016 from	4		· .
_	Section D, line 7 \$	·		* '%;
	Applied to underdistributions of prior years			· · · · · · · · · · · · · · · · · · ·
	Applied to 2016 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			*
5	Remaining underdistributions for years prior to 2016, if	-		
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			· · · · · · · · · · · · · · · · · · ·
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			1
_8	Breakdown of line 7.			
a				
b	Excess from 2013			
_с	Excess from 2014			
d	Excess from 2015			

e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Junior League of Fort Collins

74-2259906

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

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2016 Open to Public Inspection

ame of the	Complete if the organization answered "Yes" on Form 990, Part IV, line 6  (a) Denor advised funds  (ber at end of year  value of contributions to (during year)  value of grants from (during year)  value of grants from (during year)  value of grants from (during year)  value of grants from (during year)  value of grants from (during year)  value at end of year  ganization inform all donors and donor advisors in writing that the assets held in donor advised the organization's property, subject to the organization's exclusive legal control?  ganization inform all grantees, donors, and donor advisors in writing that grant funds can be used the organization for the benefit of the donor or donor advisor, or for any other purpose timpermissible private benefit?  Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  s) of conservation easements held by the organization (check all that apply).  rivation of land for public use (e.g., recreation or education)    Preservation of a histonically in troop of perspace lines 2a through 2d if the organization held a qualified conservation contribution in the form of a control the last day of the tax year  there of conservation easements agar estricted by conservation easements agar estricted by conservation easements for conservation easements on a certified histonic structure included in (a)  if conservation easements modified, transferred, released, extinguished, or terminated by the organiza-  if states where property subject to conservation easement is located   of conservation have a written policy regarding the penodic monitoring, inspection, handling of  and enforcement of the conservation easements it holds?  volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation  f expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation  f expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation  f expenses incurred	Employer	identification number	
Jun:	Theague of Fort Collins  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac Complete if the organization answered "Yes" on Form 990, Part IV, line 6  Intumber at end of year gate value of contributions to (during year) gate value of grants from (during year) gate value of grants from (during year) gate value at end of year a organization inform all donors and donor advisors in writing that the assets held in donor advised are the organization's property, subject to the organization's exclusive legal control? a organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ming impermissible private benefit?  Conservation Easements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  se(s) of conservation easements held by the organization (check all that apply).  eservation of land for public use (e.g., recreation or education)  Preservation of a historically import otection or natural habitat eservation of open space lete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation that all the property subject to conservation easements are of conservation easements increage restricted by conservation assements  are of conservation easements modified, transferred, released, extinguished, or terminated by the organization in the organization have a written policy regarding the periodic monitoring, inspection, handling of sind, and enforcement of the conservation easements it holds?  and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement or ports conservation easements in its revenue and expense statement, as sheet, and include, if applicable, the text of the footnote to the organization's financial statements		74-2	259906
Part I	Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds o Form 990, Part IV, line 6		
		(a) Donor advised funds		b) Funds and other accounts
<b>1</b> Tot	al number at end of year	<u></u>		
2 Ag	gregate value of contributions to (during year)	L		<del> </del>
3 Ag	gregate value of grants from (during year)	L		
4 Ag	gregate value at end of year	L		
5 Did	I the organization inform all donors and donor advisors in writing tha	it the assets held in donor advised		
fun	ds are the organization's property, subject to the organization's exc	lusive legal control?		Yes No
6 Did	I the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
onl	y for charitable purposes and not for the benefit of the donor or don-	or advisor, or for any other purpose		
	nferring impermissible private benefit?			Yes No
Part I		Form 990, Part IV, line 7.		
1 Pu	rpose(s) of conservation easements held by the organization (check	all that apply).		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically in	nportant lan	d area
	Protection of natural habitat	Preservation of a certified histo	oric structur	e
	Preservation of open space			
2 Co	mplete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a cor	nservation	<del>_</del>
eas	sement on the last day of the tax year		<u> </u>	Held at the End of the Tax Yea
a To	al number of conservation easements		2a	<u> </u>
<b>b</b> Tot	al acreage restricted by conservation easements		2b	<u> </u>
c Nu	mber of conservation easements on a certified historic structure inc	luded ın (a)	2c	<u></u>
<b>d</b> Nu	mber of conservation easements included in (c) acquired after 8/17	/06, and not on a	1	
his	toric structure listed in the National Register		2d	<u> </u>
3 Nu	mber of conservation easements modified, transferred, released, ex	dinguished, or terminated by the organi	zation durin	g the
tax	year ▶			
4 Nu	mber of states where property subject to conservation easement is	located ▶		
<b>5</b> Do	es the organization have a written policy regarding the periodic mon	nitoring, inspection, handling of		
VIO	lations, and enforcement of the conservation easements it holds?			Yes No
5 Sta ▶	off and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation	n easements	s during the year
7 Am		lations, and enforcing conservation eas	sements dur	ing the year
8 Do	es each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(E	3)(ı)	
and	d section 170(h)(4)(B)(ii)?			Yes No
<b>9</b> In I	Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense staten	nent, and	
bal	ance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements tha	it describes	the
org	anization's accounting for conservation easements			
Part I			er Similar	Assets.
1a If ti	ne organization elected, as permitted under SFAS 116 (ASC 958), r	not to report in its revenue statement ar	nd balance s	heet
wo	rks of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of	•
pul	olic service, provide, in Part XIII, the text of the footnote to its financ	al statements that describes these iter	ns	
<b>b</b> If the	ne organization elected, as permitted under SFAS 116 (ASC 958), t	to report in its revenue statement and b	alance shee	t
wo	rks of art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of	Ť
pul	olic service, provide the following amounts relating to these items			
(i)	Revenue included on Form 990, Part VIII, line 1		•	<b>\$</b>
(ii)	Assets included in Form 990, Part X		•	<b>\$</b>
2 If t	ne organization received or held works of art, historical treasures, o	r other similar assets for financial gain,	provide the	
foll	owing amounts required to be reported under SFAS 116 (ASC 958)	relating to these items		
a Re	venue included on Form 990, Part VIII, line 1		•	<b>\$</b>
h As	sets included in Form 990. Part X		<b>L</b>	• <b>\$</b>

<u>Sche</u>	dule D (Form 990) 2016 Junior I	League of	Fort	Collins		<u>74-22</u>	<u>599</u>	<u> 06</u>		Page_ <b>2</b>
₃Pa	rt III. Organizations Maintaini	ng Collections	of Art,	Historical T	reasures, c	r Other	Simil	ar Assets	(continu	ued)
3	Using the organization's acquisition, access collection items (check all that apply)	ssion, and other red	cords, che	eck any of the fol	lowing that are	e a significa	ant use	of its	,	
а	Public exhibition	d [	Loan	or exchange pro	grams					
b	Scholarly research	e (	Other	,	•					
С	Preservation for future generations		_							
4	Provide a description of the organization's	collections and ex	plain how	they further the	organization's	exempt pu	ırpose	ın Part		
	XIII									
5	During the year, did the organization solici	t or receive donation	ons of art,	historical treasu	res, or other s	ımılar				_
	assets to be sold to raise funds rather than	n to be maintained	as part of	the organization	's collection?				Ye	s No
Pa	rt IV Escrow and Custodial A									
	Complete if the organization 990, Part X, line 21.	on answered "Y	es" on	Form 990, Pa	art IV, line 9	, or repor	rted a	n amount o	on Form	1
1a	Is the organization an agent, trustee, custo	odian or other inter	mediary fo	or contributions of	or other assets	not				
	included on Form 990, Part X?								Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part X	III and complete th	e followin	g table <sup>.</sup>						
							ļ		Amoun	<u> </u>
C	Beginning balance							1c		
đ	Additions during the year						1	1d		
е	Distributions during the year						1	1e		
f	Ending balance						l			
2a	Did the organization include an amount on	Form 990, Part X,	line 21, f	or escrow or cus	todial account	liability?			Ye	s No
b	If "Yes," explain the arrangement in Part X	III Check here if the	ne explana	ation has been p	rovided on Pa	rt XIII				
<b>ຼື</b> Pa	rt.V Endowment Funds.									
	Complete if the organization	on answered "Y	<u>es" on</u>	<u>Form 990, Pa</u>	art IV, line 1	<u>0.                                    </u>				
		(a) Current year		(b) Prior year	(c) Two year	s back	(d) Thr	ee years back	(e) Four	years back
1a	Beginning of year balance				<u> </u>				L	
b	Contributions	· · · · · · · · · · · · · · · · · · ·			<u> </u>				ļ	
С	Net investment earnings, gains, and		[		1	- [			1	
	losses	<u> </u>			ļ <u> </u>					
d	Grants or scholarships	L			<u> </u>					
е	Other expenditures for facilities and	<b>\</b>	<b>1</b>			1				
	programs	L			<u> </u>				<u> </u>	
f	Administrative expenses				<u> </u>					
g	End of year balance	L			<u>L</u>				<u> </u>	
2	Provide the estimated percentage of the c	urrent year end bal	lance (line	e 1g, column (a))	held as					
а	Board designated or quasi-endowment ▶	%								
b	Permanent endowment ► %	6								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c s	should equal 100%	•							
3a	Are there endowment funds not in the pos	session of the orga	anızatıon t	that are held and	administered	for the			,	
	organization by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as r	equired o	n Schedule R?					3b	
_4_	Describe in Part XIII the intended uses of		<u>endowme</u>	nt funds						
, Pa	Land, Buildings, and Eq		/oo" on	Form 000 Po	ert IV line 1	12 500 1	Eorm	000 Bort \	V lina 1	0
	Complete if the organizati			(b) Cost or			cumulate		(d) Book	
	Description of property	(a) Cost or o		(b) Cost or	Į.	• • •	reciation	<b>"</b>	(u) book	value
	Lond	/mvesu		<del></del>			35.4001			
	Land	<del> </del>		<del></del>				<del></del>		
	Buildings	ļ		<del></del>	<del></del>			<del></del>		
	Leasehold improvements	<b> </b>		<del></del>	<del></del>					
	Equipment	<del> </del>		<del>                                     </del>						
	Other  I. Add lines 1a through 1e (Column (d) mus	st equal Form 990	Part X o	olumn (B) line 1						<del></del>

=				
42259906				
Schedule D (F	form 990) 2016 Junior League of Fort	Collins	74-2259906	Page <b>3</b>
Part VII	Investments—Other Securities.			
· ·	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11b. See Form 990, F	Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	ar market value
(1) Financial	denvatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)			<del>-</del>	
(D)		<b> </b>	<del></del>	
(E)		<b> </b>	<del></del>	
(F)		<del></del>	<del></del>	
(G)		<del></del>	<del></del>	
(H)	the most areal France COO. Book V. and (D) has 40.)	<del></del>	<del></del>	,
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related.	<del></del>	<del></del>	
Fail VIII,	Complete if the organization answered "Yes" on	Form 000 Part IV II	ne 11c See Form 000 F	Part Y line 13
	(a) Description of investment	(b) Book value	(c) Method or	
	(2) Description of investment	(b) book value	Cost or end-of-year	
(1)	<del></del>	<del>                                     </del>	<del></del>	
(2)	<del></del>	<del>                                     </del>	<del></del>	<del></del>
(3)		<del> </del>	<del> </del>	<del></del>
(4)			<del> </del>	
(5)				
(6)			T	<del></del>
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶			· * / * * * * * * * * * * * * * * * *
Part IX	Other Assets.	_		
	Complete if the organization answered "Yes" on	Form 990, Part IV, I	ne 11d. See Form 990, F	Part X, line 15.
	(a) Description	<del></del>	<del></del>	(b) Book value
(2)		<del> </del>	<del></del>	<del></del>
(3)		<del></del>	<del></del>	<del></del>
(4)				
(5)				<del></del>
(6)				<del></del>
(7)				
(8)		<del></del>		<del></del>
(9)	n (b) must equal Form 990, Part X, col (B) line 15)	<del></del>		<del> </del>
Part X	Other Liabilities.	<del></del>		<del></del>
, I dit A	Complete if the organization answered "Yes" or line 25.	n Form 990, Part IV, I	ine 11e or 11f. See Form	990, Part X,
1	(a) Description of liability	(b) Book value		

1.	
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, P	art X, col. (B) line 25.) ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2016 Junior League of Fort Col	llins	74-2259906	Page 4
	IT XI Reconciliation of Revenue per Audited Financial S		venue per Return.	
	Complete if the organization answered "Yes" on Form			
1	Total revenue, gains, and other support per audited financial statements		1	80,924
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		<i>y</i> '8	
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	80,924
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 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		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	5	80,924
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With E	kpenses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12	a	
1	Total expenses and losses per audited financial statements		1	92,996
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		
ď	Other (Describe in Part XIII )	2d	}	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	92,996
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	ł		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	92,996

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0047 **2016** 

Name of the organization Employer identification number Junior League of Fort Collins 74-2259906 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of col (ı) contributions' Yes No 10 Total

Junior League of Fort Collins 74-2259906 Schedule G (Form 990 or 990-EZ) 2016 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, of reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Garden Tour Parties for a P None (add col (a) through col (c)) (event type) (total number) 38,238 22,836 15,402 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 22,836 15,402 38,238 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 3,121 5,670 8,791 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities Yes No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain. Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Sche	edule G (Form 990 or 990-EZ) 2016 Junior League of Fort Collins	74-2259906	5	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer chantable gaming?		Yes	∏ No
13	Indicate the percentage of gaming activity conducted in			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	•	Yes	∏ No
b		nd the		
•	amount of gaming revenue retained by the third party > \$	10 110		
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ►			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶ .			
	Director/officer Employee Independent contractor			
17	Mandatory distributions.			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or			
	spent in the organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, co Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any add		and	
	See instructions			
		Schedule G (Form 990	or 990-F	Z) 2016
	· · · · · · · · · · · · · · · · · · ·			,

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

▶ Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service ▶ 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

Junior League of Fort Collins

Employer identification number 74-2259906

Form 990, Part VI, Line 7a - Election of Members and Their Rights The entity's members elect the board positions annually.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Organization bylaws determine when the members vote on certain issues.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The board reviews the 990 before filing.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made available on request.

Form 990, Part IX, Line 24e - Other Expenses Description

	Progra	am Service	Mgt &	General	Fundra	ising		
Committee expenses								
	\$	3,028	\$	133	\$	0		
Supplies -	PSD Sna	ack						
	\$	1,557	\$	0	\$	0		
Telephone	Telephone							
	\$	579	\$	579	\$	0		
Awards								
	\$	1,112	\$	0	\$	0		
Supplies -	ABLE Wo	omen						
	\$	977	\$	0	\$	0		

Schedule O (Form 990 or 990-EZ) (2016)						Page <b>2</b>		
Name of the organization	<u></u>				Employer identifica	tion number		
_Junior League of Fort Collins					74-2259906			
Membership	Traini	ng						
	\$	964	\$	0	\$	0		
Bank Charg	es/Merc	hant fee						
	\$	0	\$	419	\$	0		
Total								
	\$	8,217	\$	1,131	\$	0		