

Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2016Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**Open to Public
Inspection****A** For the 2016 calendar year, or tax year beginning

06-01, 2016, and ending

05-31, 2017

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**GWPC Womens Civic League of Cheyenne**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

PO Box 4062

City or town, state or province, country, and ZIP or foreign postal code

Cheyenne, WY 82003**D** Employer identification number**83-6003057****E** Telephone number**F** Group Exemption
Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ www.womenscivicleaguecheyenne.org**J** Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF).**K** Form of organization ☐ Corporation ☐ Trust ☐ Association ☒ Other **Civic Organi****L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

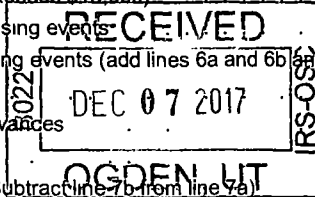
▶ \$ **109,394****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	4,719	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3	12,872	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	19	21	Net assets or fund balances at end of year Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
b	Less: cost or other basis and sales expenses	5b			
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events				
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	3,418		
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	88,366		
c	Less: direct expenses from gaming and fundraising events	6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	91,784		
7a	Gross sales of inventory, less returns and allowances	7a			
b	Less: cost of goods sold	7b			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	109,394		
10	Grants and similar amounts paid (list in Schedule O)	10	58,105		
11	Benefits paid to or for members	11	4,752		
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13	5,460		
14	Occupancy, rent, utilities, and maintenance	14	2,255		
15	Printing, publications, postage, and shipping	15	831		
16	Other expenses (describe in Schedule O)	16	25,721		
17	Total expenses. Add lines 10 through 16	17	97,124		

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

SCANNED FEB 06 2018



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	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	65,649	22	77,919
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	65,649	25	77,919
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,649	27	77,919

28	We run and operate the Cheyenne Christmas House. The proceeds from the Christmas House are donated to local Cheyenne charities.		
	(Grants \$ 58,105) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	28a 39,019
29			
	(Grants \$) If this amount includes foreign grants, check here . . .	▶ <input type="checkbox"/>	29a
30			
	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here . . .	▶ <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	▶	32 39,019

1

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☒

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	X	
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
36		
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of Julie Gliem Telephone no 307-221-8222		
Located at PO Box 4062, Cheyenne, WY ZIP + 4 82003		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

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

	Yes	No
46		X

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

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

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☒ No

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

Sign Here

Julie Gliem

Signature of officer

Date

Julie Gliem, Treasurer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Julie Gliem

Preparer's signature

Julie Gliem

Date

12-02-2017

Check ☐ if self-employed

PTIN

P00072015

Firm's name USA Tax, LLC

Firm's EIN

Firm's address 1805 Warren Avenue

Cheyenne WY 82001

Phone no 307-514-5888

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

Open to Public Inspection

Employer identification number

GFWC Womens Civic League of Cheyenne

83-6003057

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations **e** ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations **f** ☐ Solicitation of government grants
c ☐ Phone solicitations **g** ☒ Special fundraising events
d ☐ 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? ☐ Yes ☒ No

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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Wyoming

Part II

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or 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 <u>Xmas House</u> (event type)	(b) Event #2 (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	88,366			88,366
	2 Less Contributions	58,105			58,105
	3 Gross income (line 1 minus line 2)	30,261			30,261
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,255			2,255
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	27,473			27,473
	10 Direct expense summary Add lines 4 through 9 in column (d)				29,728
11 Net income summary Subtract line 10 from line 3, column (d)				533	

Part III

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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. _____

a Is the organization licensed to conduct gaming activities in each of these states? _____

☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

GFWC Womens Civic League of Cheyenne

Employer identification number
83-6003057

01. List of grants and similar amounts paid (Part I, line 10)

Activity Grants to South High Graduates

Grantee South High School

Street 1213 West Allison Road

City, State, Zip Cheyenne, WY 82007

Relationship None

Amount 709

Activity Grant

Grantee Cheyenne Little Theater Players

Street 211 West Lincolnway

City, State, Zip Cheyenne, WY 82001

Relationship None

Amount 6,061

Activity Grant

Grantee Climb Wyoming

Street 123 East 17th Street

City, State, Zip Cheyenne, WY 82001

Relationship None

Amount 1,000

Activity Grant

Grantee City of Cheyenne

Street 2101 Oneil Avenue

Name of the organization

Employer identification number

GFWC Womens Civic League of Cheyenne

83-6003057

City, State, Zip Cheyenne, WY 82001

Relationship None

Amount 10,140

Activity Grant

Grantee Raising Readers Wyoming

Street 475 South Spruce Street

City, State, Zip Casper, WY 82601

Relationship None

Amount 5,000

Activity Grant

Grantee Special Friends

Street 1328 Talbot Court

City, State, Zip Cheyenne, WY 82001

Relationship None

Amount 3,300

Activity Grant

Grantee Comea House

Street 1504 Stinson Avenue

City, State, Zip Cheyenne, WY 82001

Relationship None

Amount 4,300

Activity Grant

Grantee Habitat for Humanity

Name of the organization

Employer identification number

GFWC Womens Civic League of Cheyenne

83-6003057

Street 1721 Ames Avenue

City, State, Zip Cheyenne, WY 82001

Relationship None

Amount 3,090

Activity Grant

Grantee Casper College

Street 125 College Drive

City, State, Zip Casper, WY 82601

Relationship None

Amount 1,500

Activity Grant

Grantee University of Wyoming

Street 1000 East University Avenue

City, State, Zip Laramie, WY 82071

Relationship None

Amount 5,500

Activity Grant

Grantee Laramie County Community College

Street 1400 East College Drive

City, State, Zip Cheyenne, WY 82007

Relationship None

Amount 2,719

Activity Grant

Name of the organization

Employer identification number

GFWC Womens Civic League of Cheyenne

83-6003057

Grantee Cheyenne Botanic Gardens
Street 616 South Lions Park Drive
City, State, Zip Cheyenne, WY 82001
Relationship None
Amount 1,270

Activity Grant
Grantee ARC of Laramie County
Street 1302 Crook Avenue
City, State, Zip Cheyenne, WY 82001
Relationship None
Amount 500

Activity Grant
Grantee Laramie County Conservation Dist
Street 11221 US Highway 30
City, State, Zip Cheyenne, WY 82001
Relationship None
Amount 500

Activity Grant
Grantee Wyoming Senior Citizens Inc
Street 106 West Adams Avenue
City, State, Zip Riverton, WY 82501
Relationship None
Amount 500

Name of the organization

Employer identification number

GFWC Womens Civic League of Cheyenne

83-6003057

Activity	Grant
Grantee	Cheyenne Regional Medical Center
Street	214 East 23rd Street
City, State, Zip	Cheyenne, WY 82001
Relationship	None
Amount	800

Activity	Grant
Grantee	Laramie County School Dist No 1
Street	2810 House Avenue
City, State, Zip	Cheyenne, WY 82001
Relationship	None
Amount	1,520

Activity	Grant
Grantee	Laramie County Project Lifesaver
Street	415 West 18th Street
City, State, Zip	Cheyenne, WY 82001
Relationship	None
Amount	1,500

Activity	Grant
Grantee	YMCA
Street	1426 East Lincolnway
City, State, Zip	Cheyenne, WY 82001
Relationship	None
Amount	2,418

Name of the organization

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GFWC Womens Civic League of Cheyenne

83-6003057

Activity Grant

Grantee Laramie County Detention Center

Street 1910 Pioneer Avenue

City, State, Zip Cheyenne, WY 82001

Relationship None

Amount 564

Activity Grant

Grantee Kid Care CHIP

Street 6101 Yellowstone Road, Suite 210

City, State, Zip Cheyenne, WY 82009

Relationship None

Amount 46

Activity Grant

Grantee Friday Food Bag

Street 600 East Carlson Street, Suite F

City, State, Zip Cheyenne, WY 82009

Relationship None

Amount 450

Activity Grant

Grantee American Legion

Street 1320 Hugur Avenue

City, State, Zip Cheyenne, WY 82001

Relationship None

Name of the organization

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GFWC Womens Civic League of Cheyenne

83-6003057

Amount 238

Activity Grant

Grantee Quilts of Valor

Street PO Box 191

City, State, Zip Winterset, IA 50273

Relationship None

Amount 200

Activity Grant

Grantee Airman's Attic

Street 6709 10th Cavalry Avenue, Ste 315

City, State, Zip Fe Warren AFB, WY 82005

Relationship None

Amount 150

Activity Grant

Grantee Final Salute

Street PO Box 156

City, State, Zip Alexandria, VA 22314

Relationship None

Amount 200

Activity Grant

Grantee UNICEF

Street 125 Maiden Lane

City, State, Zip New York, NY 10038

Name of the organization

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GFWC Womens Civic League of Cheyenne

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Relationship None

Amount 457

Activity Grant

Grantee Operation Smile

Street 3641 Faculty Boulevard

City, State, Zip Virginia Beach, VA 23453

Relationship None

Amount 380

Activity Grant

Grantee Heifer International

Street 1 World Avenue

City, State, Zip Little Rock, AR 72202

Relationship None

Amount 365

Activity Grant

Grantee Salvation Army

Street 601 East 20th Street

City, State, Zip Cheyenne, WY 82001

Relationship None

Amount 260

Activity Grant

Grantee Shot at Life

Street PO Box 96399

Name of the organization

Employer identification number

GFWC Womens Civic League of Cheyenne

83-6003057

City, State, Zip Washington, DC 20090

Relationship None

Amount 145

Activity Multiple Small Grants

Grantee Various

Street PO Box 4062

City, State, Zip Cheyenne, WY 82003

Relationship None

Amount 2,323

02. Description of other expenses (Part I, line 16)

Description	Amount
Christmas House Advertising	6,059
Christmas House Bank Fees	52
Christmas House Childrens Walk Thru	75
Christmas House Owner Stipend	250
Christmas House Credit Card Fees	887
Christmas House Member Breakroom	568
Christmas House Supplies	13,855
GFWC Yearbook	1,375
GFWC Insurance	895
GFWC Memorial Fund	50
GFWC Speaker's Fund	142
Lunches Educations/CIP Recipients	384
President's Lunches	169

GFWC Womens Civic League of Cheyenne

Employer identification number

83-6003057

Membership Expenses 336

Flowers/Cards/Gifts 286

Wyoming Secretary of State 28

GFWC Wyoming Assessments 310

03. Changes to governing documents (Part V, line 34)

With the permission of year our fiscal year was changed to end on May 31st of each year.

This change was done to make our year end coincide with the State and Federal Federations.