The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

990-EZ

2949218 1 0 5 N8 1545-1150 **Short Form** Return of Organization Exempt From Income

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

2016

Department of the Treasury Internal Revenue Service

▶ 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

> Yes No

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Зс

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og.

4b

4c

5a

5b

5c

G.

6

| Α | For the 2016 calend | lar year, or tax year beginning | July 1 | , 2016, and ending | June 30 | , 20 | 17 |
|---|---------------------|---------------------------------|--------|--------------------|------------------------|------------|----|
| В | Check if applicable | C Name of organization | | | D Employer identificat | ion number | r |
| Г | <u> </u> | <u> </u> | | | 7 • 0 • 300 | 0.4 | |
| | | | | | | | |

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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below
 - b 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
- c 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
- 4a 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
- b 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) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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

| Form 990-EZ (2 | | | | | | Page 2 |
|----------------|--|--|---|---|-------------|--|
| Part II | Balance Sheets (see the instructions | • | | | | ', <u> </u> |
| | Check if the organization used Schedule | O to respond to ar | | | | , . |
| | | | | (A) Beginning of year | | (B) End of year |
| | n, savings, and investments | | | 1 25 795 | _ | 147776 |
| 23 Land | d and buildings | | | | 23 | |
| 24 Othe | er assets (describe in Schedule O) | | L | 247 | | 1337 |
| 25 Tota | ıl assets . | | | 126042 | | 149113 |
| 26 Tota | Il liabilities (describe in Schedule O) | | | 54876 | | 68724 |
| 27 Net a | assets or fund balances (line 27 of column | n (B) must agree with | n line 21) ' | 71166 | 27 | 80390 |
| Describe th | Statement of Program Service Accommode Check if the organization used Schedule organization's primary exempt purpose? e organization's program service accompliance. | O to respond to an shments for each o | ny question in this l | Part III | 501(| Expenses jurred for section (c)(3) and 501(c)(4) inizations, optional for |
| ersons ber | ed by expenses In a clear and concise manefited, and other relevant information for eace ice for about 130 skaters for practice, exhibition | ach program title | | | 511.10 | T |
| | | | | | | |
| (Grant | | ıncludes foreign gra | | | 28a | 11910 |
| 29 Provide | e opportunity to compete in local and distant com | | | | | |
| | | | | | | |
| | | | | | | |
| (Grant | s\$) If this amount | ıncludes foreign gra | ints, check here | ▶ □ | 29a | 18974 |
| | e training, conditioning support, music costumes | and information on ger | neral competition rules | and changes | | |
| in the | rules for approximately 130 skaters | | | | | |
| | | | | | | |
| (Grant: | s\$) If this amount | ıncludes foreign gra | ints, check here | ▶ □ | 30a | 38178 |
| | program services (describe in Schedule O) | <u> </u> | , | - | | 1 |
| (Grants | | includes foreign gra | ints check here | ▶ □ | 31a | |
| | program service expenses (add lines 28a | | into, ondok noro | <u> </u> | 32 | 64062 |
| Part IV | List of Officers, Directors, Trustees, and Ke | | one even if not com | pensated—see the I | | Lone for Part IVA |
| <u> </u> | Check if the organization used Schedule | | | | i i oti u c | |
| | Check if the organization used Schedule | · · · · · · · · · · · · · · · · · · · | (c) Reportable | (d) Health benefits, | | |
| | (a) Name and title | (b) Average hours per week devoted to position | compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | contributions to employ benefit plans, and deferred compensatio | () | Estimated amount of other compensation |
| Carol Zeles | | . 5 | | | | |
| President | | | 0 | | 0 | 0 |
| Robert Zeles | 3 | . 3 | | | | |
| Treasurer | | 1 | 0 | | 0 | C |
| Cheryl Bruba | aker | | - | | | |
| Secretary | ······ | . 1 | 0 | | 0 | C |
| Kım Lamb | | | | | | |
| Vice Preside | nt | 1 | Ì | l | o | C |
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| Part | Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | | | • |
|------|---|------------|-------------------------|---|--------------|
| | instructions for hart vy check if the organization used ochedule of to respond to any question in this | o i ait | 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 . | 33 | 1.00 | ₩. | Here |
| 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) | 24 | | | |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | 34 | | • | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35a 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 | 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 | 36 | | 1 | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a | 1 m | م م يعرف | 1 2 3 5 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | . — |
| b | Did the organization file Form 1120-POL for this year? | 37b | <u> </u> | 1 | |
| 38a | 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 | The Share As | | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | 1000 | EN. PT COM | | FLAX. |
| 39 | Section 501(c)(7) organizations. Enter | 1.4 | 1.20 | | į |
| а | Initiation fees and capital contributions included on line 9 | , | | , a | į |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | ^2.°¥ | | i |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 | * 1 t s | ر المرابع المرابع | المراجعة ال المراجعة المراجعة الم | |
| 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 | F- 33 | . 400 | |
| С | 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 | ्य स्थार | | 人和意 | |
| đ | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization | | 4 4 | | : |
| е | 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 | ري" ريد مصاد است | ا در در المساسلات | : |
| 41 | List the states with which a copy of this return is filed ▶ Colorado | L | | | • |
| 42a | The organization's books are in care of Parasis | 303-97 | 9-080 | 2 | |
| | Located at ► 7278 S Iris Ct , Littleton, CO ZIP + 4 ► | 801 | 28 | | _ |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | 70- 11 | • | i |
| | If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | , I | 1 mg/s | ار در این ۱۰ | |
| | Financial Accounts (FBAR) | , ,, | | 3 | |
| С | 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 | | | , |
| 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 | | | • 🗆 | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . | 44a | Yes | No | |
| 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 | 1. #f./kg. | الدن بالد الدن بالد | |
| | Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44c 44d | 135.3 | 2 22 | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | 1 | |
| | 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 | 7, , | | به وکراته ۲ ایکی پیده در در ایکی پیده در ا | ı |
| | Form 990-EZ (see instructions) | 45b | | 1 | |

| , | |
|------|---|
| Page | 4 |

| · | | | | | | , | Yes | No | |
|------------|--|--|---|---|----------------|-----------------------|---------|----------|---|
| | Did the organization engage, directly or in to candidates for public office? If "Yes," o | | | n behalf of or in | ı oppositio | | 1 4 1 | , ,,, | r |
| Part V | <u> </u> | | , Fail i | | | 46 | | ✓ | |
| - air v | All section 501(c)(3) organization 50 and 51. | | estions 47-49b and | 52, and com | plete the | tables f | or line | es | |
| | Check if the organization used Sch | nedule O to respond | to any question in | this Part VI | | | | | |
| | | | | | | | Yes | No | |
| | Did the organization engage in lobbying /ear? If "Yes," complete Schedule C, Part | | section 501(h) election . | on in effect du | ring the ta | 1X 47 | | \ | |
| 48 I | s the organization a school as described in | n section 170(b)(1)(A)(i | וו)? If "Yes," complete | Schedule E | | 48 | | 1 | • |
| 49a [| Did the organization make any transfers to | o an exempt non-cha | ritable related organi | ization? | | 49a | | 1 | |
| b 1 | f "Yes," was the related organization a se | ction 527 organizatio | on? | | | 49b | | | |
| | Complete this table for the organization's | | | | | | | d key | |
| € | employees) who each received more than | \$100,000 of comper | nsation from the orga | inization If the | re is none, | enter "N | lone " | | |
| | (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 be contributions to benefit plans, an compensa | employee (o | e) Estimate other com | | | |
| None | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | } | | | | |
| | | 1 | | | | | | | |
| | | | | | | | | | |
| 51 (| Total number of other employees paid oven Complete this table for the organization \$100,000 of compensation from the orga | s five highest compo | | t contractors v | vho each r | received | more | thar | |
| | (a) Name and business address of each independ | lent contractor | (b) Type of ser | vice | (c) C | ompensati | on | | |
| None | | | _ | | | | | | |
| | | | | | | | | | |
| | | | 1 | | | | | | |
| | | | | | | | | | _ |
| | | | - | | | | · | _ | |
| | | | | - | | | —- | | |
| | | | 4100.000 | | 0 | | | | |
| | Total number of other independent contra | _ | | nizations ~··· | | 2 | | | |
| | Did the organization complete Schedu completed Schedule A | ile A' Note: All se | ection 501(c)(3) orga | anizations mu | | a ► 🖊 Yes | r | No | |
| Jnder per | nalties of perjury, I declare that I have examined this r | eturn, including accompag | ying schedules and statem | nents, and to the be | est of my knov | | | | |
| rue, corre | ect, and complete Declaration of preparer other than | officer) is based on all info | ormation of which preparer | has any knowledg | e | . 1 | | | |
| | 1/1/4/ | 1/09 | | | <u>\$/</u> | 15// | 8 | | |
| Sign | Signature of officer | E | | Date | , | , , | | | |
| Here | Robert J Zeles Treasurer Z | | | | | | | | |
| | Type or print name and title | | | | | 1 | | | |
| Paid | Print/Type preparer's name | Preparer's signature | D | ate | Check 🔲 if | f PTIN | | | |
| Prepa | rer | | | l | self-employe | d | | | |
| Use O | 1 ± . | | | Firm's | EIN ► | | | | |
| | Firm's address ▶ | | | Phone | | | | | |
| May the | : IRS discuss this return with the preparer | shown above? See | instructions | | ▶ | ☐ Yes | 1 7 1 | OV | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public

Name of the organization Alpine Skating Club

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number 74-2479204

| Par | Reason for Public Cha | rity Status (All | organizations must | complete this r | nart \ See instruction | ne — |
|--------|---|---------------------------------------|---|---|--|---|
| | organization is not a private founda | | | | | (V)/ |
| 1 | A church, convention of churc | | · · · | • | · · | ()4 |
| 2 | A school described in section | | | | | O |
| | | | | | | |
| 3 | A hospital or a cooperative hospital | | | | | |
| 4 | A medical research organization hospital's name, city, and state | • | onjunction with a nosp | oital described in | section 170(b)(1)(A) | (III). Enter the |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | | college or university | owned or operat | ed by a government | al unit described in |
| 6 7 | A federal, state, or local government An organization that normally described in section 170(b)(1) | receives a subs | tantial part of its sup | | | n the general public |
| 8 | A community trust described in | n section 170(b) | (1)(A)(vi). (Complete | · | | |
| 9 | An agricultural research organ or university or a non-land-grauniversity. | zation described nt college of agr | d in section 170(b)(1) riculture (see instruction | (A)(ix) operated in ons) Enter the na | n conjunction with a l me, city, and state of | and-grant college the college or |
| 10 | An organization that normally receipts from activities related support from gross investment acquired by the organization a | to its exempt fu tincome and uni | nctions—subject to c related business taxal | ertain exceptions ble income (less s | , and (2) no more tha section 511 tax) from | n 331/3% of its |
| 11 | ☐ An organization organized and | | · · | | * | |
| 12 | An organization organized and | • | • | - | | rry out the purposes |
| | of one or more publicly support | | | | | |
| | Check the box in lines 12a thro | | | | | |
| а | Type I. A supporting organithe supported organization supporting organization | (s) the power to | regularly appoint or e | lect a majority of | | |
| b | ☐ Type II. A supporting organ | nization supervis | sed or controlled in co | nnection with its | supported organizati | on(s), by having |
| | control or management of | | | | s that control or man | age the supported |
| | organization(s) You must | complete Part I | V, Sections A and C. | • | | |
| С | Type III functionally integ its supported organization(| | | | | ally integrated with, |
| d | ☐ Type III non-functionally i | ntegrated. A su | pporting organization | operated in conr | nection with its suppo | orted organization(s) |
| | that is not functionally integree requirement (see instruction | grated The orga | nization generally mu | st satisfy a distrib | ution requirement an | |
| е | Check this box if the organ | | | | | e II, Type III |
| | functionally integrated, or I Enter the number of supported of | | tionally integrated sup | oporting organiza | uon | |
| f g | Provide the following information | | · · | • | | L |
| 9 | (i) Name of supported organization | (n) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | (iv) is the organization listed in your governing document? | | (vi) Amount of other support (see instructions) |
| | | | | Yes No | - | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | in the state of the | 建一型 1.375 点 多 | A MARK TO | 07 | |
| | | 1 1000 - 1-2 | per de la | n | · 1 | r . |

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by person each (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2014 **(b)** 2013 (a) 2012 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) ▶ 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and, stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 % 14 Public support percentage from 2015 Schedule A, Part II, line 14 15 15 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ 🗆 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI now the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions П

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

| | if the organization fails to qualify | under the tes | sts listed beig | ow, piease co | mpiete Part i | 1.) | |
|-------|---|--|-----------------|-----------------------------|------------------|-----------------|--------------|
| | on A. Public Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| _ | received (Do not include any "unusual grants") | 12205 | 8799 | 15256 | 10914 | 12236 | 59410 |
| 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 | 97592 | 117447 | 106584 | 99926 | 119249 | 540778 |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | l | | |
| 4 | Tax revenues levied for the | | | | | - | |
| - | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | 1 | | | | | |
| 5 | The value of services or facilities | | | | | | |
| J | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| _ | _ | 109797 | 126246 | 121842 | 110040 | 131485 | 600210 |
| 6 | Total. Add lines 1 through 5 | 109797 | 120240 | 121042 | 110840 | 131465 | 600210 |
| 7a | Amounts included on lines 1, 2, and 3 | 1 | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | 1 | | | | | |
| | received from other than disqualified | 1 | | | | | |
| | persons that exceed the greater of \$5,000 | | | • | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| ¢ | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | , 源, | 2, 14.1 | " [] " (f = 2 | 20.5 | |
| | line 6) | S. 1. 2 | | Per direction of the second | | 1 2 20 2 | 600210 |
| Secti | on B. Total Support | | | | | | |
| Calen | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 . | 109797 | 126246 | 121842 | 110840 | 131485 | 600210 |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources | 112 | 102 | 81 | 61 | 51 | 407 |
| h | Unrelated business taxable income (less | | | | | | |
| _ | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | [| | | | | |
| | Add lines 10a and 10b | 112 | 102 | 81 | 61 | 51 | 407 |
| 11 | Net income from unrelated business | <u> </u> | | | | | · |
| | activities not included in line 10b, whether | | | | | • | |
| | or not the business is regularly carried on | | | | | | |
| 40 | • | | | | | | |
| 12 | Other income Do not include gain or | | | | | | |
| | loss from the sale of capital assets | 1 | | | | ł | |
| 12 | (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 109909 | 126348 | 121923 | 110901 | 131536 | 600617 |
| | and 12) | | | | | | |
| 14 | First five years. If the Form 990 is for the organization, check this box and stop he | - | s first, second | a, thira, fourth, | or iiitii tax ye | ar as a section | 1 50 1(0)(3) |
| C 4: | | | | | _ | | |
| | on C. Computation of Public Suppor | _ | | 0 1 (0) | | | 99 9 % |
| 15 | Public support percentage for 2016 (line | | - | 3, column (i)) | | 15 | /9 |
| 16 | Public support percentage from 2015 Sci | | | | | 16 | 999 % |
| | on D. Computation of Investment In | | T | 1 10 | (0) | T-4-1 | 01.0 |
| 17 | Investment income percentage for 2016 (| | | / IIne 13, colum | nn (t)) | 17 | 01 % |
| 18 | Investment income percentage from 2019 | | | | | 18 | 01 % |
| 19a | 331/3% support tests—2016. If the organ | | | | | | |
| | 17 is not more than 331/3%, check this box | | _ | | _ | _ | |
| b | 331/3% support tests—2015. If the organiz | | | | | | |
| | line 18 is not more than 331/3%, check this | | = | | | | |
| 20 | Private foundation. If the organization di | id not check a b | oox on line 14, | 19a, or 19b, c | heck this box a | and see instruc | tions _ ▶ 🔲 |

Part IV

Supporting Organizations

(Complete anly if you checked a house line 12 on Part I If you checked 12a of Part I complete Sections A

| Part | Supporting Organizations (continued) | | | |
|-------|---|--|----------------|---------------------------------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | 100 mg (| 1 1 | 1 pt 12 12 |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | - ' |
| b | below, the governing body of a supported organization? A family member of a person described in (a) above? | 11a | | |
| | 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 | | |
| | on B. Type I Supporting Organizations | 1 | | L |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | # I | 1. 15 1. 15 | ٠, ١ |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | ا ر د د | , K | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, | 1,5 | ر مینوس | وکریه . |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | 3 | かる | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 | 12/2 | 1252 |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | 3, | - | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | 3 | ١, | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 108" Nu 3 | | - , |
| | supervised, or controlled the supporting organization | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | ्रक्षा १ क्षा | * 34 180 | 24 12.47 |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 1 | | , . |
| | the supported organization(s) | 1 | ، ما شده | • |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | 3.7 | 1.1: | - 3 |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | <u></u> | روا را ان 1 از هاشس |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 1 Fresh | 10 To 10 M | * , |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | 2 |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | . 3 | 1 |
| | significant voice in the organization's investment policies and in directing the use of the organization's | * | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | المرابعة الم | 1.32 | 74/36 |
| | supported organizations played in this regard | 3 | _ | |
| Secti | on 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 I | nstru | ction | s) |
| а | The organization satisfied the Activities Test Complete line 2 below | | | |
| b | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity. | 'coo :- | atri iat | ional |
| С | The organization supported a governmental entity Describe in Fart Vi now you supported a government entity (| 366 III. | Siruci | 0113) |
| 2 | Activities Test Answer (a) and (b) below. | 4 | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | TO THE PARTY OF TH | | , A) |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | 1 434 |
| | 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 | 20 k | | |
| | that these activities constituted substantially all of its activities | 2a | - Y | * |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | ă. | | jer 's |
| ~ | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | 1 | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | 13 | | 1 |
| | activities but for the organization's involvement | 2b | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | L'agrafia | , , , | \$ 1 C |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | 3.7 | er in | بخوري. سوالسورس |
| _ | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard | 3b | {#L | 12 Same |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | jani | zations | · |
|--|-----------------|--|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 5 y 1 do 1 y | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | and the second of the second | |
| 2 Enter 85% of line 1 | 2 | - + 1 17 m - 1 . M = M = 1 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | الرائيسياني أسيسين الهؤا | |
| 4 Enter greater of line 2 or line 3 | 4 | The transfer of | |
| 5 Income tax imposed in prior year | 5 | 19 10 10 10 10 10 10 10 10 10 10 10 10 10 | |
| 6 Distributable Amount Subtract line 5 from line 4, unless subject to | | E DE LA COMPANIE DE L | |
| emergency temporary reduction (see instructions) | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional | ly in | tegrated Type III supporting | organization (see |
| instructions) | | | |

| Part | Type III Non-Functionally Integrated 509(a)(3 |) Supporting Or | gani | zations (d | continued) | | |
|-------|--|--|---|--|--|---------------------------------------|---------------------------------------|
| Secti | on D - Distributions | | | | | Current Y | <u>'ear</u> |
| 1 | Amounts paid to supported organizations to accomplish e | exempt purposes | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exe | mpt purposes of s | uppo | rted | | | |
| | organizations, in excess of income from activity | | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported | orga | nizations | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | <u></u> | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | | | | |
| 8 | Distributions to attentive supported organizations to whic | h the organization | ıs res | ponsive | | | |
| | (provide details in Part VI) See instructions | | | | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | | | | |
| Se | ection E - Distribution Allocations (see instructions) | (ı) Excess Distribut | ions | Underdis | n) stributions -2016 | (III) Distributa Amount foi | |
| 1 | Distributable amount for 2016 from Section C, line 6 | y sa | Mary. | La 1 Cart | 点状态 "" | | |
| | Underdistributions, if any, for years prior to 2016 | , , , , , , , , , , , , , , , , , , , | XXX. | | | · lay | |
| 2 | (reasonable cause required - explain in Part VI) See | war. | 200 | | | | 3-1 |
| | instructions. | | Live 3 | | | <u>, 'k''</u> | 1. |
| 3 | Excess distributions carryover, if any, to 2016 | Crade | 945 pt _ 1 | <u> </u> | The state of the s | diam (1.3) | () |
| а | The state of the s | | , | | | m, y | * -3.4-1 |
| b | 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 7. 48 | <u>, '</u> ' | 5 , , ' , '47 | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | -41 41 | 10 12 |
| С | From 2013 | S Carrier Man | | | 12/2018 | م الله الله | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| d | From 2014 | | 表演 | ال بيد الم عد م | "我操掌". | Y | 。此次的扩 |
| е | From 2015 | - 4、 選 | 1.54 | | | | 1 +4 |
| f | Total of lines 3a through e | | | | 7個智能 在 | 19 | C. SERVICE |
| g | Applied to underdistributions of prior years | | 1 * } , => m | | | و المراجع | 4.18 |
| h | Applied to 2016 distributable amount | | 100 | | · 内型 · 利亚 | | |
| ı | Carryover from 2011 not applied (see instructions) | The state of the s | | | | 7 m | % l |
| j | Remainder Subtract lines 3g, 3h, and 3i from 3f | | | | 1.33 | - Co.(2) | ! |
| 4 | Distributions for 2016 from | in the safe to the safe | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4,60 |
| | Section D, line 7 \$ | المرابع | A. C. | | F. S | | |
| a | Applied to underdistributions of prior years | the new new new new new new new new new ne | | | | | 100 |
| b | Applied to 2016 distributable amount | 4 3 3 6 4 6 | 18.00 | \$. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | The state of the s | | |
| С | Remainder Subtract lines 4a and 4b from 4 | | | 12, 35 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 17737 | 4: E. I |
| 5 | Remaining underdistributions for years prior to 2016, if | | T S | | | WE STATE | |
| | any. Subtract lines 3g and 4a from line 2 For result | | 5 7 79 | | | | 1 |
| | greater than zero, explain in Part VI. See instructions | in Louis Chi | 75' 4 | | | | - 3 |
| 6 | Remaining underdistributions for 2016 Subtract lines 3h | 1. 加速 | SAN H | | | | |
| | and 4b from line 1 For result greater than zero, explain in | The state of the s | | | | | |
| | Part VI See instructions | in the subject of the | 7" | A 1141 | | | |
| 7 | Excess distributions carryover to 2017 Add lines 3j | | | | 1年成立、 | The second | - Table 1 |
| | and 4c | | | | <u> </u> | | 15/67 |
| _8_ | Breakdown of line 7 | - September 1 | , r) , v | 3 7 7 7 3 | 75 14.5 | <u> </u> | |
| а | The country was a second of the | The state of | 1.4 | A 1 () | <u>ાં અંતું'ન પદ્ભાલ એ એર</u> | 2°- N AMS | (-) |
| b | Excess from 2013 | | 1 | | · 4 (4) # 1 1 1 1 | Fr. Harry | ا مم ا |
| c | Excess from 2014 | | | . 245 - 17 | | w. 13 (* * * *) . | <u> </u> |
| d | Excess from 2015 | S. S. S. S. S. | 1, 5, 18 1, 25, 18 1, 18, 18, 18, 18, 18, 18, 18, 18, 18, 1 | 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m | | | 1 (1/4) h. ~ |
| e | Excess from 2016 . | Man in a | 7 | 34 m 1 | "湖海 | 2.25 | |

 C_{i}

| Part VI | 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.) |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ

2016

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► 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

Open to Pub Inspection Employer identification number

| _ : | Skating Club | | | | | | 24/9204 | |
|---------|--|--------------------|--|-------------|-----------------------------------|---|---|--|
| Par | | | | | vered "Yes" on F | Form 990, Part IV, | line 17 | |
| | Form 990-EZ filers are r Indicate whether the organization | | | | | book all that apply | | |
| 1 | | on raised tunds | | • | • | | | |
| a | Mail solicitations e Solicitation of non-government grants | | | | | | | |
| b | Internet and email solicitatio | ns | f | | on of government | • | | |
| C | Phone solicitations | | g L | _ Special | fundraising events | S | | |
| d 2a | In-person solicitations Did the organization have a writ | ton or oral agra | omont with | any individ | huat (including offi | oore directors trust | 2000 | |
| Za | or key employees listed in Form | | | | | | | |
| b | If "Yes," list the 10 highest paid compensated at least \$5,000 by | I individuals or e | entities (fun | | • | - | | |
| | (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 | | | | |
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| | | <u> </u> | | | | | | |
| otal | | | | > | | | | |
| 3 | List all states in which the orga registration or licensing | nization is regis | stered or lic | censed to s | solicit contribution | s or has been notifi | ed it is exempt from | |
| Colora | do | | | | •••• | | | |
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| Pa | irt II | Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that | ng event contributions | | | | |
|-----------------|--|---|------------------------|--|--------------------------|--|--|
| | | <u> </u> | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
| Revenue | | | (event type) | (event type) | (total number) | | |
| | | | | | | | |
| | 1 | Gross receipts | | | | | |
| | 2 3 | Less Contributions Gross income (line 1 minus line 2) | | | | | |
| Direct Expenses | 4 | Cash prizes . | | | | | |
| | 5 | Noncash prizes | | | | | |
| | 6 | Rent/facility costs | | | | | |
| | 7 | Food and beverages | | | | | |
| | 8 | Entertainment | | | | | |
| | 9 | Other direct expenses | | | | | |
| Da | 10 11 rt III | Direct expense summary Ac Net income summary Subtra Gaming. Complete if the | reported more | | | | |
| | | than \$15,000 on Form 9 | | ca res on ronn se | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) | |
| | 1 | Gross revenue | 123839 | 233115 | | 407054 | |
| ses | 2 | Cash prizes | 92005 | 202516 | | 294521 | |
| Direct Expenses | 3 | Noncash prizes | | | | | |
| | 4 | Rent/facility costs | 21084 | | | 21084 | |
| _ | 5 | Other direct expenses | 31091 | 8478 | | 39569 | |
| | 6 | Volunteer labor | ✓ Yes 100 % No | ✓ Yes 100 % No | ☐ Yes % ☐ No | The state of the s | |
| | 7 | Direct expense summary Ac | 355174 | | | | |
| _ | 8 | Net gaming income summar | 51880 | | | | |
| | 9 Enter the state(s) in which the organization conducts gaming activities Colorado a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain | | | | | | |
| 10 | | ere any of the organization's g "Yes," explain | aming licenses revoked | I, suspended, or termin | ated during the tax year | r? ☐ Yes 🗹 No | |

| Schedu | le G (Ferm 990 or 990-EZ) 2016 | | | 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 ent formed to administer charitable gaming? | · | Yes [| ⊘ No | | | | |
| 13 | Indicate the percentage of gaming activity conducted in | 1 | 4 | 00.04 | | | | |
| a b | The organization's facility An outside facility | | | 00 % | | | | |
| 14 | An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books at | | _ | 0 70 | | | | |
| | records | ı | | | | | | |
| | Name ► Carol Zeles | | | | | | | |
| | Address ► 7278 S Iris Ct , Littleton, CO | | | | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gamin | - | _ | | | | | |
| h | revenue? | | Yes | No | | | | |
| | amount of gaming revenue retained by the third party ▶ \$ | | | | | | | |
| | Name ► | | | | | | | |
| | Address► | | | | | | | |
| 16 | Gaming manager information | | | | | | | |
| | Name ► Carol Zeles | | | | | | | |
| | Gaming manager compensation ► \$ 0 | | | | | | | |
| | Description of services provided ► Games Manager | | | | | | | |
| | ☑ Director/officer ☐ Employee ☐ Independent contractor | | | | | | | |
| 17 a | Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds retain the state gaming license? | | Yes [| □No | | | | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year > \$ 100% of prior years earning | or | | - | | | | |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional in See instructions | and (ormat | v), and ion. | d | | | | |
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