

**Return of Organization Exempt From Income Tax**

**2016**

**Open to Public Inspection**

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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning January 1, 2016, and ending December 31, 20 16

|  |   |   |
|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <input type="checkbox"/> ?<br><b>Snake River Economic Development Alliance Inc</b><br>Number and street (or P.O. box, if mail is not delivered to street address) <input type="checkbox"/> ? Room/suite<br><b>650 College Blvd.</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>Ontario, OR 97914</b> | <b>D</b> Employer identification number <input type="checkbox"/> ?<br><b>27-1407050</b> |
|  | <b>E</b> Telephone number<br><b>541.881 5597</b>  |   |
|  | <b>F</b> Group Exemption Number ▶ <input type="checkbox"/> ?  |   |
|  |   |   |

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B  ? (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.snakerivereda.com

**J** Tax-exempt status (check only one) –  501(c)(3)  501(c) ( 6 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  ?

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

|            |  | 1  | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 6d | 7a | 7b | 7c | 8 | 9       | 10      | 11     | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |  |  |  |
|------------|--|--|---|---|---|----|----|----|----|----|----|----|----|----|----|---|---------|---------|--------|----|----|----|----|----|----|----|----|----|----|--|--|--|
| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received . . . . .   |   |   |   |    |    |    |    |    |    |    |    |    |    |   | 166,558 |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 2  | Program service revenue including government fees and contracts . . . . .  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 3  | Membership dues and assessments . . . . .  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 4  | Investment income . . . . .  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         | 26      |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 5a   | Gross amount from sale of assets other than inventory . . . . .  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | b  | Less: cost or other basis and sales expenses . . . . .   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 6  | Gaming and fundraising events  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | a  | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
| b          | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . |  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
| c          | Less: direct expenses from gaming and fundraising events . . . . .   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
| 7a         | Gross sales of inventory, less returns and allowances . . . . .  |  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
| b          | Less: cost of goods sold . . . . .   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
| 8          | Other revenue (describe in Schedule O) . . . . .   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .  |  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         | 166,584 |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O) . . . . .   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         | 67,951  |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 11   | Benefits paid to or for members . . . . .  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 12   | Salaries, other compensation, and employee benefits <input type="checkbox"/> ? . . . . .   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         | 69,814 |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 13   | Professional fees and other payments to independent contractors <input type="checkbox"/> ? . . . . .   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 14   | Occupancy, rent, utilities, and maintenance . . . . .  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 15   | Printing, publications, postage, and shipping . . . . .  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 16   | Other expenses (describe in Schedule O) <input type="checkbox"/> ? . . . . .   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
| 17         | <b>Total expenses.</b> Add lines 10 through 16 . . . . .   |  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         | 166,067 |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
| Net Assets | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |
|            | 21   | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .   |   |   |   |    |    |    |    |    |    |    |    |    |    |   |         |         |        |    |    |    |    |    |    |    |    |    |    |  |  |  |

SCANNED JUN 07 2017

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

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

|   | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| <b>22</b> Cash, savings, and investments  | 56,693                | 57,210          |
| <b>23</b> Land and buildings  |                       |                 |
| <b>24</b> Other assets (describe in Schedule O)                                       |                       |                 |
| <b>25</b> Total assets  |                       |                 |
| <b>26</b> Total liabilities (describe in Schedule O)                                  |                       |                 |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) | 56,693                | 57,210          |

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

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

What is the organization's primary exempt purpose? Promote & educate rural region for economic vitality

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

|   | Expenses<br>(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.) |
|---|--|
| <b>28</b> _____<br>_____  |  |
| <b>29</b> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>28a</b>   |
| _____   |  |
| <b>30</b> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>29a</b>   |
| _____   |  |
| <b>31</b> Other program services (describe in Schedule O) _____<br>(Grants \$ 67,951) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>31a</b> 67,951  |
| <b>32</b> Total program service expenses (add lines 28a through 31a)  | <b>32</b>  |

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

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

| (a) Name and title                | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-----------------------------------|--|--|---|--|
| Patrick Nauman, Chairman          | 1  |  |   |  |
| Jeff Williams, Vice Chairman      | 1  |  |   |  |
| Sandy Hemenway, Treasurer         | 1  |  |   |  |
| Randy Griffin, Secretary          | 1  |  |   |  |
| Kathleen Kamo, Executive Director | 40   | 57,991   | 1,200   |  |
| Ken Bishop, Director              | 1  |  |   |  |
| Dana Young, Director              | 1  |  |   |  |
| Sean Hackett, Director            | 1  |  |   |  |
| Rick LaHuis, Director             | 1  |  |   |  |
| Andy Oyervides, Director          | 1  |  |   |  |
|                                   |  |  |   |  |
|                                   |  |  |   |  |
|                                   |  |  |   |  |

**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 . . . . .   |     | <input checked="" type="checkbox"/> |
| 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) . . . . .  |     | <input checked="" type="checkbox"/> |
| 35a | 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)? . . . . .  |     | <input checked="" type="checkbox"/> |
| 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 . . . . .  |     | <input checked="" type="checkbox"/> |
| 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 . . . . .  |     | <input checked="" type="checkbox"/> |
| 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 . . . . .   |     | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____   |     |                                     |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .   |     | <input checked="" type="checkbox"/> |
| 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? . . . . .  |     | <input checked="" type="checkbox"/> |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .  |     | <b>38b</b> _____                    |
| 39  | Section 501(c)(7) organizations. Enter:   |     |                                     |
| a   | Initiation fees and capital contributions included on line 9 . . . . .  |     | <b>39a</b> _____                    |
| b   | Gross receipts, included on line 9, for public use of club facilities . . . . .   |     | <b>39b</b> _____                    |
| 40a | 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 . . . . .   |     | <input checked="" type="checkbox"/> |
| 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 . . . . .  |     | <input checked="" type="checkbox"/> |
| 41  | List the states with which a copy of this return is filed ▶ _____   |     |                                     |
| 42a | The organization's books are in care of ▶ _____ Telephone no. ▶ _____<br>Located at ▶ _____ ZIP + 4 ▶ _____   |     |                                     |
| 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: ▶ _____<br>See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). |     | <input checked="" type="checkbox"/> |
| 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: ▶ _____   |     | <input checked="" type="checkbox"/> |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____  |     |                                     |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .  |     | <input checked="" type="checkbox"/> |
| 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 . . . . .   |     | <input checked="" type="checkbox"/> |
| c   | Did the organization receive any payments for indoor tanning services during the year? . . . . .  |     | <input checked="" type="checkbox"/> |
| 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 . . . . .   |     | <input checked="" type="checkbox"/> |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .   |     | <input checked="" type="checkbox"/> |
| 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) . . . . .  |     | <input checked="" type="checkbox"/> |

|  |     |                                     |
|--|-----|-------------------------------------|
|  | Yes | No                                  |
| <b>46</b> 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 . . . . . | 46  | <input checked="" type="checkbox"/> |

**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

|  |     |                          |
|--|-----|--------------------------|
|  | Yes | No                       |
| <b>47</b> 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 . . . . . | 47  | <input type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48  | <input type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a | <input type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | 49b | <input type="checkbox"/> |

**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

|   |   |                      |
|---|---|----------------------|
| <b>Sign Here</b> <input type="checkbox"/> | <br>Signature of officer | Date <u>5/9/2017</u> |
|   | Kit Kamo, Executive Director<br>Type or print name and title  |                      |

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
|                               | Firm's name                | Firm's EIN           |      |   |      |
|                               | Firm's address             | Phone no             |      |   |      |

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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

Snake River Economic Development Alliance, Inc.

Employer identification number

27-1407050

**FORM 990 EZ**

**Page 1, Part 1, Line 16 - Other Expenses**

Phone - \$515

Advertising/Global - \$6898

Accounting - \$2637

Dues & Subscriptions - \$1242

Registration - \$50

Insurance - \$2016

Meeting Exp - \$1507

Outreach Marketing - \$2730

Site Visit Education - \$1924

Supplies - \$1722

Travel & Training - \$6811

Website - \$120

Total Other Expenses - \$28,172

**Part 1, Page 1, Line 10 - Grants Paid**

Idaho Specialties Crop Grant Expense - \$47,419

Idaho Visitor Center Grant Expense - \$20,532

Total Grant Expenses - \$67,951