

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
Milton Freewater Area Chamber of Commerce
Number and street (or P O box, if mail is not delivered to street address) Room/suite
157 S Columbia
City or town, state or province, country, and ZIP or foreign postal code
Milton Freewater, OR 97862

D Employer identification number
71-0897497
E Telephone number
(541) 938-5563
F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____
I Website: N/A
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (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 _____
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. \$ 69,703

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 | |
|------------|---|
| 1 | Contributions, gifts, grants, and similar amounts received |
| 2 | Program service revenue including government fees and contracts |
| 3 | Membership dues and assessments 8,074 |
| 4 | Investment income 2 |
| 5a | Gross amount from sale of assets other than inventory 5a |
| b | Less cost or other basis and sales expenses 5b |
| 5c | 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 |
| 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 50,868 |
| c | Less direct expenses from gaming and fundraising events 6c 36,458 |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 14,410 |
| 7a | Gross sales of inventory, less returns and allowances 7a |
| b | Less cost of goods sold 7b |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c |
| 8 | Other revenue (describe in Schedule O) 8 10,759 |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 33,245 |
| Expenses | |
| 10 | Grants and similar amounts paid (list in Schedule O) 10 |
| 11 | Benefits paid to or for members 11 |
| 12 | Salaries, other compensation, and employee benefits 12 30,309 |
| 13 | Professional fees and other payments to independent contractors 13 3,620 |
| 14 | Occupancy, rent, utilities, and maintenance 14 2,275 |
| 15 | Printing, publications, postage, and shipping 15 |
| 16 | Other expenses (describe in Schedule O) 16 14,070 |
| 17 | Total expenses. Add lines 10 through 16 17 50,274 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -17,029 |
| Net Assets | |
| 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) 19 58,221 |
| 20 | Other changes in net assets or fund balances (explain in Schedule O) 20 |
| 21 | Net assets or fund balances at end of year Combine lines 18 through 20 21 41,192 |

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 | | No |
| 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) | | No |
| 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)? | Yes | |
| 35b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | Yes | |
| 35c | 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 | | No |
| 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 | | No |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ | | |
| 37b | Did the organization file Form 1120-POL for this year? | | No |
| 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? | | No |
| 38b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____ | | |
| 39 | Section 501(c)(7) organizations Enter | | |
| 39a | a Initiation fees and capital contributions included on line 9 39a _____ | | |
| 39b | b Gross receipts, included on line 9, for public use of club facilities 39b _____ | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____ | | |
| 40b | 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 | | |
| 40c | 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 ▶ _____ | | |
| 40d | d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| 40e | 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 _____ | | |
| 41 | List the states with which a copy of this return is filed ▶ _____ | | |
| 42a | The organization's books are in care of ▶ Milton Freewater Area Chamber of Co Telephone no ▶ (541) 938-5563 Located at ▶ 157 S Columbia Milton Freewater, OR ZIP + 4 ▶ 97862 | | |
| 42b | 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 ▶ _____ | Yes | No |
| 42c | 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 U S ? If "Yes," enter the name of the foreign country ▶ _____ | | No |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | No |
| 44b | 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 | | No |
| 44c | c Did the organization receive any payments for indoor tanning services during the year? | | No |
| 44d | 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 | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | No |
| 45b | 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) | | |

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 46 No

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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (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. Row 1: NONE

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

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 ***** Signature of officer 2018-07-16 Date
Jennifer Conrad Director Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Virginia L Bowles EA Preparer's signature Date 2018-07-16 Check if self-employed PTIN
Firm's name V Bowles & Associates Firm's EIN
Firm's address 512 N Main Milton Freewater, OR 97862 Phone no (541) 938-3077

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

Additional Data

Software ID: 17005317

Software Version: 18.2.0.0

EIN: 71-0897497

Name: Milton Freewater Area Chamber of Commerce

Form 990EZ, Part III - Statement of Program Service Accomplishments

| 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 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|--|
| <p>28 Chamber works to increase the visual of the community businesses This is done with meetings, educational events, open house events The majorevent is the three day Muddy Frogwater Festival (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/></p> | 28a | |

TY 2017 Compensation Explanation

Name: Milton Freewater Area Chamber of Commerce

EIN: 71-0897497

Software ID: 17005317

Software Version: 18.2.0.0

| Person Name | Explanation |
|-------------|-------------|
|-------------|-------------|

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization Milton Freewater Area Chamber of Commerce

Employer identification number 71-0897497

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, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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

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.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|-----------------|---|---------------------------------------|---------------------------------|----------------------------|---|
| | | <u>Awards Banquet</u> (event type) | <u>MF Rocks</u> (event type) | <u>2</u> (total number) | Total events (add col (a) through col (c)) |
| 1 | Gross receipts | 13,839 | 14,238 | 22,791 | 50,868 |
| 2 | Less Contributions | | | | |
| 3 | Gross income (line 1 minus line 2) | 13,839 | 14,238 | 22,791 | 50,868 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 7,075 | 2,235 | 4,306 | 13,616 |
| | 8 Entertainment | | 3,700 | 4,300 | 8,000 |
| | 9 Other direct expenses | 1,113 | 2,160 | 11,569 | 14,842 |
| 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 36,458 |
| 11 | Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 14,410 |

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.

| 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 | | |
| 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 _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

| | |
|------------|---|
| 13a | % |
| 13b | % |

 - a** The organization's facility
 - b** An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Milton Freewater Area Chamber of Commerce

Employer identification number

71-0897497

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|-----------------|
| Form 990-EZ, Part I, Line 8, Other Revenue | Misc Income 822 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|------------------|
| Form 990-EZ, Part I, Line 8, Other Revenue | Newsletter 3,164 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---------------------|
| Form 990-EZ, Part I, Line 8, Other Revenue | Transient Tax 6,773 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Telephone 629 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|------------------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Advertising Promotions 1,134 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|------------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Dues Subscriptions 105 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Office Supplies 90 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Insurance 3,393 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Internet 437 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990-EZ, Part I, Line 16, Other Expenses | Newsletter Expenses less Salary reported on 12 4,336 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990-EZ, Part I, Line 16, Other Expenses | Director Costs --Mileage Reimb etc 384 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Payroll Tax 2,979 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Bank charges 112 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|-------------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Continued Education 275 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--------------------|
| Form 990-EZ, Part I, Line 16, Other Expenses | Postage 196 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990-EZ, Part II, Line 24, Other Assets | Equip Inventory Beginning of year 1,265, End of year 1,265 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990-EZ, Part II, Line 24, Other Assets | Equipment Beginning of year 16,480, End of year 16,480 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990-EZ, Part II, Line 24, Other Assets | Returned check Beginning of year 25, End of year 25 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990-EZ, Part II, Line 24, Other Assets | Adj for Umatilla Co Beginning of year 750, End of year 0 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990-EZ, Part II, Line 24, Other Assets | error in 16 Beginning of year 0, End of year 672 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990-EZ, Part II, Line 26, Liabilities | Current Liabilities Beginning of year 122, End of year 219 |