

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
22 Cash, savings, and investments	1,518	22 2,549
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	1,518	25 2,549
26 Total liabilities (describe in Schedule O).	889	26 7,474
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	629	27 -4,925

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?
TO SUPPORT & PROMOTE THE UNIQUE RESOURCES & QUALITY OF LIFE IN PAONIA THROUGH ADVOCACY AND COMMUNICATION

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32

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
DORIS DANIELSON	5 00	0		
PRES				
ANNETTE PRETORIUS	5 00	0		
VP				
CARRI GILLENWATER	5 00	0		
TREAS/SEC				
FREDERICK ZIMMER	2 00	0		
BOARD MEMBER				
JON SCHULZ	2 00	0		
BOARD MEMBER				
BETSY MARSTON	2 00	0		
BOARD MEMBER				
DEBBIE KIMBALL	2 00	0		
BOARD MEMBER				
KATHY SWARTZ	2 00	0		
BOARD MEMBER				

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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.

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.

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 ANNETTE PRETORIUS VP Date 2017-06-08 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name JEFFREY HENION PAEA Preparer's signature Date 2017-06-06 Check if self-employed PTIN P00277010 Firm's name JCLL INCORPORATED Firm's EIN 84-1497462 Firm's address 211 GRAND AVE STE 107 PAONIA, CO 81428 Phone no (970) 527-2350

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

Additional Data

Software ID:

Software Version:

EIN: 81-0672264

Name: PAONIA 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 TO SUPPORT & PROMOTE THE UNIQUE RESOURCES & QUALITY OF LIFE IN PAONIA THROUGH ADVOCACY AND COMMUNICATION</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 TO SUPPORT & PROMOTE THE UNIQUE RESOURCES & QUALITY OF LIFE IN PAONIA THROUGH ADVOCACY AND COMMUNICATION (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
PAONIA CHAMBER OF COMMERCE

Employer identification number

81-0672264

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 852 OFFICE 460 INTEREST 71 INSURANCE 1,459 TOTAL 2,842

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	UNSECURED NOTES AND LOANS PAYABLE 0 5,555 PAYROLL TAX PAYABLE 889 1,828 SALES TAX PAYABLE 0 91

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO SUPPORT & PROMOTE THE UNIQUE RESOURCES & QUALITY OF LIFE IN PAONIA THROUGH ADVOCACY AND COMMUNICATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	TO SUPPORT & PROMOTE THE UNIQUE RESOURCES & QUALITY OF LIFE IN PAONIA THROUGH ADVOCACY AND COMMUNICATION