Form 990-EZ

# 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)

OMB No 1545-1150

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

A	For t	he 2016 calendar year, or tax year beginning , 2016, and ending		,
B	Check	If applicable is change C	mployer i	dentification number
F			84-02	70037
F	Initial	return 947 1st Ave E T	elephone	number
	Final ret	Monte Vista, CO 81144	(719)	852-2731
	Amend	ded return	roup E	xemption
	Applic	ation pending N	umber	<u> </u>
G				organization is <b>not</b>
ı				Schedule B
<u> </u>	Tax-ex	tempt status (check only only)	, 990-E	Z, or 990-PF)
K		of organization Corporation Trust Association Other		
L	Add asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	hl ►\$	59,323.
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	tions f	or Part I)
		Check if the organization used Schedule O to respond to any question in this Part I	<u> </u>	X
	1	Contributions, gifts, grants, and similar amounts received	1	400.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3,705.
	4	Investment income.	4	1,713.
	1	Gross amount from sale of assets other than inventory  5a	]	
	þ	Less cost or other basis and sales expenses 5 b	4	
	ł	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	<u> </u>
D	1	Gaming and fundraising events		
REVENUE	1	Gross income from gaming (attach Schedule G if greater than \$15,000)  6a	]	
É	"	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum	1	
Ü		of such gross income and contributions exceeds \$15,000)  6b  51,270.		
. –	C	Less direct expenses from gaming and fundraising events  6c 18,056.	1	
	۱ ۵	Net income or (loss) from gaming and fundraising events (add lines 6a and	1	
		6b and subtract line 6c)	6 d	33,214.
)	ì	Gross sales of inventory, less returns and allowances 7a	_	
3	1	Less cost of goods sold 7b	4 1	
નં ઢ	l _	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  Other revenue (describe in Schedule O)  See Schedule O	7 c	
3	8	Other revenue (addende in concease of	8	<u>2,235.</u>
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	41,267.
	10	Grants and similar amounts paid (list in Schedule O)	10	
-	11	Benefits paid to or for members	11	
X	12	000	12	23,112.
X P E N S E S	13	Professional fees and other payments to independent contractors  Occupancy, rent, utilities, and maintenance	13	1,648.
Ş	14	Printing, publications, postage, and shipping	14	388.
Š	15	Other expenses (describe in Schedule O)	15 16	385.
	16   17	Total expenses. Add lines 10 through 16	17	15,194.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	40,727. 540.
Ą	1.0		<del></del>	
NS	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	28,453.
A S S E E T S	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	28,993.
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Form **990-EZ** (2016)

Pa	rt 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			
33	Did the organization engage in any significant activity not previously reported to the IRS?		Yes	No
31	If 'Yes,' provide a detailed description of each activity in Schedule Ó  Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect	33		X
<b>5</b> 4	a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		x
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	<del>                                     </del>		<del></del> -
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		_X_
	<b>b</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	35 b		
	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	35 c		v
36	Did the organization undergo a liquidation, dissolution, termination, or significant	330		<u>X</u>
-	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		_x_
	a Enter amount of political expenditures, direct or indirect, as described in the instructions > 37 a 0.			-
	b Did the organization file Form 1120-POL for this year?	37b		<u>X</u>
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		X
	b If 'Yes,' complete Schedule L, Part II and enter the total			
	amount involved 38 b N/A	)		
	Section 501(c)(7) organizations Enter	1 1		}
	a Initiation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  39 a N/A 39 b N/A	1 1		
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under N/A section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A			
	section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A  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	40 b		
	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.	1 1		
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed	1 1		
	by the organization   0.			
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax	40 -	i	Х
41	shelter transaction? If 'Yes,' complete Form 8886-T  List the states with which a copy of this return is filed None	40 e		
7'	NOTIE			
42	a The organization's			
	books are in care of ► The Corporation Telephone no. ► (719)	<u>852-</u>	273	1
	Located at 1035 Park Ave. Monte Vista CO ZIP + 4 81144		·	
	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)?	r+	Yes	No
		42 b		X
	If 'Yes,' enter the name of the foreign country			
		) }	ĺ	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1	ĺ	
	c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c	}	Х
	If 'Yes,' enter the name of the foreign country ►			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		· 🗍	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year . • 43			N/A
			Yes	No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a		v
	<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed	444 4		<u> X</u>
	instead of Form 990-EZ	44 ь		Х
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		$\frac{1}{X}$
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?			
AF	If 'No,' provide an explanation in Schedule O	44 d		17
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		<u>X</u>
	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)	45 b		Х

Form 99	00-EZ (2016) Monte Vista Chamber	of Commerce		84-027	70037	Page <b>4</b>
	d the organization engage, directly or indire ndidates for public office? If 'Yes,' complete		ngn activities on behalf o	of or in opposition to	46	Yes No
Part V	Section 501(c)(3) organizations All section 501(c)(3) organization for lines 50 and 51. Check if the organization used Schedul	ns must answer q	•	d 52, and complete	the table	
48 Is 49a Di b If 50 Co	d the organization engage in lobbying activities implete Schedule C, Part II the organization a school as described in set of the organization make any transfers to an 'Yes,' was the related organization a section implete this table for the organization's five high ployees) who each received more than \$100,00	or have a section 501(h ection 170(b)(1)(A)(ii)? exempt non-charitable 527 organization? nest compensated emple	election in effect during If 'Yes,' complete Sche related organization?	dule E	47 48 49 a 49 b	Yes No
	(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 other com	
f To	tal number of other employees paid over \$1	00,000				
<b>51</b> Co	implete this table for the organization's five high impensation from the organization. If there i	nest compensated indep s none, enter 'None '	endent contractors who ea	ach received more than \$	100,000 of	
	(a) Name and business address of each independent c	ontractor	(b) Type	of service	(c) Comp	ensation
<b>52</b> Di co	tal number of other independent contractors d the organization complete Schedule A? No mpleted Schedule A	ote: All section 501(c)	(3) organizations must a		► Yes	□ No
Sign Here	alties of perjury. I declare that I have examined this return, ct, and complete Declaration of preparer (other than officer  Signature of officer  Linda Burnett Type or print name and title		of which preparer has any know	Date President	ongr, it is	
Paid Prepare Use Onl	y Firm's address ► PO BOX 850	Preparer's signature  Okkeeping Serv  81144	ices, Inc.	Check if self-employed	81-1006 8525638	<b>3558</b>
May the	IRS discuss this return with the preparer sh	nown above? See instr	ructions		► X Yes	No D-EZ (2016)

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# 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.

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

OMB No 1545-0047

2016

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Name of the organization Employer identification number								
Monte Vista Chamber of Co	ommerce_					84-027003	7	
Part I Fundraising Activities. Comple Form 990-EZ filers are not re	te if the organiza	ation answi	ered 'Yes' ( art	on Form 990, Part IV, line	e 17			
1 Indicate whether the organization	raised funds th	rough any	of the foll	owing activities Check	all that	apply		
a Mail solicitations			е	Solicitation of non-	governn	nent grants		
<b>b</b> Internet and email solicitations	5		f	Solicitation of gove	rnment	grants		
c Phone solicitations			g	片				
d In-person solicitations				ш.	•			
2 a Did the organization have a written o	r oral agreemen	t with any i	ndwidual (i	unalluduna afficare directo	rs trusto	os or kov		
employees listed in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services	57	Yes No	
<b>b</b> If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the	dividuals or ent ne organization	ities (fundi	raisers) pu	ırsuant to agreements i	under wi	hich the fundrai	ser is to be	
		(III) Did	fundraiser		(v) Ar	nount paid to	(vi) Amount paid to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	dy or control	(iv) Gross receipts from activity	(or retained by) fundraiser listed in		(or retained by) organization	
		<del>                                      </del>			<u> </u>	olumn (i)		
4	ļ	Yes	No		ļ			
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Total			•					
3 List all states in which the organization	on is registered	or licensed	to solicit o	ontributions or has been	notified i	t is exempt from	registration	
or licensing			.5 20	2				
				<b></b>				
				<b></b>				

Schedule G	(Form 990 or	990-EZ) 2016	Monte	Vista	Chamber	of	Commerce

84-0270037 Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add column (a) through column (c)) Ag Conference Crane Fest None (event type) (total number) (event type) 1 Gross receipts 41,660 49,195. 7,535. 2 Less: Contributions 3 Gross income (line 1 minus line 2) 7,535 41,660 49,195. Cash prizes Noncash prizes Rent/facility costs 2,910 2,910. 7 Food and beverages Entertainment Other direct expenses 14,036. 331 14,367. 10 Direct expense summary Add lines 4 through 9 in column (d) 17,277. 11 Net income summary Subtract line 10 from line 3, column (d) 31,918. 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. (b) Pull tabs/instant (d) Total gaming (a) Bingo (c) Other gaming bingo/progressive (add column (a) bingo through column (c) Gross revenue 2 Cash prizes EXPERSES DIRECT 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No 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? No b if 'No,' explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain.

octie	edule G (Form 990 of 990-EZ) 2016 Monte Vista Chamber of Commerce 8	4-02/	0037	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 entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in	1 1		
	The organization's facility	13a		%
t	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name •			
	Address •			
	a Does the organization have a contract with a third party from whom the organization receives gaming reveni	ie,	Yes	No
Ŀ	and t 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and t	ne amoi	unt	
	of gaming revenue retained by the third party > \$			
ď	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			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
=-	organization's own exempt activities during the tax year > \$		<del>, , , ,</del>	
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions	umns y addi	(III) and ( Itional	v);

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

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.

OMB No 1545 0047 **20**16

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Department of the Treasury Internal Revenue Service

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

al Revenue Service	at www.irs.gov/for	m990.	inspection
of the organization		-	ification number
<u>nte Vista Ch</u>	amber of Commerce	84-0270	037
Form 990-EZ, Other Revenu Misc. Incom	e	Total	\$ 2,23 \$ 2,23
			<u></u>
Other Expens	Part I, Line 16 es		
Advertising Awards	and Promotion		\$ 95
	, Conventions, and Meetings		20
Depreciation			48
Donations			55
Insurance Meals			2,63 25
Merchant Fe	es		1,75
Misc.			12
Office Expe	nses		6,22
Permits Small Event	Ermongo		22
Taxes	Expense		1,52 19
1400		Total	
Form 990-EZ, Other Assets	Part II, Line 24		
		_Beginning	Ending
	nd Fixtures		. \$ 1
Machinery a	nd Equipment	$\frac{1,614}{4}$	$\frac{1}{1}$
		Total <u>\$ 1,779</u>	\$ 1,2
Form 990-EZ, Total Liabilitie	Part II, Line 26 es		
		<u>Beginning</u>	Ending
Accounts Pa	yable and Accrued Expenses		. \$ 74
	******	0	. 16
Deferred Re	venue	Total \$ 409	÷ \$ 91

TO ADVERTISE AND PROMOTE TOURISM FOR THE TOWN OF MONTE VISTA, COLORADO.