Form **990-EZ** ?& E 788

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/form990.

2017

<u>A</u> F	or the 2	2017 calenda	r year, or tax year beginning	, 2017, an	nd ending			, 20
В	Check if applicable C Name of organization		C Name of organization	D Employer i			er identif	ication number
	ddress ch	ange	ROCKY FORD CHAMBER OF COMMERCE		•	84-	036609	9
	lame chan	ge	Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Teleph	one numb	er
I	nitial return	1				ŀ		
□ F	inal return	/terminated	105 N MAIN ST				_	
	Amended re	eturn	City or town, state or province, country, and ZIP or foreign postal code		0/	F Group	Exemption	1
	pplication	pending	ROCKY FORD, CO 81067		Ole	Numbe	r 🕨	
G A	Account	ng Method	☐ Cash    ☐ Accrual Other (specify) ►	_		l Check ►	🗓 ıf the	organization is <b>not</b>
I V	<b>Vebsite</b>	: <b>&gt;</b>				required to	attach Sch	nedule B
<u>J_1</u>	Гах-ехе	mpt status (	check only one) - 501(c)(3)	4947(a)(1)	or 527	(Form 990,	990-EZ, o	r 990-PF)
K	orm 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 tota	l assets		
(Pa	rt II, colu	ımn (B) belov	y) are \$500,000 or more, file Form 990 instead of Form 990-E2	<u>.</u>		<u></u>	. ▶ \$	5 <u>9,037</u>
	16 O		e, Expenses, and Changes in Net Assets or Fi					rt I)
			the organization used Schedule O to respond to any qu					
	1		s, gifts, grants, and similar amounts received				1	10,036
	2		vice revenue including government fees and contracts				2	35,201
	3		dues and assessments					10,480
	4	Investment ii					4	696
	5a	Gross amou	nt from sale of assets other than inventory	1	1			· ·
			r other basis and sales expenses			7		
	1		s) from sale of assets other than inventory (Subtract line 5b from				5c	
	6		fundraising events					
3	1 -	•	ne from gaming (attach Schedule G if greater than					
ું ક	_			64	a İ			
4 ¢u≀r venue	ь		ne from fundraising events (not including \$	· · · · <u>L.</u>	of contribution	ons		
% %			sing events reported on line 1) (attach Schedule G if the					
			gross income and contributions exceeds \$15,000)	6	ь			
AUE			expenses from gaming and fundraising events					
			or (loss) from gaming and fundraising events (add lines 6a and			·		
SCANNED							6d	
<b>z</b>	72	,	of inventory, less returns and allowances		1			
<u> </u>	1	Less cost o						
<u>Ş</u>	1		or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
J.)	1	•	ue (describe in Schedule O)				8	2,624
	1		<b>ue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	59,037
	10		similar amounts paid (list in Schedule O)				10	
	11		d to or for members				11	
	12	•	er compensation, and employee benefits				12	
Š	13				· · · · · · · · ·		13	17,881
eus	14		rent, utilities, and maintenance				14	14,406
Expenses	15		olications, postage, and shipping				15	17,398
	16	J. 1	ses (describe in Schedule O)				16	2,,350
	17	•	nses. Add lines 10 through 16				17	49,685
	<del> </del>						+	9,352
छ	i i							3,332
SSe	'9						1 1	104,973
ţ	20	-					-	6,600
Ž	1	_						
_				<u> </u>	· • • • • • • • • • • • • • • • • • • •	· · · · · ·	121	120,925
Net Assets	18 19 20 21 Paperv	Excess or (continued of the continued of	deficit) for the year (Subtract line 17 from line 9)	(must agre	ee with		18 19 20 21	104

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•	the instructions for Part II)	and to any guartier	un thic Part II			
Check if the organizati	ion used Schedule O to resp	Jone to any question		inning of year	<del></del>	
22 Cash, savings, and investments					22	(B) End of year 118,479
• •			<del></del>	111,047	23	110,479
4 Other assets (describe in Schedule			<del></del>	3,385	24	7,796
				114,432	25	126,275
26 Total liabilities (describe in Sched					26	
?7 Net assets or fund balances (line	•			9,459	27	5,350 120,925
	am Service Accomplishme			104,973	21	120,923
	_	·	•	$\Box$	ļ	Expenses
	tion used Schedule O to res		II III II III S Fait III	····· <u>U</u>	(Rec	juired for section
What is the organization's primary exen	TEL PUIDOSE / CHAMBER OF	COMMERCE			501(	c)(3) and 501(c)(4)
Describe the organization's program se					orga	nizations, optional for
as measured by expenses. In a clear a			number of		othe	rs)
persons benefited, and other relevant in		<del></del>				T
28 TO PROVIDE BUSINESS SU	PPORT AND PROMOTE TO	URISM IN THE				
COMMUNITY						
(O	\ (64b) = ==== + + + ==				00-	
(Grants \$	) If this amount inc	cludes foreign grants, ch	neck here	<u>· · · · ▶                             </u>	28a	<del> </del>
29		<del></del>		<del></del>		
	<del></del>		<del></del>			
(O						1
(Grants \$	) If this amount inc	cludes foreign grants, ch	neck here	<u> ▶                             </u>	29a	<del> </del>
30						1
	<del></del>					
		<del></del>				
(Grants \$		cludes foreign grants, ch			30a	<del></del>
31 Other program services (describe i	•					
(Grants \$		cludes foreign grants, ch			31a	
32 Total program service expenses					32	<del></del>
<del></del>	ors, Trustees, and Key Emplo					F
Check if the organization	n used Schedule O to respond to	o any question in this P		<u> </u>		<u> </u>
		(b) Average	(c) Reportable compensation	<ul><li>(d) Health benefits, contributions to empl</li></ul>		(e) Estimated amount of
(a) Name and title		hours per week	(Forms W-2/1099-MISC)	benefit plans, and		other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensa	ition	
BRIAN LEIKAM	l			ļ		_
SECRETARY		1.00	<u> </u>	<b></b>	_9	0
LYNNIE FEIK				ļ		_
PRESIDENT		2.00		<b></b>	9	0
PEGGY MEYER			}			_
CHAMBER MANAGER		20.00			<u> </u>	0
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						Form 990-EZ (2017

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Pa	Other information (Note the Schedule A and personal benefit contract statement requirements in the			$\Box$
	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	33		Х
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)	34		<u>X</u> _
35 a	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)?	35a		X
þ	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	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	<u> </u>	<u>X</u>
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		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	20-		v
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9			
a b		1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			Ä
40 U	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			i i
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		
С				
	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	1.3		
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		_X_
41	List the states with which a copy of this return is filed   CO  CO			
42 a	The organization's books are in care of ▶ PEGGY MEYER  Telephone no ▶ 719-2		483	
	Located at ► 105 N MAIN ST, ROCKY FORD, CO ZIP+4 ► 81067		1	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	405	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	أصنا	X
	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			
	Financial Accounts (FBAR)			
С		42c	HE COM	Х
·	If "Yes," enter the name of the foreign country	720		
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	İ		i
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	學程	Pak	* 42°
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1.00	, - , -,	
	completed instead of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	100	133	24
	explanation in Schedule O	44d	ļ	<u> </u>
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	J		1 6 S	-
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	and a		ļ.S.,
	Form 990-EZ (see instructions)	45b	<u> </u>	X

orm 990-EZ (20	17) ROCKY FORD CHAN	BER OF COMMERCE			84-0	366099		age 4
IC Did the	a construction and an advantage of an advantage of the		ation on bobolf of or in one	a a a tha m		<u> </u>	Yes	No
	organization engage, directly or indirectly, indates for public office? If "Yes," complete					44		x
	Section 501(c)(3) organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used So	s must answer quest		•	lete the	tables fo	or lines	·
	Check if the organization used ou	ricuale O to respond	to any question in t	ino i dit vi	····	<del></del>	Yes	No
	organization engage in lobbying activities f "Yes," complete Schedule C, Part II .	, ,	election in effect during the			4	,	
18 Istheo	organization a school as described in section	n 170(b)(1)(A)(ıı)? If "Yes	," complete Schedule E			4	3	
	e organization make any transfers to an exe	•	=			49	<del></del>	
	," was the related organization a section 52 ete this table for the organization's five highe	_	other than officers dire			49	<u> </u>	<u> </u>
	vees) who each received more than \$100,00							
	(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, and compensations	nefits, employee d deferred		ated amou	
1 Comple	number of other employees paid over \$100,0 ete this table for the organization's five highe 100 of compensation from the organization	est compensated independ		received more	than			
51 Comple \$100,0	ete this table for the organization's five highe	est compensated independ If there is none, enter "No				c) Compens	ation	
51 Comple \$100,0	ete this table for the organization's five higher 100 of compensation from the organization	est compensated independ If there is none, enter "No	ne "			c) Compens	ation	
1 Comple \$100,0	ete this table for the organization's five higher 100 of compensation from the organization	est compensated independ If there is none, enter "No	ne "			c) Compens	ation	
51 Comple \$100,0	ete this table for the organization's five higher 100 of compensation from the organization	est compensated independ If there is none, enter "No	ne "			c) Compens	ation	
51 Compk \$100,0 (a	ete this table for the organization's five higher 100 of compensation from the organization  Name and business address of each independent conf	est compensated independ If there is none, enter "No ractor	(b) Type of servic			c) Compens	ation	
d Total n 52 Did the	ete this table for the organization's five higher 100 of compensation from the organization 100 of compensation from the organization 100 Name and business address of each independent continuation of other independent contractors each organization complete Schedule A? Note 100 organization complete Schedule A?	est compensated independ If there is none, enter "No ractor  ch receiving over \$100,00 : All section 501(c)(3) org	(b) Type of service  0	е	1	→ □ Y	es 🗵	No
d Total n  52 Did the comple	number of other independent contractors early organization complete Schedule A? Note eated Schedule A	ch receiving over \$100,000: All section 501(c)(3) orgaturn, including accompanying	(b) Type of service  (b) Type of service  0   panizations must attach a	e and to the best of	1	→ □ Y	es 🗵	No
d Total n 52 Did the comple Juder penaltie	ete this table for the organization's five higher 100 of compensation from the organization 100 of compensation from the organization 100 Name and business address of each independent continuation of other independent contractors each organization complete Schedule A? Note 100 organization complete Schedule A?	ch receiving over \$100,000: All section 501(c)(3) orgaturn, including accompanying	(b) Type of service  (b) Type of service  0   panizations must attach a	e and to the best of	1	→ □ Y	es 🗵	No
d Total n 52 Did the comple Under penaltie	number of other independent contractors early organization complete Schedule A? Note etch Schedule A	ch receiving over \$100,00 : All section 501(c)(3) organization, including accompanying officer) is based on all inform	(b) Type of service  (b) Type of service  0	and to the best of any knowledge	of my knowle	Yedge and be	es 🗵	No
d Total n \$100,0  (a  d Total n 52 Did the comple Under penaltie true, correct, a  Sign Here	number of other independent contractors early organization complete Schedule A? Note etcel Schedule A	ch receiving over \$100,000: All section 501(c)(3) orgation, including accompanying officer) is based on all information.  Preparate signature.  Rook in Joe Sande	(b) Type of service  (b) Type of service  0	and to the best of any knowledge Date  Chester Self	of my knowle	→ □ Y	es 🗵	No
d Total n \$100,0  (a  d Total n 52 Did the comple Under penaltie true, correct, a  Sign Here  Paid Preparer	number of other independent contractors early organization complete Schedule A? Note etced Schedule A	ch receiving over \$100,00 : All section 501(c)(3) orgeturn, including accompanyin officer) is based on all information.  Preparations signature.  Rockie Joe Sande in a section and information accompanying the section and information accompanying the section and information accompanying the section and information accompanying the section accomp	(b) Type of service  (b) Type of service  0	and to the best of any knowledge  Date  Chriselt  Self Firm's EIN	of my knowle	PTIN P0010	es Xelief, it is	No
d Total n \$100,0  (a  d Total n 52 Did the comple Under penaltie true, correct, a  Sign Here  Paid Preparer Use Only	number of other independent contractors early organization complete Schedule A? Note etcd Schedule A	ch receiving over \$100,00 : All section 501(c)(3) organization including accompanying officer) is based on all informations.  Preparationsignature.  Rookie Joe Sande ing & Financial	(b) Type of service  (b) Type of service  0	and to the best of any knowledge Date  Chester Self	eck X if	PTIN P0010	es Xelief, it is	No

## **SCHEDULE 0** (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. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ROCKI FORD CHAMBER OF COMMERCE		04-0366099
01. Description of other revenue	(Part I, line 8)	
DESCRIPTION	AMOUNT	
PRIOR YEAR ADJUSTMENTS	2,620	
ROUNDING	4	
02. Other changes in net assets o	r fund balances (Part I, line 20	0)
DESCRIPTION	AMOUNT	· · · · · · · · · · · · · · · · · · ·
PRIOR YEAR ADJUSTMENTS	6,600	· · · · · · · · · · · · · · · · · · ·
PRIOR YEAR ADJUSTMENTS OF DUPLICA	TED ENTRIES RESULTING IN CHANGES	S OF RECEIVABLE AND/OR
PAYABLES		
03. Description of other assets (	Part II, line 24)	
CATEGORY	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE/RECEIVABLE	3,385	7,796
04. Description of total liabilit	ies (Part II, line 26)	
CATEGORY	BEGINNING OF YEAR	END OF YEAR
PRPAID DUES AND RENT	832	5,349
SALES TAX PAYABLE	2	1
ACCOUNTS PAYABLE	659	0
OTHER ADJ	7,966	0