# **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)

2020

▶ Do not enter social security numbers on this form, as it may be made public.

**Open to Public** 

Inte		enue Service	► Go to www.irs.gov/Form990EZ for in	structions and the la	itest information	on. $\mathcal{V}^{V}$	
A	For the	e 2020 calend	ar year, or tax year beginning	, 2020,	and ending		, 20 🖯 🔿
В					D Employe	er identification number	
	Address change Evans Avea Changer of Commerce					<del>84-</del>	0983981
	Name ch	•	Number and street (or 90, box if mail is not delivered to str	eet address)	Room/suite	E Telephor	
H	Initial ret	turn um/terminated		-330-4204			
H	Amende		City or town, state or province, country, and ZIP or foreign		C(0)		Exemption
		lon pending	Evans, CO 8062	0	04		r <b>&gt; 2</b>
G	Accour	nting Method:	☐ Cash ☐ Accrual Other (specify) ▶		н с	Check ▶	if the organization is not
	Websit				<del></del>	•	attach Schedule B
			eck only one) — ☐ 501(c)(3) 🗵 501(c) ( 🍎 ) ◀ (inse			<del></del>	990-EZ, or 990-PF).
			☐ Corporation ☐ Trust ☐ Associ		<u> Chan</u>	1ber	····
			7b to line 9 to determine gross receipts. If gross receipts are some file form 200 maked of Form 200 lines			_	
			5500,000 or more, file Form 990 instead of Form 990-l				\$
ř	art I		e, Expenses, and Changes in Net Assets				
_	11 7		the organization used Schedule O to respond				· · · · · · · · · · · · · · · · · · ·
?	: 1		ons, gifts, grants, and similar amounts received.			·	
?	: I	•	ervice revenue including government fees and c			2	
?	: 1	Investment	ip dues and assessments			4	
	5a		unt from sale of assets other than inventory			· ·   4	*
	b		or other basis and sales expenses	<del> </del>			3
	C		s) from sale of assets other than inventory (sub				
	6	•	d fundraising events:		RECEIVED		
	a	_	ome from gaming (attach Schedule G if gr	reater than		3	TILOLIVED
ne	-	\$15,000) .		6a	- 1	77	
ē	ь	Gross incor	me from fundraising events (not including \$	0	f contribution	s P	MAY 1 2 2021
Revenue			aising events reported on line 1) (attach Sched			3	<u> </u>
_		sum of sucl	h gross income and contributions exceeds \$15,	000)   6b	263	73 s 345	COGDEN, UT
	С		t expenses from gaming and fundraising events		131	55 I +	H.
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and subtract			ract	·
		line 6c) .				· · 60	142.500
	7a		of inventory, less returns and allowances	<del></del>			7 10 10 10 10 10 10 10 10 10 10 10 10 10
	b		of goods sold				
	C		t or (loss) from sales of inventory (subtract line 7				<del>-  </del>
i	8		ue (describe in Schedule O)				
_	10		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 similar amounts paid (list in Schedule O)			<u>▶</u> 9	
	11		d to or for members				
S	12	Salaries of	ner compensation, and employee benefits ? .			. 12	<del></del>
se	13	Professiona	I fees and other payments to independent contri	ractors ?	,	. 13	<del> </del>
per	14		, rent, utilities, and maintenance				
Expenses	15		blications, postage, and shipping				12001
	16		nses (describe in Schedule O)				
	17	Total exper	nses. Add lines 10 through 16			<b>▶</b> 17	
S	18	Excess or (d	deficit) for the year (subtract line 17 from line 9)			. 18	70010
Set	19	Net assets	or fund balances at beginning of year (from lin	e 27, column (A))	(must agree v	vith;	
Net Assets			figure reported on prior year's return)			. 19	·
	20	Other chang	ges in net assets or fund balances (explain in Sc	hedule O)		. 20	2873>
	21	Net assets of	or fund balances at end of year. Combine lines 1	8 through 20	_	▶ 21	1/2/67

7

Check if the organization used Schedule O to respond to any question in this Part II (8) End of year 22 Cash, savings, and investments 23 Cash, savings, and investments 24 Cash, savings, and investments 25 Cash, savings, and investments 25 Cash, savings, and investments 27 Cash, savings, and savings, a							
22 Cash, savings, and investments 23 (and and buildings) 24 Other assets (describe in Schedule O) 25 Total assets 26 Total assets 27 Total savings, and investments 28 Total savings, and investments 29 Total savings, and investments 29 Total assets 20 Total assets 20 Total savings, and investments 20 Total assets 20 Total assets 20 Total assets 20 Total assets 21 Total assets 22 Total assets 23 Total assets 25 Total assets 26 Total assets 27 Net assets or fund balances (line 27 of column (8) must agree with line 21) 27 Net assets or fund balances (line 27 of column (8) must agree with line 21) 28 Total assets 29 Total assets 20 Total assets 21 Total assets 22 Total assets 23 Total assets 24 Total assets 25 Total assets 26 Total assets 27 Total assets 28 Total assets 28 Total assets 29 Total assets 20 Total assets 21 Total assets 22 Total assets 23 Total assets 24 Total assets 25 Total assets 26 Total assets 26 Total assets 27 Total assets 28 Total assets 28 Total assets 28 Total assets 28 Total assets 29 Total assets 20 Total assets 21 Total assets 22 Total assets 22 Total assets 22 Total assets 23 Total assets 24 Total assets 25 Total assets 26 Total assets 27 Total assets 28 Total assets 29 Total assets 20 Tot		Check if the organization us	sed Schedule O to respo	nd to any question in			, , , , , , , , , , , , , , , , , , ,
23 Land and buildings .  24 Other assets (describe in Schedule O)  25 Total assets (describe in Schedule O)  25 Total assets of fund belances (line 27 of column (8) must agree with line 21)  27 Not assets or fund belances (line 27 of column (8) must agree with line 21)  28 Total assets or fund belances (line 27 of column (8) must agree with line 21)  29 Total assets or fund belances (line 27 of column (8) must agree with line 21)  20 Total assets or fund belances (line 27 of column (8) must agree with line 21)  21 Column (8) must agree with line 21)  22 Total assets or fund belances (line 27 of column (8) must agree with line 21)  23 Total assets or fund belances (line 27 of column (8) must agree with line 21)  24 Total assets or fund belances (line 27 of column (8) must agree with line 21)  25 Total assets or fund belances (line 27 of column (8) must agree with line 21)  26 Total assets or fund belances (line 27 of column (8) must agree with line 21)  27 Total assets or fund belances (line 27 of column (8) must agree with line 21)  28 Total assets or fund belances (line 27 of column (8) must agree with line 21)  29 Total assets or fund belances (line 27 of column (8) must agree with line 21)  29 Total assets or fund belances (line 27 of column (8) must agree with line 21)  29 Total assets or fund belances (line 27 of column (8) must agree with line 21)  29 Total program services (describe in Schedule O)  29 Total program service expenses (add lines 28 through 31)  20 Total program service expenses (add lines 28 through 31)  20 Total program services (describe line 30 must includes foreign grants, check here  20 Nares and little  20 Nares and little  20 Nares and little  21 Total program services (describe line 30 must agree with line 21)  22 Total program service expenses (add lines 28 through 31)  23 Tota							
Total assets (describe in Schedule O)  Total assets:  The asset of fund balances (fine 27 of column (B) must agree with line 21)  Total assets or fund balances (fine 27 of column (B) must agree with line 21)  Total asset or fund balances (fine 27 of column (B) must agree with line 21)  Total asset or fund balances (fine 27 of column (B) must agree with line 21)  Total asset or fund balances (fine 27 of column (B) must agree with line 21)  Total asset or fund balances (fine 27 of column (B) must agree with line 21)  Total asset or fund balances (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total asset (fine 27 of column (B) must agree with line 21)  Total program service accomplishments (fine 27 of column (B) must agree with line 21)  Total program service accomplishments (fine 27 of column (B) must agree with line 21)  Total program service accomplishments (fine 27 of column (B) must agree with line 21)  Total program service accomplishments (fine 27 of column (B) must agree with line 21)  Total program service accomplishments (fine 27 of column (B) must agree with line 21)  Total program service accomplishments (fine 27 of column (B) must agree with line 21)  Total program service accomplishments (fin		<del>-</del> '			19346	~	19334
Strotal assets   Cold   Secondary   Column   C		<del>-</del>			\		11110
88 Total liabilities (describe in Schedule O) Not assets or fund balances (line 2 of column (8) must agree with line 21)  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) Check if the organization system propose?  Scribe the organization's program service accomplishments for each of its three largest program services, measured by expenses. In a clear and concise manner, describe the services provided, the number of visons benefited, and other relevant information for each program title.  2 Grants \$ ) If this amount includes foreign grants, check here	•	•	•		1/5/6	~   _   -	11700
27 Net assets or fund balances (lite 27 of column (B) must agree with line 21)					101789	7	1677
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 Check if the organization's primary exempt purpose?  Interest the organization's program service accomplishments for each of its three largest program services accomplishments for each of its three largest program services organization's program service accomplishments for each of its three largest program services organization's program service accomplishments for each of its three largest program services organization in coles manner, describe the services provided, the number of strong benefited, and other relevant information for each program title.  If this amount includes foreign grants, check here			•		15000		1/2/6
Check if the organization used Schedule O to respond to any question in this Part III					for Part ((1)	21	16217
Required to section state is the organization's primary exempt purpose?   Geographic comparison in the organization's program service accomplishments for each of its three largest program services, organization's program service accomplishments for each of its three largest program services, organization's program service accomplishments for each of its three largest program services organization; program services provided, the number of stores benefited, and other relevant information for each program title.    28	ai C III	_		•		٦	Expenses
secribe the organization's program service accomplishments for each of its three largest program services organizations option of the services provided, the number of organization of the services organization of the services organization organization of the services organization organization organization used Schedule O () (Grants \$ )   If this amount includes foreign grants, check here	hat is th					(Req	uired for section
a measured by expenses. In a clear and concise manner, describe the services provided, the number of services provided, and other relevant information for each program title.    Comment				each of its three large	et program conjece		
Grants \$   If this amount includes foreign grants, check here   28a	s measu	red by expenses. In a clear ar	nd concise manner, desc	ribe the services prov	ided, the number of		
Grants \$ ) If this amount includes foreign grants, check here 29a    Grants \$ ) If this amount includes foreign grants, check here 29a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ (Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ (Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ (Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ (Grants \$ ) If this amount includes foreign grants, check here 30a    Grants \$ (Grants \$ ) If this amount includes foreign grants, check here 30						1	
(Grants \$ ) If this amount includes foreign grants, check here	28						
Grants \$   If this amount includes foreign grants, check here   29a							
(Grants \$ ) If this amount includes foreign grants, check here						-	•
(Grants \$ ) If this amount includes foreign grants, check here   29a      Corants \$	? (Gran	nts\$ ) If	f this amount includes for	eign grants, check here	<u></u> ▶□	28a	
(Grants \$ ) if this amount includes foreign grants, check here 29a    Grants \$	9					7	
(Grants \$ ) If this amount includes foreign grants, check here							
(Grants \$ ) If this amount includes foreign grants, check here							
(Grants \$ ) If this amount includes foreign grants, check here	<del></del>					29a	
Cirants \$							
1 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here						1 1	
1 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here	(Gran		this amount includes fore	aign grants chack here		200	
(Grants \$ ) If this amount includes foreign grants, check here	<u> </u>					Joa	
Total program service expenses (add lines 28a through 31a)  List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part II 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 reverse devoted to rev		· -	•			1 1	
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) Name and title  (c) Name and title  (d) Health benefits, contributions to employee benefit plans, and defended for position  (e) Estimated amount of the proposition of the		ts\$ ) If	this amount includes fore	eign grants, check here	▶ □	312	
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 devoids of forms with the protection of the compensation of the		ts \$ ) If program service expenses (ac	this amount includes fore dd lines 28a through 31a)	eign grants, check here	<u> ▶ □</u>	_	
Steve Noe President  Troy Nears to Nice President  Auni Lucrises  Annie Looper  Mike Looper  Mark Steve  Nicetor  Mork Steve  Nicetor  Nicetor  Moretor  Mor	2 Total	program service expenses (ac List of Officers, Directors, Trust	dd lines 28a through 31a) tees, and Key Employees (	ist each one even if not c	ompensated—see the	32	ions for Part IV
Steve Noe President 2  Troy Nearte 2  Laun Lugates 2  Emis L. Obstrainan 1  Preserver 1  Mike Leoper 1  Mark Stone Director 1  Mixe Copper 1  Mark Stone Director 1  Mark Stone Director 1  Mixe Stone Director 1  Mark Stone Directo	2 Total	program service expenses (ac List of Officers, Directors, Trust	dd lines 28a through 31a) tees, and Key Employees (	ist each one even if not c	ompensated—see the his Part IV	32	ons for Part IV
Troy Negrote  Troy Negrote  Tree President  Tree President  Director  Annis L. Oberhelman  Treasurer  Mike Copper  Mike Figat  Director  Mark Stone  Travis Gogglein  Director  Travis Gogglein  Director  Middele Jaglein  Middele	2 Total	List of Officers, Directors, Trust Check if the organization use	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon	ist each one even if not c d to any question in the	ompensated—see the	32 instruct	[
Dawn Lugarete  Dawn Lugarete  Lemis L. Oberhelman  Emis L. Oberhelman  Presenter  Mike Looper  Mike Figal Director  Mark Stone  Travis Googlein  Travis Googlein  Middle Loper  Middle L	2 Total	List of Officers, Directors, Trust Check if the organization use	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	[
Man Evertes  Secretary  Secretary  Secretary  Secretary  Secretary  Secretary  Secretary  A Director  Mike Figal  Director  Mark Stone  Travis Goglen  Director  Michael Jage 1  Michael Jage	2 Total	List of Officers, Directors, Trust Check if the organization use  (a) Name and title	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	[
Dawn Luertes  Secretary  Emis L. Oberhelman  Preasurer  Mile Cooper  Mile Ligativector  Mike Figativector  Mark Stens  Travis Gazlein  Michaele Lages 1  Military	2 Total	List of Officers, Directors, Trust Check if the organization use  (a) Name and title	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	[
Secretary  Secretary  Director  Mike Ligat  Lew Sevestre  Mark Stone  Travis Graglein  Minceley Jake 1	2 Total	List of Officers, Directors, Trust Check if the organization use  (a) Name and title	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	[
Rem Bland Nivector  Mile Copper  Mike Figat Director  Lew Genestre  Travis Goglen  Mirector  Mirector  Mirector  Mark Stene  Sirector  Mirector  Mark Stene  Mirector  Mirector  Mirector  Mirector  Mark Stene  Mirector  Mirecto	2 Total	List of Officers, Directors, Trust Check if the organization use  (a) Name and title	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	[
Ren Bland Director  Mike Leoper  Mike Figal Director  Lew Govestre  Director  Mark Stone  Travis Googlein  Director  Michaele Taxes 1	2 Total	program service expenses (ac List of Officers, Directors, Trust Check if the organization use  (a) Name and title  VE Noe President  Vice President	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	
Ren Bland Director  Mike Cooper  Director  Mike Figal Director  Lew Govestre  Director  Travis Googlein Director  Mychele Tope 1 40	2 Total	program service expenses (ac List of Officers, Directors, Trust Check if the organization use  (a) Name and title  Ve Noo President  Vice President  Lucutus Secretary	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	stimated amount o
Mike Figat  V Director  Lew Govestre  Director  Mark Stone  Travis Googlein  Director  Microle Types 1 - 40	2 Total	program service expenses (ac List of Officers, Directors, Trust Check if the organization use  (a) Name and title  VE President  Alegarites  Secretary  Southernam	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	stimated amount o
Mike Figat  V Director  Lew Govestre  Director  Mark Stone  Travis Googlein  Director  Microle Types 1 - 40	2 Total	program service expenses (ac List of Officers, Directors, Trust Check if the organization use  (a) Name and title  VE President  Alegarites  Secretary  Southernam	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	stimated amount o
Mike Figal  Lew Governe  Director  Mark Stone  Travis Googlein  Director  Michaele Taxes 1 - 40	2 Total	program service expenses (ac List of Officers, Directors, Trust Check if the organization use  (a) Name and title  VE President  Alegarites  Secretary  Southernam	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	stimated amount o
Mark Stone  Mark Stone  Director  Travis Googlein  Director  Microle Jages + 40	2 Total	program service expenses (ac List of Officers, Directors, Trust Check if the organization use  (a) Name and title  VE President  Alegarites  Secretary  Southernam	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	stimated amount o
Mark Stone  Mark Stone  Director  Travis Googlein  Director  Microle Jages + 40	2 Total	check if the organization use  (a) Name and title  Ve Noe President  Negrete  Lucates  Secretary  Lucates  Luca	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	stimated amount o
Mark Stone Mark Stone Mirector  Travis Googlein  Director  Microle Toxes + 40	2 Total	check if the organization use  (a) Name and title  Ve Noe President  Negrete  Lucates  Secretary  Lucates  Luca	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	stimated amount o
Travis Goglein  Travis Goglein  Director  Midde Tages 1 40	Total	check if the organization use  (a) Name and title  VE Noe President  Negrete  Lucates  Socretary  Lucates  Luca	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	stimated amount o
Travis Goglein  Travis Goglein  Director  M. Michael Taxes + 40	2 Total	check if the organization use  (a) Name and title  VE Noe President  Negrete  Lucates  Socretary  Lucates  Luca	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	
M. Michale Jages + - 40	2 Total	check if the organization use  (a) Name and title  (b) President  Nearle President  Nearle President  Lucates  Secretary  Secretary  Secretary  Secretary  Secretary  Sirector  Copper  Livector  Sevestre  Director	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	
	2 Total	check if the organization use  (a) Name and title  (b) President  Nearle President  Nearle President  Lucates  Secretary  Secretary  Secretary  Secretary  Secretary  Sirector  Copper  Livector  Sevestre  Director	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	
	2 Total	check if the organization use  (a) Name and title  Ve Noe- Fresident  Nearte  Scaretary  Scaretary  Scaretary  Shoper Sc	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	[
	2 Total	check if the organization use  (a) Name and title  Ve Noe- Fresident  Nearte  Scaretary  Scaretary  Scaretary  Shoper Sc	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	[
	2 Total	check if the organization use  (a) Name and title  Ve Noe- Fresident  Nearte  Scaretary  Scaretary  Scaretary  Shoper Sc	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	
	2 Total	check if the organization use  (a) Name and title  Ve Noe- Fresident  Nearte  Scaretary  Scaretary  Scaretary  Shoper Sc	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	
	2 Total	check if the organization use  (a) Name and title  Ve Noe- Fresident  Nearte  Scaretary  Scaretary  Scaretary  Shoper Sc	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	[
	2 Total	check if the organization use  (a) Name and title  Ve Noe- Fresident  Nearte  Scaretary  Scaretary  Scaretary  Shoper Sc	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	[
	2 Total	check if the organization use  (a) Name and title  Ve Noe- Fresident  Nearte  Scaretary  Scaretary  Scaretary  Shoper Sc	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	[
	2 Total	List of Officers, Directors, Trust Check if the organization use  (a) Name and title  Ve Noe President  Neartes  Secretary  Shipector  Cooper  President  Neartes  Shipector  Cooper	dd lines 28a through 31a) tees, and Key Employees ( ed Schedule O to respon  (b) Average hours per week devoted to position  2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ist each one even if not c d to any question in the	ompensated—see the nis Part IV  (d) Health benefits, contributions to employee benefit plans, and deferred	32 instruct	[

10

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	is Part	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	res	X
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			
35a	change on Schedule O. See instructions	34		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		X
t 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	35c		X
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
37a		37b		V.
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?	38a		X
5 39	Section 501(c)(7) organizations. Enter:	-		
a	· · · · · · · · · · · · · · · · · · ·	-		
40a		-		
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	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	100		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	transaction? If "Yes," complete Form 8886-T	40e		$\mathbf{x}^{\mathbf{x}}$
41	List the states with which a copy of this return is filed			
42a	Located at > 3819 St, Vrain St Ste C Evans CO ZIP+4 > 5	306	<u>20</u>	120
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No.
	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).			ļ
С	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 ▶	42c		Ž.
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		. <b>&gt;</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	44a	Yes	No X
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	44b		· Ŷ
С	Did the organization receive any payments for indoor tanning services during the year?	44c		兌
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	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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:		- -
		45b		$\sim$

Form 99	90-EZ (2020)						Pa	age 4
46	Did the organization engage, directly or into candidates for public office? If "Yes," of	ndirectly, in political c	ampaign activities o	on behalf of o	r in opposition	n <b>46</b>	Yes	No
Part		s Only s must answer que	stions 47–49b and	d 52, and co		<del></del>	or line	;s
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) elect		during the tax		Yes	No
48 49a b 50	Is the organization a school as described in Did the organization make any transfers to If "Yes," was the related organization a secomplete this table for the organization's employees) who each received more than	n section 170(b)(1)(A)(i o an exempt non-cha ection 527 organizatio five highest compen	i)? If "Yes," completoritable related organ on? sated employees (o	e Schedule E nization?  ther than offic	cers, directors	48 49a 49b , trustee	s, and	d key
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	hanafıt nlane	to employee (e	) Estimated other comp		
f 51	Total number of other employees paid over Complete this table for the organization's \$100,000 of compensation from the organ	s five highest compe	ensated independen	t contractors	who each re	ceived r	more t	than
	(a) Name and business address of each independ	ent contractor	(b) Type of se	rvice	(c) Co	mpensatior	)	
							<del></del>	
	Total number of other independent contract	ctore again recoluing	over \$100,000					
52	Did the organization complete Schedul completed Schedule A		•	anizations m	ust attach a	☐ Yes	Nc	
nder pe	naities of perjury, I declare that I have examined this re ect, and complete. Declaration of preparer (other than	turn, including accompany officer) jş başed on all infor	ing schedules and statem mation of which preparer	ents, and to the	best of my knowle	edge and b	elief, it i	IS
ign lere i	Signature of officer	achelman nerhelman	<u> </u>	Date	5-1-0	1		<u> </u>
aid repa		Preparer's signature	D	ate	Check ☐ if self-employed is EIN ▶	PTIN		
Jse O	Firm's address >			Phor				
lay the	IRS discuss this return with the preparer	shown above? See in	structions		▶ [	Yes	No	

## **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization Evans Are	o Chan	nber	St.	Commerce	SH-0	983981			
Partil Fundraising Activities. Comple	te if the organization	ation answ	rered 'Yes'	on Form 990, Part IV, lin		100,01			
1 Indicate whether the organization	raised funds th	rough any	of the foll	lowing activities. Check	all that apply.				
a Mail solicitations		,	е		government grants				
b Internet and email solicitations	S		f	Solicitation of gove	ernment grants				
c Phone solicitations			g	Special fundraising	g events				
d  n-person solicitations									
2 a Did the organization have a written o	r oral agreemen	t with any	ındıvıdual (ı	including officers, directo	rs, trustees, or key				
employees listed in Form 990, Par	t VII) or entity	ın connec	tion with p	rofessional fundraising	services?	Yes No			
b If 'Yes,' list the 10 highest paid inc compensated at least \$5,000 by the	dividuals or enti	ities (fund	raisers) pu	irsuant to agreements i	under which the fundra	iser is to be			
Compensated at least 40,000 by the	le organization				(v) Amount paid to	T			
(i) Name and address of individual	(ii) Activity	(iii) Did	fundraiser	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)			
or entity (fundraiser)	``	have custody or control of contributions?		from activity	fundraiser listed in column (i)	organization			
		Yes	No	·····					
1									
	}	}							
2									
		<del> </del>			<del></del>				
3									
4									
		<del> </del>	<del> </del>						
5		ļ							
3									
		<del></del>		· · · · · · · · · · · · · · · · · · ·					
6									
					·				
_									
7		{							
				<u>-</u>		<del></del>			
8									
	· · · · · · · · · · · · · · · · · · ·			·					
				j					
9				ľ					
10	ĺ		}		ļ				
Total .	<u> </u>		<u> </u>						
3 List all states in which the organization or licensing	n is registered o	r licensed	to solicit co	entributions or has been r	notified it is exempt from	registration			

		e G (Form 990 or 990-EZ) 20@:	·			Page 2
P.a	till#	Fundraising Events. Complete if more than \$15,000 of fundraising	event contribution	nswered 'Yes' on Fo is and gross income	orm 990, Part IV, I e on Form 990-EZ,	line 18, or reported lines 1 and 6b.
		List event's with gross receipts gr	eater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))
R			(event lype)	(event type)	(total number)	
REVENU	1	Gross receipts	26345			26345
Ĕ	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	26349			26345
	4	Cash prizes				
_	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment				<u> </u>
EXPENSES	9	Other direct expenses	12874			12874
Š	10 11	Direct expense summary Add lines 4 thr Net income summary. Subtract line 10 fr	_		<b>▶</b>	12814
Par	tilli	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Ye	s' on Form 990, Par	t IV, line 19, or re	ported more than
		<del></del>		(b) Pull tabs/instant		(d) Total gaming
			(a) Bıngo	bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c))
mC21	1	Gross revenue				
	2	Cash prizes				
D P E N S	3	Noncash prizes				-
RENCTES	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor .	Yes %	Yes %	Yes 8	
	7	Direct expense summary Add lines 2 thro	ough 5 in column (d)		<b>-</b>	
1	8	Net gaming income summary. Subtract lir	ne 7 from line 1, colum	n (d)		
а	Ente	er the state(s) in which the organization cole organization licensed to conduct gaming o,' explain:	nducts gaming activities activities activities in each of the	s:ese states? .		Yes No
		e any of the organization's gaming licenses			-	Yes No
BAA			TEEA3702L 08	/19/19	Schedule G (Form	n 990 or 990-EZ) 2019

# 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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2020

Open to Public Inspection

Name of the organization Evans Avea Chamber of Commerce		identification number - 098 398			
Part I, Line 8					
Grant	14152				
Miscellaneous	2019				
Total	16171				
·					
Part I, Line 16					
Computer/Welasite	ð	66			
Credit card fees	7	43			
Dues	4	23			
Insurance	16	39			
Missellaneous	1079				
Office	<u> 384</u>				
Supplies		90			
	47;	24			
Part II, Line 24	Ben	End			
Acts Rec	7515	11420			
Part II, Line 26					
Accrued Payroll Taxes	15/13	1647			
Part I, Line 20					
Accounts Receivable Adjustment	<u>&lt;1213&gt;</u>	<u> </u>			
	•••••				

Name of the organization
Evans Area Chamber of Commerce

Employer identification number 84-098 3951

### ELECTION

# SECTION 1.263(A)-3(H) SAFE HARBOR ELECTION FOR SMALL TAXPAYERS

THE TAXPAYER HEREBY MAKES THE SAFE HARBOR ELECTION FOR SMALL TAXPAYERS UNDER REGULATION 1.263(A) -3(H).

DESCRIPTION OF ELIGIBLE PROPERTY:
ALL REPAIRS, MAINTENANCE & SUPPLIES UP TO \$12500

#### CAPITALIZATION EXPENSES

THE TAXPAYER HEREBY ADOPTS FOR BOOK AND FEDERAL INCOME TAX PURPOSES THE FOLLOWING POLICY REGARDING CAPITALIZATION EXPENSES FOR THE YEAR BEGINNING JANUARY 1, 20 20 IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTIONS 167 AND 168 AND RELATED REGULATIONS. THE TAXPAYER HAS DETERMINED THAT AMOUNTS WHOSE INDIVIDUAL COST (INCLUDING TAX, INSTALLATIONG AND DELIVERY COSTS) DOES NOT EXCEED \$250 WILL BE DEDUCTED AS INCURRED AS AN OPERATING EXPENSE. AMOUNTS EXCEEDING THIS DOLLAR LIMIT WILL BE EXAMINED INDIVIDUALLY TO DETERMINE IF THEIR USE OR PURPOSE REQUIRES CAPITALIZATION UNDER THE BETTERMENT, ADAPTATION OR RESTORATION RULES USED BY THE INTERNAL REVENUE SERVCE AND WILL BE CAPITALIZED OR EXPENSED AS INCURRED AS A RESULT OF APPLICATION OF THOSE RULES.