

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)

**2018**

**Open to Public Inspection**

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning JUNE 1, 2018, and ending MAY 31, 2019

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization **92**  
Colville Chamber of Commerce

Number and street (or P O box, if mail is not delivered to street address) **71** Room/suite **B**  
986 South Main St

City or town, state or province, country, and ZIP or foreign postal code **ae**  
Colville, WA 99114

**D** Employer identification number **92**  
910576403

**E** Telephone number  
509 684 5923

**F** Group Exemption Number ▶ **92**

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B **92**  
(Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ colville.com

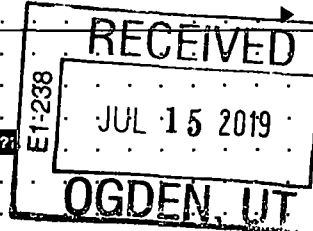
**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ \_\_\_\_\_

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I) **92**  
Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .																												
	2	Program service revenue including government fees and contracts . . . . .																											29,658	
	3	Membership dues and assessments . . . . .																												29,275
	4	Investment income . . . . .																												2
	5a	Gross amount from sale of assets other than inventory . . . . .																												
	b	Less cost or other basis and sales expenses . . . . .																												
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .																												
	6	Gaming and fundraising events																												
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .																												
	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) . . . . .																												32,992
c	Less direct expenses from gaming and fundraising events . . . . .																													24,428
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .																												8,564	
7a	Gross sales of inventory, less returns and allowances . . . . .																													
b	Less cost of goods sold . . . . .																													
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .																													
8	Other revenue (describe in Schedule O) . . . . .																													
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .																												67,499	
Expenses	10	Grants and similar amounts paid (list in Schedule O) . . . . .																												
	11	Benefits paid to or for members . . . . .																												
	12	Salaries, other compensation, and employee benefits <b>92</b> . . . . .																												31,554
	13	Professional fees and other payments to independent contractors <b>92</b> . . . . .																												9,030
	14	Occupancy, rent, utilities, and maintenance . . . . .																												3,302
	15	Printing, publications, postage, and shipping . . . . .																												23,014
	16	Other expenses (describe in Schedule O) <b>92</b> . . . . .																												66,900
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .																												599	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .																												
	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) . . . . .																												35,705
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .																												
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .																												36,304



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**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	36,532	37,275
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 <b>Total assets</b>	36,532	37,275
26 <b>Total liabilities</b> (describe in Schedule O)	827	971
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	35,705	36,304

**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? Promote business and tourism in Colville, WA

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)

28 Community Advertising and promotions to bring shoppers and new bussiness to Colville, WA		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	7,187
29 Main Street banners and decorations to intice shoppers to stop and shop Colville, WA		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	3,862
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 <b>Total program service expenses</b> (add lines 28a through 31a)	32	11,049

**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
Christa McDonald President	3	0	0	0
Genevieve Wilma-Young Past President	1	0	0	0
Doug Kyle Vice President	2	0	0	0
John Smith 2nd Vice President	1	0	0	0
Amy Trenkle Board member	1	0	0	0
Mike Eakins Board member	1	0	0	0
Kiley Nelson Board member	1	0	0	0
Diane Connelly Board member	1	0	0	0
Mert Graham Board member	1	0	0	0
Shivani Sood Board member	1	0	0	0
Jason Craig Board member	1	0	0	0

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

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
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
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)?
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
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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
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 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 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of; Telephone no.; Located at; ZIP + 4
42b 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
42c 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
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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)?
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

	Yes	No
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 . . . . .		<input checked="" type="checkbox"/>

**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

	Yes	No
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 . . . . .		<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .		<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization? . . . . .		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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
None				

f Total number of other employees paid over \$100,000 . . . . . None

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 . . . . . None

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	<i>Karen M. Learn</i> Signature of officer	7-11-19 Date
	Karen M. Learn Office Manager Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Tim Gray	Preparer's signature <i>Tim Gray</i>	Date 7/8/2019	Check <input checked="" type="checkbox"/> if self-employed	PTIN 16267
	Firm's name T&R Services	Firm's EIN		509 684 4410	
	Firm's address 785 E 1st Ave, Colville, WA 99114-3215	Phone no		509 684 4410	

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



**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
		Christmas Gala (event type)	Turkey Daze (event type)	3 (total number)	(add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	16,218	6,062	10,712	32,992
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	16,218	6,062	10,711	32,992
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .		2,700	847	3,547
	<b>7</b> Food and beverages . . . . .	3,762	1,147		4,909
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	2,867	405	12,700	15,972
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				24,428
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				8,564	

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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 \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization  
Colville Chamber of Commerce

Employer identification number  
910576403

FORM 990-EZ

Page 1 Part I; Line 16 - Other Expenses

Ads and Promotions	\$ 7,187
Insurance	5,753
Street Beautification	3,862
Communications	2,897
Flowers and Donations	1,344
Meetings & Trainings	806
Dues	825
Licenses and fees	340
<b>Total Other Expenses</b>	<b>\$ 23,014</b>

Page 2 Part II Line 26 - Total Liabilities	YE 2017	YE 2018
Payroll taxes withheld	\$ 827	\$ 971