50m 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)

2016

OMB No 1545-1150

nen to Publ

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 F	or the	2016 calenda	ar year, or tax year beginning , 201	6, and ending			, 20		
B Check if applicable		plicable	C Name of organization	nization		D Employer identification number			
	Address change		COLFAX AREA CHAMBER OF COMMERCE		94.2695769		4-2695769		
	Name char	nge	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telep				
一	Initial retur		P O BOX 86	}		53	0-346-6379		
~	Final returr Amended i	n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Gro				
=	Application		COLFAX CA 95713		Nun	Number ►			
G /	Account	ing Method:		Н	Check I	▶ □ (f the organization is not		
LV	Vebsite:	:► www	COLFAXCHAMBER.COM			required to attach Schedule B			
JΤ	ax-exem	npt status (che	eck only one) - ☐ 501(c)(3) 🗹 501(c) (6) ◀ (insert no) ☐ 4947(a)(1)	or527	(Form 9	(Form 990, 990-EZ, or 990-PF)			
_			☐ Corporation ☐ Trust ☐ Association ☐ Other				 		
LA	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 c	or more, or if tot	al assets				
(Pa	rt II, colu	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$			
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balar	nces (see the	e instru	ctions	for Part I)		
		Check if	the organization used Schedule O to respond to any question	n in this Part	ł				
	1		ons, gifts, grants, and similar amounts received			1			
	2	Program s	ervice revenue including government fees and contracts			2			
	3	Membersh	ip dues and assessments			3	7,688		
	4	Investmen	t income			4			
	5a	Gross amo	ount from sale of assets other than inventory	a					
	b	Less: cost	or other basis and sales expenses	b					
	С				5c				
6	6	Gaming and fundraising events							
ر د د	a	Gross inc	ome from gaming (attach Schedule G if greater than						
J.	,	\$15,000)		a					
Revenue	₽ b			of contribution	ns	1575			
E.			aising events reported on line 1) (attach Schedule G if the						
•	1	sum of suc	ch gross income and contributions exceeds \$15,000) 6	b	4,071				
A C	‡ c		ct expenses from gaming and fundraising events 6		5,105	ž. `\			
	ľ		e or (loss) from gaming and fundraising events (add lines 6a a	and 6b and si	ubtract	* 1			
€		line 6c)				6d	-1,034		
©	l 'a		s of inventory, less returns and allowances		2,373	3			
167	b		of goods sold		1,301	Š			
_	C		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	1,072			
	8	Other revenue (describe in Schedule O)				8	219		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	8,149		
	10	Grants and similar amounts paid (list in Schedule O)							
	11		aid to or for members		11				
Expenses	12		ther compensation, and employee benefits		12				
	13		all fees and other payments to independent contractors		13				
Š	14		y, rent, utilities, and maintenance		14				
ij	.0	.	ublications, postage, and shipping		15				
	16		enses (describe in Schedule O)		16	10,750			
	17	Tycas exp	enses. Add lines 10 through 16	<u>· · · · · · · · · · · · · · · · · · · </u>	•	17	10,750		
şţs	18 19		(deficit) for the year (Subtract line 17 from line 9)			18	-2,601		
SSE	19		ar figure reported on prior year's return)			10			
Net Assets	00	-				19	17,555		
Ž	20		nges in net assets or fund balances (explain in Schedule O)			20			
	21	Net assets	s or fund balances at end of year. Combine lines 18 through 20 tion Act Notice, see the separate instructions.		. •	21	14,754		
ro	gapen	WORK RECEI	VED	Cat No 10642I			Form 990-EZ (2016)		

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Pai	t II Balance Sheets (see the instruction					
	Check if the organization used Sched	ule O to respond to a	ny question in this			<u> </u>
				(A) Beginning of year	ļ.,	(B) End of year
22	Cash, savings, and investments			17,555		
23	Land and buildings				23	
24 25	Other assets (describe in Schedule O) Total assets			17,555	25	· · · · · · · · · · · · · · · · · · ·
26	Total assets				26	
27	Net assets or fund balances (line 27 of colu		h line 21)	17,555		
Par					11	
	Check if the organization used Sched	lule O to respond to a	ny question in this	Part III]	Expenses
What	t is the organization's primary exempt purpose?	?				quired for section (c)(3) and 501(c)(4)
as m	cribe the organization's program service accom- neasured by expenses. In a clear and concise ons benefited, and other relevant information for	e manner, describe the	e services provide	d, the number of		anizations, optional for
	(Granta \$) If this amo	unt includes foreign gra	ente check here		288	
29	<u> </u>				200	
23		·				
	(Grants \$) If this amo	unt includes foreign gra	ants, check here .	<u>.</u> > 🗆	298	
30						
		unt includes foreign gra			308	3
31	Other program services (describe in Schedule				04-	_
	(Grants \$) If this amo	unt includes foreign gra	ants, check here .	<i>.</i> >	318	3
32					22	
	Total program service expenses (add lines 2	8a through 31a)		•	32	
	Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and	8a through 31a) Key Employees (list eac	h one even if not con	▶		
	Total program service expenses (add lines 2	8a through 31a) Key Employees (list eac	h one even if not con	ppensated—see the Part IV	nstru /ee (e	ictions for Part IV)
Par	Total program service expenses (add lines 2 IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title	(b) Average hours per week	h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	ppensated—see the Part IV	nstru /ee (e	ctions for Part IV)
Par	Total program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Scheo	(b) Average hours per week	h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	ppensated—see the Part IV	nstru /ee (e	ctions for Part IV)
Par FRA 2467	Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title NK KLEIN PRESIDENT	(b) Average hours per week	h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	ppensated—see the Part IV	nstru /ee (e	ctions for Part IV)
FRA 2467 CYN	Total program service expenses (add lines 2 t IV List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title NK KLEIN PRESIDENT 5 GRANDVIEW AVE COLFAX CA 95713	(b) Average hours per week	h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	ppensated—see the Part IV	nstru /ee (e	ctions for Part IV)
FRA 2467 CYN	Total program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title NK KLEIN PRESIDENT S GRANDVIEW AVE COLFAX CA 95713 THIA DEJONG SECRETARY	(b) Average hours per week	h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	ppensated—see the Part IV	nstru /ee (e	ctions for Part IV)
FRA 2467 CYN PORICH	Total program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Scheo (a) Name and title NK KLEIN PRESIDENT 5 GRANDVIEW AVE COLFAX CA 95713 THIA DEJONG SECRETARY BOX 86 COLFAX CA 95713	(b) Average hours per week	h one even if not con ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	ppensated—see the Part IV	nstru /ee (e	ctions for Part IV)
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Part				_
	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	162	N 0
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		1
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)?	35a		1
c 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 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	35b		
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		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] Did the organization file Form 1120-POL for this year?	37b	3 (1)	1
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	کردی د	/
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4955 ▶			
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	. 5	
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	Ý.//à	`	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			100
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	<u> </u>	1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ RICHARD DUNCAN, CPA Telephone no. ▶	530-34	6-637	9
	Located at ► 200 GLENDALE RD, COLFAX , CA ZIP + 4 ►	95	713	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	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			100
	Financial Accounts (FBAR).	2 11	922	
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	<u>İ</u>	✓
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		. 1	▶ _
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	
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	1es	No V
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	3	1
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	3	✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	T	1
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	ؙ ؞ڵڰٛڛؿ ؞ڵڰڛؿ ٛ		
	Form 990-EZ (see instructions)	45b		√

Page	4

Form 9		

								Yes	No	
46	Did th	e organization engage, directly or in	directly, in political c	ampaign activities o	on behalf c	of or in opposi	tion	ندست ت		
		ndidates for public office? If "Yes," o		Parti	<u> </u>		. 46	<u> </u>	✓	
Part		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	-	stions 47–49b an	d 52, and	complete th	e tables	for lin	es	
		Check if the organization used Sch	nedule O to respond	to any question in	this Part	VI	<u> </u>		. 📝	
								Yes	No	
47		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elect				,	/	
48	Is the	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
49a	Did th	Did the organization make any transfers to an exempt non-charitable related organization?								
b		s," was the related organization a se							√	
50		plete this table for the organization's								
	emplo	oyees) who each received more than	\$100,000 of comper	nsation from the org	ganızation.	If there is non	e, enter '	'None.'	,	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit pl	ealth benefits, ions to employee ans, and deferred mpensation	(e) Estima other co	ated amo ompensa		
NONE										
						_				
		· · · · · · · · · · · · · · · · · · ·								
				ļ						
f	Total	number of other employees paid ov	er \$100,000		1		L			
51		plete this table for the organization			nt contrac	_ tors who osol	2 100000	d more		
51	\$100	.000 of compensation from the organization	nization. If there is no	one, enter "None."	in contrac	tors who each	receive	a more	tnan	
		· · · · · · · · · · · · · · · · · · ·		T						
	(a)	Name and business address of each independ	ent contractor	(b) Type of s	service	(c) Compens	ation		
NONE			<u> </u>							

]						
				1						
				4						
	T · ·									
		number of other independent contra	_							
52		id the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A								
1100000							. ▶ □ Y€		No_	
		of perjury, I declare that I have examined this d complete. Declaration of preparer (other that					nowledge a	na beliet,	It is	
_	Т	1 (2012) 444 0 0 0 0 0 0			<u>-</u>	<i>K</i> -7	. 7			
Sign		Signature of officer				5-7- Date				
Here		▲ RICHARD H DUNCAN CPA, TREA	SURER							
		Type or print name and title								
Doid		Print/Type preparer's name	Preparer's signature		Date	Check 🗸	, PTIN			
Paid		RICHARD H DUNCAN, CPA	1 (XXX))11	MEAN	5.7.17	self-emplo	1	5-40179	08	
Prep Use		Firm's name RICHARD H DUNCAN				Fırm's EIN ▶	- 1 0.	017908		
USE	Utily	Firm's address ▶ 200 GLENDALE RD,				Phone no	530-34			
May t	he IRS	discuss this return with the prepare		instructions			► Y Ye		No	
			<u> </u>					90-EZ	(2016)	

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

COLFAX AREA CHAMBER OF COMMERCE	94-2695769
OTHER EXPENSES TOTAL \$ 10,750	
DONATION \$1,000	
INSURANCE \$ 500	
MAINTENANCE \$ 303	
MEMBER EXPENSE \$ 195	•••••••••••••••••••••••••••••••••••••••
MEMBER PLAQUES \$ 1684	
OFFICE \$748	
SOFTWARE \$ 290	
TELEPHONE \$ 634	
VOLUNTEER EXP \$5396 TOTAL \$10,750	
······································	
<u></u>	