OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** 2016 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 public₄ Open to Public Department of the Treasury Inspection Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2016 calendar year, or tax year beginning JULY2016, and ending JUNE **20**17 C Name of organization BLYTHE Check if applicable D Employer identification number 95-173**66**87 Address change Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return 07 E HOBSONWAY (760)922-8166 City or town, state or province, country, and ZIP or foreign postal code Final return/ G Gross 176,246 BLYTHE CA 92225 terminated receipts \$ Name and address of principal officer H(a) Is this a group return for subordinates? Yes X Amended return Application pending H(b) Are all subordinates included? Tax-exempt status 501(c)(3) 501(c)(4) **◄**(insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ N/A H(c) Group exemption number K Form of organization Corporation Trust Association L Year of formation M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities PROMOTE LOCAL BUSINESS AND TOURISM AND ENHANCE ECONOMIC DEVELOPMENT Activities & Governance Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets. 13 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 2 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 13 Total number of volunteers (estimate if necessary) -6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 36,305 32,563 Contributions and grants (Part VIII, line 1h) 124,430 132,284 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 7,657 1,803 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 158,796 176,246 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 41,887 36,181 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 125,177 143,077 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 167,064 179,258 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 -3,012-8,268 19 Revenue less expenses. Subtract line 18 from line 12 **End of Year** Beginning of Current Year 110,362 83,655 Total assets (Part X, line 16) 20 3,2573,555 21 Total liabilities (Part X, line 26) 80,398 106,807 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II 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 considered. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date 9.19.19 Sign Signature of o Here Type or print name and title Date Preparer's signature Print/Type preparer's name Check Paid self-employed P00240706 RONDA TERRIAN Preparer Firm's EIN ▶ 330176251 BLOCK Firm's name R **Use Only** Firm's address ▶ 128 SPRING Phone no. 7609225134 BLYTHE CA Yes X May the IRS discuss this return with the preparer shown above? (see instructions) No For Paperwork Reduction Act Notice, see the separate instructions.

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BWF 990

Form **990** (2016)

	1990 (2016) BLITTE CHAMBER OF COMMERCE 93-1736367	rage z
Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	L
1	· , · · · · · · · · · · · · · · · · · ·	
	PROMOTE LOCAL BUSINESS AND TOURISM ENHANCE ECONOMIC DEVELOPMENT	
2	Did the organization undertake any significant program services during the year which were not listed on the	G.,
	pnor Form 990 or 990-EZ?	⊠ No
	If "Yes," describe these new services on Schedule O.	
3		σ
	services? Yes	⊠ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
		7 100
4a		7,129)
	SEE ATTACHMENT #1	
4b	(Code) (Expenses \$1, 054 including grants of \$) (Revenue \$	5,155)
	<u> </u>	
4c	(Code) (Expenses \$ 16,038 including grants of \$) (Revenue \$ 24	4,320)
	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 86,193	



Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			:
	complete Schedule A	_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		:	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		1	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			ļ.,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule			
	D, Part VI	11a		Х
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, investment, and program service activities outside the United States, or aggregate foreign investments			
	valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	_15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance			
	to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		ļ	_
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا ـ ـ ا		v
	If "Yes," complete Schedule G, Part III	19		<u> </u>

Checklist of Required Schedules (continued) Part IV

			res	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Х
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's			
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a · · · · · · · · · · · · · · · · · · ·	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N./A	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots N A$	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess			
	benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former			
	officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of			
	any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	i l		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
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Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	<u> </u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O N./A	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ŀ		
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	j		
	gifts were not tax deductible? N/A	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		٠,
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		 -
_	sponsoring organization have excess business holdings at any time during the year?	-		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		X
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter.	1		
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	i		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			21
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
-	Note. See the instructions for additional information the organization must report on Schedule O.		$\vdash \vdash$	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A	14b		

Part:	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, an	id for a	ι "No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See inst	uction:	s.	
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body,		.	
	or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b		,	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	. [Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,			
	or persons other than the governing body?	7b	.	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	X	-
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	.	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 · · · · · · · · · · · · · · · · · ·	12a		Χ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	nse to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by		7	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s o	ıly)		
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CEE APPACHMENT #2			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

[X] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.
--

(A)	(B)	ally ici	ialeu u	(C		compens	saleu i	(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
Mario and Thio	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)				compensation	compensation	amount of		
	week (list any		I _				77	from	from related	other
	hours for	d d	stite	Officer	ey e	an Green	Former	the	organizations	compensation
	related	dual	ğ	=	Key employee	yee	- "	organization	(W-2/1099-MISC)	from the
,	organiza- tions	Individual trustee or director	al tr		yee) ap		(W-2/1099-MISC)		organization
	below dotted	tee	Institutional trustee			Highest compensated employee		'		and related organizations
	line)		"			ted		, , ,		Organizations
DEREK COPPLE				×				0	0	0
PRESIDENT			1			1				
GEORGE THOMAS		x	1]	1		0	0	0
MEMBER			-		İ					
FLOIE BARROWS		Х						, 0	0	0
MEMBER							ŀ			
ANGIE PATEL		X						0	0	0
MEMBER										
GEORGE HALBY		X		·	·		Ι.	0	0	0
MEMBER										
SAM PATEL		X				Ì		0	0	0
MEMBER		.,							_	_
STEVE MONTGOMERY		X	,					0	0	0
MEMBER		v							_	_
MILLIE RODRIGUEZ	i i	X				1		0	0	0
MEMBER		x		•						
TOM EISENHAUER		^						0	0	0
MEMBER		x				,			0	
MELVIN CULP		^						0	0	0
MEMBER		x		ļ				0	0	0
KIME WILLIAMS		.,						· ·	O	
MEMBER LOIS SHAFFER		x	ĺ.,					. 0	0	0
MEMBER								, ,	U	
KATHERINE VEGA		x						0	0	0
SECRETARY									J	
							,			
	I.		I	L						

Form **990** (2016)

FDA

Part	(A) Name and title	(B) Average	.,	(do not	Posi t check iless pe	tion more ti	nan one both an /trustee)		(D) Reportable	(E) Reportable	(F) Estimated amount of
		hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
											,
								. ,			
1b c	Sub-total Total from continuation sh		ırt VII, S	Section	n A	•		>			
d 	Total (add lines 1b and 1c) Total number of individuals		out not l	mited	to tho	se liste	d above) who	received more than	 \$100,000 of reportab	le compensation
3	Did the organization list any on line 1a? If "Yes," complet									ed employee	Yes No
4	For any individual listed on li	ine 1a, is th	ne sum (of repo	rtable	comp					4 X
5	Did any person listed on line services rendered to the org	1a receive	or acc	ue cor	mpens	ation	rom any	unrela	ated organization or		5 X
	n B. Independent Contracto										
1	Complete this table for your compensation from the orga										ax vear.
		(A) i business			sauon	ior the	Calerida	u year	(B) Description of se		(C) Compensation
		_									
2	Total number of independen		-	_	ut not	limited	d to thos	e listed	d above) who receive	ed more than	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) (B) (A) (C) Related or exempt function revenue Total revenue Unrelated Revenue excluded from tax business under sections 512-514 revenue Gifts, Grants ilar Amounts 1a Federated campaigns 1a 22,440 **b** Membership dues 1b 8,500 1c c Fundraising events 1d d Related organizations Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, & 5,365 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 36,305 h Total. Add lines 1a-1f **Business Code** 127,129 2a MUSIC FESTIVAL Program Service Revenue 5,155 b RUN FOR THE WALL All other program service revenue 132,284 Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real 7,657 6a Gross rents b Less. rental expenses 7,657 c Rental income or (loss) 7,65 Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ Revenue of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less. direct expenses h c Net income or (loss) from gaming activities ... 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a b d All other revenue

Total. Add lines 11a-11d

176,246

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, 3 foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 32,626 32,626 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 3,555 3.555 10 Payroll taxes Fees for services (non-employees): Management а b Legal 350 350 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 13,217 13.217 Advertising and promotion 12 6,311 6,311 13 Office expenses 14 Information technology 15 Royalties 3,060 3,060 Occupancy 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 1,098 22 Depreciation, depletion, and amortization 1,226 1,226 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1.672 1,672 BANK FEES 116,133 116,133 COST OF REVENUE 1.0 TAX AND LICENSE C d All other expenses 179,258 116,133 62,027 Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ I If following SOP 98-2 (ASC 958-720)

Page 11 Form 990 (2016) BLYTHE CHAMBER OF COMMERCE 95-1736587 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . (B) (A) End of year Beginning of year 24,294 52,099 Cash -- non-interest-bearing 1 2 Savings and temporary cash investments ... 2 Pledges and grants receivable, net . 3 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10 a Land, buildings, and equipment: cost or other 80,131 basis. Complete Part VI of Schedule D... 10a 21,868 59,361 58,263 **b** Less accumulated depreciation 10b 10c Investments -- publicly traded securities ... 11 11 12 Investments -- other securities. See Part IV, line 11 12 Investments -- program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV. line 11 15 83,655 110,362 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses . 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 2,496 3,257 25 of Schedule D 3,257 2,496 Total liabilities. Add lines 17 through 25 complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27

Net Assets or Fund Balances 28 Temporarily restricted net assets . 28 Permanently restricted net assets . 29 Organizations that do not follow SFAS 117 (ASC 958), check here lacktriangle and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 110,878 32 110,878 33 33 Total net assets or fund balances

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34

Total liabilities and net assets/fund balances .

114,135

34

107,866

107,866

110,362

1 0111	1990 (2010) BEITHE CHAMBER OF COPINERCE 33 1730	507		. 49	,				
Pa	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		• •		Ш.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,246				
2	Total expenses (must equal Part IX, column (A), line 25)	2			,258 ,012				
3	3 Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			•				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10		107	,866				
Par	t XII Financial Statements and Reporting	•							
	Check if Schedule O contains a response or note to any line in this Part XII		•		П				
				Yes	No				
1	Accounting method used to prepare the Form 990. X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				,				
	Schedule O.		İ	l					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both.								
	Separate basis Consolidated basis Both consolidated and separate basis		ļ.	1					
b	Were the organization's financial statements audited by an independent accountant?		2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis			1					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			-					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	N./ A.	2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in	,		<u> </u>	†				
	Schedule O.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1				
	the Single Audit Act and OMB Circular A-133?		За		X				
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		<u> </u>		 				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	N./. A	3ь		'				
FDA	16 99012 BWF 990 Form Software Copyright 1996 - 2017 HRB Tax Group, Inc.	217/23		990	(2016)				
				,	,				

rait vii	Complete if the organization answered "Yes"	on Form 990. Part IV. lin	e 11b. See Form 990. Part X. line 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	
(1) Financial d				
• •	eld equity interests			
(3) Other	na oquity into colo			·
(A)				
(B)				
(C)		-		
(D)			-	
(E)	<u> </u>			
(F)				
(G)				
(H)		<u> </u>		
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments — Program Related Complete if the organization answered "Yes"		e 11c. See Form 990. Part X line 13.	
((a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year ma	
(1)				
(2)				
(3)			-	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)		· · · · · · · · · · · · · · · · · · ·		<u></u>
(6)				
(7)				
(8)				
(9)				
Total. (Colum Part X	n (b) must equal Form 990, Part X, col. (B) line Other Liabilities.			
	Complete if the organization answered "Yes"		e i le or i li. 5ee Form 990, Part X, line	4 0.
1	(a) Description of liability	(b) Book value		
(1) Federal		2 400	L	
	OLL LIABILITY	2,496		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				

2.Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

2,496

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

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.

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

OMB No. 1545-0047 2016

Open to Public Inspection

Name of the organization

BLYTHE CHAMBER OF COMMERCE

Employer identification number

95-1736587

LINE 8A - THE ORGANIZATION DID DOCUMENT ALL MEETINGS AND PROVIDE COPIES TO THE GOVERNING BODY -

PART VI SEC C LINE 19 - YES, THE DOUMENTS ARE AVAILABLE TO THE PUBLIC AT ALL TIMES -