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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)

OMB No 1545-1150

2014Department 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 For the 2014 calendar year, or tax year beginning , 2014, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Kodiak CHARR PO Box 8443 Kodiak, AK 99615
D Employer identification number 92-0150621	E Telephone number 907-486-9489
F Group Exemption Number	
G Accounting Method. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ►	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► N/A	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 52,915.	

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	2,850.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	50,065.
	6b 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)	6b	
	6c Less: direct expenses from gaming and fundraising events	6c	532.
	6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	49,533.
	7a Gross sales of inventory, less returns and allowances	7a	
	7b Less: cost of goods sold	7b	
	7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52,383.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	9,497.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	13,096.
	13 Professional fees and other payments to independent contractors	13	1,386.
	14 Occupancy, rent, utilities, and maintenance	14	4,800.
	15 Printing, publications, postage, and shipping	15	268.
	16 Other expenses (describe in Schedule O)	16	21,320.
	17 Total expenses. Add lines 10 through 16	17	50,367.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,016.
	ASSETS	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)	19
20 Other changes in net assets or fund balances (explain in Schedule O)		20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	37,878.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

29 12

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 ☐

	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		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 change on Schedule O (see instructions)		X
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)?	X	
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	X	
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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
37b Did the organization file Form 1120-POL for this year?		X
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?		X
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
39a N/A		
b Gross receipts, included on line 9, for public use of club facilities		
39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
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		
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 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e 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		X
41 List the states with which a copy of this return is filed None		

42a The organization's books are in care of **Carmen J Lunde** Telephone no **907-486-5341**
 Located at **PO Box 8443 Kodiak AK** ZIP + 4 **99615**

b 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

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the U S ?
 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 ☐ N/A

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44a		X
44b		X
44c		X
44d		
45a		X
45b		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

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

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

	Yes	No
46		X

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 ☐

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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

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

f Total number of other employees paid over \$100,000 **▶** _____

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

d Total number of other independent contractors each receiving over \$100,000 **▶** _____

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	Signature of officer <u>Helen Hartman</u>	President	Date <u>10/28/15</u>
	Type or print name and title <u>Helen Hartman</u>	President	
Paid Preparer Use Only	Print/Type preparer's name <u>Tom J. Domagala, CPA</u>	Preparer's signature <u>Tom J. Domagala</u>	Date <u>10-25-15</u>
	Firm's name <u>Altman, Rogers & Company</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00122688</u>
	Firm's address <u>425 G. Street, Suite 800</u>	Firm's EIN <u>92-0143182</u>	Phone no <u>(907) 274-2992</u>
	<u>Anchorage, AK 99501</u>		

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' to 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
		(event type)	(event type)	None (total number)	(add column (a) through column (c))
REVENUE	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)				
	11 Net income summary Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered 'Yes' to 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 column (a) through column (c))
REVENUE	1 Gross revenue		50,065.		50,065.
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses		532.		532.
	6 Volunteer labor	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	<input type="checkbox"/> Yes 0 % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				532.
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				49,533.

9 Enter the state(s) in which the organization conducts gaming activities AK

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:

- 11 Does the organization operate gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☒ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in
- | | | |
|-------------------------------|-----|---------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.0 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Chamber Hospitality Association

Address ▶ 100 East Marine Way, Ste 300, Kodiak, AK 99615

- 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☒ Yes ☐ No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ 53,172. and the amount of gaming revenue retained by the third party ▶ \$
- c If 'Yes,' enter name and address of the third party

Name ▶ Chamber Hospitality Association

Address ▶ 100 East Marine Way, Ste 300, Kodiak, AK 99615

16 Gaming manager information

Name ▶ Carmen J Lunde

Gaming manager compensation ▶ \$ 12,000.

Description of services provided ▶ Oversees operation

☒ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 53,172. See Part IV

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part III, Line 17b
Distributions Required Under State Law

Alaska

Total \$ 53,172.
 \$ 53,172.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Kodiak CHARR

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

2014

Open to Public
Inspection

Employer identification number

92-0150621

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid In Excess of \$5,000

Payments to Affiliates

Name: Alaska CHARR
Address: 1503 W 31st Ave, Suite 202
Anchorage, AK 99503
Purpose of payment: Dues and Building Fund
Amount: \$ 9,497.

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$ 2,611.
Bank Charges	18.
Board Expense	2,704.
Conferences, Conventions, and Meetings	6,898.
Contributions	3,092.
Insurance	600.
Licenses and Permits	340.
N.Y. Eve Cab Program	3,515.
NSF Fees	56.
Office Expenses	1,486.
Total	\$ 21,320.

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 4,512.	\$ 0.
Total	\$ 4,512.	\$ 0.

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Payroll Liabilities	\$ 427.	\$ 500.
Pull-tab tax payable	502.	532.
Total	\$ 929.	\$ 1,032.

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Education of members.