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Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**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)

▶ **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](http://www.irs.gov/form990).**

OMB No 1545-1150  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016**

**B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 SITKA CHARR ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 PO BOX 777

City or town, state or province, country, and ZIP or foreign postal code  
 SITKA, AK 99835

**D** Employer identification number  
 92-0136898

**E** Telephone number  
 (907) 747-3334

**F** Group Exemption Number ▶

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

**H** Check  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) -  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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 87,725

**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		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>		<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	40,158
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>		<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	1,800	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>4</b>	Investment income	<b>4</b>		<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	27,917
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>		<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>	0	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	
<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>		<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	6,502
<b>6</b>	Gaming and fundraising events			<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	74,577
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>		<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	13,148
<b>b</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)	<b>6b</b>	0	<b>19</b>	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)	<b>19</b>	2,851
<b>c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>	0	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	15,999
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>					
<b>b</b>	Less cost of goods sold	<b>7b</b>	0				
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>					
<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	85,925				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	87,725				



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 . . . . .

Table with columns for question number, question text, Yes, and No. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<b>46</b>	No

**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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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 . . . . . ▶ \_\_\_\_\_

**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. . . . . ▶ \_\_\_\_\_

**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.

<b>Sign Here</b> Signature of officer	2017-03-17 Date
STANLEY J FILLER President Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Bradley L Shaffer CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00843708
	Firm's name ▶ SHAFFER & CO CPAS LLC			Firm's EIN ▶	
	Firm's address ▶ 479 KATLIAN ST 3 SITKA, AK 998357506			Phone no (907) 747-6918	

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

## Additional Data

**Software ID:** 16000303

**Software Version:** 2016v3.0

**EIN:** 92-0136898

**Name:** SITKA CHARR ASSOCIATION

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p><b>28</b> PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS AND ORGANIZATIONS FOR CONTINUING EDUCATION (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
SITKA CHARR ASSOCIATION**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public  
Inspection**

Employer identification number

92-0136898

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Revenue 1	\$85925

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Grants and Similar Amounts Paid In Excess of \$5,000 1	Cash Amount Given \$40158

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$2265

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$47

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	DUES AND FEES \$2600

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 2	EDUCATION \$815

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 3	BANK CHARGES \$484

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	LICENSES \$225

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	TAXES \$66