

2012

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 1545-0047

2020

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C SITKA CHARR ASSOCIATION, PO BOX 777, SITKA, AK 99835. D Employer identification number 92-0136898. E Telephone number 907-747-3334. F Group Exemption Number.

G Accounting Method: [X] Cash, [] Accrual, Other (specify). H Check [X] 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), [X] 501(c)(6), [] 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. Total: \$ 86,459.

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 [X]

Table with 21 rows and 2 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Includes handwritten 'RECEIVED' stamps and 'OGDEN, UT'.

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

Form 990-EZ (2020)

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SCANNED APR 07 2022

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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: *Richard Heim* Date: *4-15-21*
 Type or print name and title: **RICHARD HEIM Secretary**

Paid Preparer Use Only
 Print/Type preparer's name: **Bradley L Shaffer, CPA** Preparer's signature: *Bradley L Shaffer* Date: **APR 12 2021** Check if self-employed PTIN: **P00843708**
 Firm's name: **SHAFFER & CO. CPAS, LLC**
 Firm's address: **479 KATLIAN ST # 3 SITKA, AK 99835** Firm's EIN: **74-3222530** Phone no: **(907) 747-6918**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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 for the latest information.

OMB No 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

SITKA CHARR ASSOCIATION

92-0136898

Form 990-EZ, Part I, Line 8
Other Revenue

Total \$ 81,459.
\$ 81,459.

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

Cash Amount Given: \$ 47,720.

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

Advertising and Promotion \$ 2,290.
BANK CHARGES 38.
DUES AND FEES 4,557.
EDUCATION 519.
OFFICE EXPENSE 391.
Total \$ 7,795.

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

DONATION OBLIGATION

	<u>Beginning</u>	<u>Ending</u>
	\$ 24,752.	\$ 29,752.
Total	\$ <u>24,752.</u>	\$ <u>29,752.</u>

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

PROVIDE FINANCIAL ASSISTANCE TO COMMUNITY MEMBERS AND ORGANIZATIONS FOR CONTINUING
EDUCATION.