Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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 and its instructions is at www.irs.gov/form990. 2016

Open to Public

For the 2016 calendar year, or tax year beginning 2016, and ending D Employer identification number C Name of organization Check if applicable Metrocrest Chamber of Commerce 75-1047178 Address change Doing business as Room/suite Telephone number Number and street (or P O box if mail is not delivered to street address) Name change 2550 Midway Rd 240 (469) 587-0420 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated **G** Gross receipts \$ 344,087 Amended return Carrollton 75006 H(a) Is this a group return for subordinates? F Name and address of principal officer Yes X No Application pending H(b) Are all subordinates included?

If 'No,' attach a list (see instructions) /TX//75006 Erin Carney 2550 Midway Rd Ste 240 Carrollton 4947(a)(1) or () 527 Tax-exempt status 501(c)(3) X 501(c) (6 (insert no) Website: ► H(c) Group exemption number Form of organization Association 1968 M State of legal domicile ΤX X Corporation Other > L Year of formation Part I Summary To stimulate economic growth in Briefly describe the organization's mission or most significant activities Addison, Carrollton, Farmers Branch and surrounding areas by providing Governance programs, resources, education and support that assist and benefit business, government and citizens, resulting in a premier place to live and work. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets **0** Number of independent voting members of the governing body (Part VI, line 1b) 4 12 5 2 6 150 7a Total unrelated business revenue from Part VIII, column (C), line 12 **Current Year** Contributions and grants (Part VIII, line 1h)........ 200,335. 179,469. <u>142,1</u>87. 141,619. 98. 96. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 702 11 167. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 350,754 342,919 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line_4)_.... Salaries, other compensation, employee benefits (Part IX, column (A), Fines 5-10) . . . 136,614. 16a Professional fundraising fees (Part IX, column (A), line 11e) . . b Total fundraising expenses (Part IX, column (D), line 25) NOV 2 9 2017 Other expenses (Part IX, column (A), lines 11a-11d, 1 ff-24e). 247,847 219,438. 17 Total expenses Add lines 13-17 (must equal Part IX, column (A) line 25) 360,599. 356,052. Revenue less expenses Subtract line 18 from line 12 19 -9,845. -13,133. **Beginning of Current Year End of Year** 20 75,567. 64,546. 21 51,081. 53,193. 24,486 11,353 Part | Signature Block 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. Signature of officer Sign Here Erin Carney President Type or print name and title PTIN Print/Type preparer's name P00491892 self-employed Scott A. Marshall **Paid Preparer** SCOTT MARSHALL AND ASSOC. CPAS Firm's name Use Only Firm's EIN 75-2431235 Firm's address 4575 Westgrove Dr. Ste #103 835-4550

75001

TX

Addison

May the IRS discuss this return with the preparer shown above? (see instructions)

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

Phone no

TEEA0101 11/16/16

Form 990 (2016)

X Yes

No

Form	1990(2016) Metrocrest Chamber of Commerce	75-1047	178 Page 2
Par	till Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	To stimulate economic growth in	-	
	Addison, Carrollton, Farmers Branch and surrounding areas by pro	<u>oviding </u>	
	See Form 990, Page 2, Part III, Line 1 (continued)		
			
2	Did the organization undertake any significant program services during the year which were not listed on the		
	Form 990 or 990-EZ?	[Yes X No
	If 'Yes,' describe these new services on Schedule O	_	, –
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes X 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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to and revenue, if any, for each program service reported	others, the total	expenses,
4 a		(Revenue \$	49,875.)
	Economic Development activities which include promoting existing		- -
	businesses and marketing to prospective businesses for the over	<u>all</u>	
	economic benefit of the service area.		
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4 b	O (Code) (Expenses \$ 68,113. including grants of \$)	(Revenue \$	75,640.)
4 b	O(Code)(Expenses \$ 68,113. Including grants of \$) The Chamber conducts general membership luncheons and Women's B	` _	75,640.)
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			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		Х
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		
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8	<u> </u>	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted 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		T B	
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	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	11 b		Х
(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	11 c		Х
•	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	11 d	X	
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
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		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
k	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		X
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

Page 4 75-1047178

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		I
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	_	X
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
24	a 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 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?	24b		
	c 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?	24d		
25	a 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		
	b 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		
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		Х
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)			
	a 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		Х
,	c 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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
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		31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 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
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
İ	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		<u> </u>
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		х
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	
RAA		Earm	990 (2	2016

			Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	Si T		
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2	a 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		(A.1) (A.1)	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	W.	1	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	· 100011	X
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4	a 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	W 20. 88.4	X
	b If 'Yes,' enter the name of the foreign country		7	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		1111111	
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
	a 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?	7 a		MŠ
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		
	d if 'Yes,' indicate the number of Forms 8282 filed during the year	20		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	aparting angular manifesting action database states and action actions and manifesting by the aparting		22	
	organization have excess business holdings at any time during the year?	8	5. 7 · · · ·	5 2 5 5 5
9	Sponsoring organizations maintaining donor advised funds.		AL AL	
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		2
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12		1	
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			i
	Section 501(c)(12) organizations. Enter	1		
	a Gross income from members or shareholders	.		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	3.		
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Z (% #	27.00
	b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		F)	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
•	a Is the organization licensed to issue qualified health plans in more than one state?	13a	80y & 1 1860°	. 20 1424 W
	Note. See the instructions for additional information the organization must report on Schedule O			
- 1	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			
	c Enter the amount of reserves on hand	1		N. É
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14a	 	 ``
AA			990 (L 2016)
	- ILLAURO FITRICIO		'	,,,,,

Partivisi Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year. 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 1 a b Enter the number of voting members included in line 1a, above, who are independent . . . 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 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision Χ of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents Χ 4 5 Χ Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х 8 b Χ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.......... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Χ 12c Χ 13 Χ 14 14 Did the organization have a written document retention and destruction policy?.......... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a a The organization's CEO, Executive Director, or top management official Χ 15b 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? . . . 16 a 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Other (explain in Schedule O) Another's website Upon request 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 State the name, address, and telephone number of the person who possesses the organization's books and records Erin Carney (469) 587-0420

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Metrocrest Chamber of Commerce

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Page 7

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1 a 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

				(C)		_				
(A) Name and Title	(B) Average hours per	than	Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable Reportable compensation from compensation from			(F) Estimated amount of other compensation				
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Sheryl Giles	5.00							-		
Chairman		Х						0.	0.	0.
(2) Linda Rutherford Past Chair	2.00	X						0.	0.	0.
(3) Mark Glenn Chair-Elect	2.00	Х						0.	0.	0.
_(4) Jim_Weichel Director - Treasurer	_2.00	Х				:		_0.	0.	0.
(5) Steve Babick Ex-Officio- Carrollton	1.00	Х						0.	0.	0.
(6) Bob Phelps Ex-Officio-Farmers Branch	_1.00	Х						0.	0.	0.
_(7) Dale Wilcox Ex-Officio- Addison	_1.00	х						0.	0.	0.
(8) Dr. Bobby Burns Ex-Officio- CFBISD	1.00	Х						0.	0.	0.
(9) Dr. Thom Chesney Ex-Officio- Brookhaven College	1.00	х						0.	0.	0.
(10) Tina Amin Director	1.00	Х						0.	0.	0.
(11) Mary Ann Burns Director	_1.00	х						0.	0.	0.
(12) Sally Dyess Director	_1.00	х						0.	0.	0.
(13) Kimberly Hilley Director	1.00	х						0.	0.	0.
(14) Josephus Howard Director	1.00	x						0.	0.	0.
	<u> </u>			_	_	-	_			Farm 000 (2016)

Ran VII Section A. Officers, Directors, Tru		\ey				es, a	anu	nighest Con	ipensateu Em	pioyees (continuea)
(A) Name and title	(B) Average hours	box,	unle:	heck ss pe	ition more	than o	an	(D) Reportable	(E) Reportable	(F) Estimated
	per week (list any hours for related organiza - tions below dotted line)	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(15) Rhonda Ogden Director	1.00_	Х						0.	0	. 0.
(16) Jan Rugg Director	1.00_	Х						0.	0	
(17) Bill Thomas Director	1.00	Х						0.	0	
(18) Erin Carney President	100.00	X		Х		x		73,325.	0	
(19)						**		13,323.		
(20)	 									
(21)	 -			-						+
(22)										
(23)	 									1
(24)	 								<u> </u>	
(25)										
1 b Sub-total	<u> </u>	<u> </u>		<u></u>	<u> </u>	<u>.</u> .	>	73,325.	0	0.
c Total from continuation sheets to Part VII, Section							>			
d Total (add lines 1b and 1c)							eive	73,325. d more than \$100,	0 000 of reportable o	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdual		٠.	•			•			Yes No X X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	han \$150.	0007	nsat If 'Y	tion 'es,'	and con	other	CO SC	mpensation from hedule J for		4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or a services rendered to the organization?										5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensal	ted indepe	nden	t co	ntra	ctors	that	rec	eived more than \$	100 000 of	
compensation from the organization Report compe	ensation fo	r the	cale	nda	г уе	ar en	ding	with or within the	organization's tax	·
(A) Name and business addre	ess				_			Description of		(C) Compensation
						_				
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin	nıted	to th	nose	e list	ed ab	ove) who received mo	re than	

Check if Schedule O contains a response or note to any line in this Part VIII										
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Prederated campaigns	129,594. 49,875.							
<u>2 8</u>		Total. Add lines 1a-1f		179,469.	r William Dieself					
Program Service Revenue	2 2	17 1 5	Business Code		10 100					
ě	2 a		900099	16,160.	16,160.	0.	0.			
Se F			900099	18,185.	18,185.	0.	0.			
Š	4		900099	33,622.	33,622.	0.	0.			
Š		Gen. Membership Lunch Mtgs		32,373.	32,373.	0.	0.			
Ta L		Leadership Development All other program service revenue	900099	18,120.	18,120.	0.	0.			
Š		Total. Add lines 2a-2f		23,727.	23,727.	<u>U.</u>	0.			
	3	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt b	interest and	142,187.	96.	0.	0.			
	5	Royalties								
	b	Gross rents	(ii) Personal							
		Net rental income or (loss)								
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis	(ii) Other							
	_	and sales expenses			eg Frag	24				
		Gain or (loss)								
Other Revenue		Gross income from fundraising events (not including. \$								
ě		of contributions reported on line 1c)	1							
F.		See Part IV, line 18					4.5			
롿			b l 1,168.	· · · · · · · · · · · · · · · · · · ·						
δ		Net income or (loss) from fundraising ever Gross income from gaming activities See Part IV, line 19	ar	21,167.		0.	21,167.			
	b	Less direct expenses	b							
	С	Net income or (loss) from gaming activities	es. ,							
			a b							
		Net income or (loss) from sales of invent			A STATE OF THE STA	**************************************	<u> </u>			
İ	Miscellaneous Revenue Business Code		55 (A. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Anna an Earline					
	11 a									
	b									
	C		 							
	d	All other revenue								
	е	Total. Add lines 11a-11d				JAN 1152-11				
_	12	Total revenue. See instructions	<u></u> .	342,919.	142,283.	0.	21,167.			

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Part IX Statement of Functional Expenses

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
2	Grants and other assistance to domestic individuals See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				19.3 年 持 起 19.3 年 19.3 年 19.4 年 19.4 年 19.4 年 19.4 年 19.4 年 19.4 年 19.4 年 19.4 年 19.4 年 19.4 年 19.4 年 19.4 年 19.4 年 19.4 年 19.					
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	71,225.	64,103.	7,122.						
6	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	46,608.	37,286.	9,322.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	9,371.		9,371.						
10	Payroll taxes			9,410.						
11	Fees for services (non-employees)									
	Management									
ı	Legal	4,398.		4,398.						
(Accounting		-	34,028.	_					
(Lobbying									
•	Professional fundraising services See Part IV, line 17		14.000000000000000000000000000000000000	To the Section of the						
1	Investment management fees									
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)									
12	Advertising and promotion	2,832.		2,832.						
13	Office expenses	7,269.		7,269.						
14	Information technology	9,822.		9,822.						
15	Royalties									
16	Occupancy	48,560.		48,560.						
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	886.		886.						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	7,607.		7,607.						
23	Insurance	6,414.		6,414.						
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)				\$4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
а	Other Program Exp.	71,545.	71,545.							
t	Clerical Labor	10.548.		10.548.						
	Other	15,529.		15.529.						
d										
e	All other expenses									
25	Total functional expenses Add lines 1 through 24e.	356,052.	172,934.	183,118.						
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									
	SOP 98-2 (ASC 958-720)									
BAA	 	TEEA0110 11	/16/16		Form 990 (2016)					

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BAA

64,546.

Form 990 (2016)

75,567

34

Part X Balance Sheet (B) (A) Beginning of year End of year 18,785 1 15,300. 2 26,418. 26,488. 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule I. 5 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 7 8 9 284 284 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10 b 13.546 25,589 10 c 17,983 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 15 3,491 15 3,491 Total assets. Add lines 1 through 15 (must equal line 34) 75,567 16 16 64,546. 17 17 83 18 18 19 12,367 19 14,867 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 38,631 23 38,326 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 26 53 193 Total liabilities. Add lines 17 through 25..... 081 Organizations that follow SFAS 117 (ASC 958), check here ► and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets....... 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Net Assets 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 24,486 11,353 33 24,486 33 11,353.

TEEA0111 11/16/16

For	m 990 (2016) Metrocrest Chamber of Commerce	1047178		Pag	e 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	<i>.</i>	<u></u>	<u></u>	Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	34	12,91	9.
2	· · · · · · · · · · · · · · · · · · ·	2	35	6,05	<u> 2.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		13,13	<u>33.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,48	<u>36.</u>
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					
<u> </u>	column (B))	10		11,35	<u>53.</u>
Ra	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		Ш
		_		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				
	ın Schedule O		33		انتثا
2	a 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	ſ			
	separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis			ШЦ	
					3.7
	b Were the organization's financial statements audited by an independent accountant?		2 b	(* 18.38 - 18.4 - 1	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			is i	
	c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud	lıt,	- Xex		
	review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		i.		
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	_ 3 b		
D A .	A		Earm	990 /2	016\

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Metrocrest Chamber of Commerc	e		7.5	.1047170	
Ďai	⊕ Organizations Maintaining Donor A		har Similar Fund		1047178	
Letel	Complete if the organization answere	d 'Yes' on Form 990.	Part IV. line 6	S OF ACCOUNT	its.	
		(a) Donor advised	· · · · · · · · · · · · · · · · · · ·	(b) Funde	and other accou	inte
1	Total number at end of year	(a) Donor advised	iulius	(b) r drids	and other accou	11113
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					···
4	Aggregate value at end of year	 _				
	•		<u> </u>		·	
5	Did the organization inform all donors and donor adv are the organization's property, subject to the organization	zation's exclusive legal cor	itrol?		· · Yes	No
6	Did the organization inform all grantees, donors, and for charitable purposes and not for the benefit of the impermissible private benefit?	donor advisors in writing t donor or donor advisor, or	hat grant funds can be for any other purpose	e used only conferring	· · Tyes	No
<u>Pai</u>	Conservation Easements. Complete if the organization answere	d 'Yes' on Form 990,	Part IV, line 7			
1	Purpose(s) of conservation easements held by the o	rganization (check all that	apply)			
	Preservation of land for public use (e g , recreati	on or education)	Preservation of a	historically impo	ortant land area	
	Protection of natural habitat		Preservation of a	certified historic	structure	
	Preservation of open space		ليسيا			
2	Complete lines 2a through 2d if the organization held	d a qualified conservation of	contribution in the form	of a conservati	on easement on	the
	last day of the tax year					
	Tatal acceptance of a second acceptance of			8387373	at the End of th	e Tax Year
	Total number of conservation easements			2 a		
	Total acreage restricted by conservation easements			2 b		
	Number of conservation easements on a certified his			2 c		
(Number of conservation easements included in (c) a structure listed in the National Register	cquired after 8/17/06, and	not on a historic	2 d		
3	Number of conservation easements modified, transfer				during the	
	tax year ►					
4	Number of states where property subject to conserve	ation easement is located	<u> </u>			
5	Does the organization have a written policy regarding and enforcement of the conservation easements it he	olds?				No
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violation	ons, and enforcing con	servation easen	nents during the	year
7	Amount of expenses incurred in monitoring, inspectin ► \$	ng, handling of violations, a	and enforcing conserve	ation easements	during the year	
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requ	rements of section 17	'0(h)(4)(B)(ı)	Yes	No
9	In Part XIII, describe how the organization reports co- include, if applicable, the text of the footnote to the o- conservation easements	onservation easements in it organization's financial state	s revenue and expensements that describes	se statement, ar the organization	nd balance sheet n's accounting fo	, and or
ar	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historica d 'Yes' on Form 990,	I Treasures, or O Part IV, line 8	ther Similar	Assets.	
1 a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial sta	or public exhibition, educa	tion, or research in fur	ement and balar therance of pub	nce sheet works lic service, provi	of de,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p following amounts relating to these items	116 (ASC 958), to report ublic exhibition, education	in its revenue stateme or research in further	ent and balance s rance of public s	sheet works of a ervice, provide t	rt, he
	(i) Revenue included on Form 990, Part VIII, line 1				.▶\$	
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, histoamounts required to be reported under SFAS 116 (A	SC 958) relating to these i	tems			
а	Revenue included on Form 990, Part VIII, line 1				.►\$	
b	Assets included in Form 990, Part X				.▶\$	

Schedule D (Form 990) 2016 Metro	ocrest Chamber	of Comme	cce	75-104	7178 Page
Part III Organizations Mainta				r Other Similar Ass	sets (continued)
Using the organization's acquisition items (check all that apply)	n, accession, and othe	er records, check	any of the following that	are a significant use of i	ts collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other			
c Preservation for future general	tions	- Ш			
4 Provide a description of the organi		d explain how the	y further the organization	on's exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather that	on solicit or receive do n to be maintained as	nations of art, his part of the organ	storical treasures, or other	er sımılar assets	Yes No
Escrow and Custodia line 9, or reported an a	Arrangements. mount on Form 99	Complete if the Pot Part X, line	ne organization ans e 21.	wered 'Yes' on Forn	n 990, Part IV,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian or other	intermediary for o	contributions or other ass	sets not included	
				• • • • • • • • • • • • • • • • • • • •	∐ Yes
b If 'Yes,' explain the arrangement in	Part XIII and complet	e the following ta	ble		
					Amount
c Beginning balance	• • • • • • • • • • • • • • • • • • • •			1c	
d Additions during the year				1d	
e Distributions during the year				. 1 e	
f Ending balance				1f	
2 a Did the organization include an arr	nount on Form 990, Pa	art X, line 21, for	escrow or custodial acco	ount liability?	Yes No
b If 'Yes,' explain the arrangement in					
Part V Endowment Funds. C	omplete if the org	anization ans	wered 'Yes' on Forr	n 990, Part IV, line	10
	(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities					
and programs					
f Administrative expenses					
g End of year balance					
2 Provide the estimated percentage	of the current year end	d balance (line 1ç	j, column (a)) held as		
a Board designated or quasi-endowr	nent ►	96			
b Permanent endowment ►	96				
c Temporarily restricted endowment	>	96			
The percentages on lines 2a, 2b, a		00%			
3 a Are there endowment funds not in organization by			are held and administe	red for the	Yes No
(i) unrelated organizations (ii) related organizations					· 3a(i)
b If 'Yes' on line 3a(ii), are the relate	_	•			. 3b
4 Describe in Part XIII the intended i		on's endowment f	unds		
Part VI Land, Buildings, and					
Complete if the organiz	ation answered 'Y	es' on Form	990, Part IV, line 11	a. See Form 990, P	art X, line 10.
Description of property	(a) Cost	or other basis	(b) Cost or other	(c) Accumulated	(d) Book value

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	-			
b Buildings				
c Leasehold improvements				
d Equipment		22,384.	7,705.	14,679.
e Other		9,145.	5,841.	3,304.
otal. Add lines 1a through 1e (Column (d) must equa	al Form 990 Part X colur	nn (B) line 10c)		17.983.

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Schedule D (Form 990) 2016

Part VIII Investments — Other Securities. Complete if the organization answered	'Ves' on Form 000	Part IV line 11b See Form 990	Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	
(1) Financial derivatives		<u> </u>	
(2) Closely-held equity interests			
(3) Other			
/Δ\	-		
(B)			
(C)			
(D)			
(E)			
(F)			
(G)	-		
(H)			
<u>(l)</u>	-	· · · · · · · · · · · · · · · · · · ·	
Total (Column (b) must equal Form 990, Part X, column (B) line 12)			545.
Part VIII Investments — Program Related.	<u> </u>		
Complete if the organization answered	'Yes' on Form 990,	Part IV, line 11c See Form 990,	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or en	
(1)			
(2)			
(3)			
(4)		_	
(5)			
(6)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13)	>		lease the state of
Part IX Other Assets.	'Voo' on Form 000	Dot IV line 11d See Form 000	Dort V June 15
Complete if the organization answered	Description	Part IV, line 11d. See Form 990	(b) Book value
(1) Other Assets			3,491.
(2)			
(3)			
_(4)			
(5)			
(6)			
	<u> </u>		
(8)			
(9)			
(10)			2 401
Total. (Column (b) must equal Form 990, Part X, column (B)	iine 15)		▶ 3,491.
PartiX Other Liabilities. Complete if the organization answered 'Yes' on	Form 000 Part IV line	11e or 11f See Form 990 Part V line 2)5
(a) Description of liability	(b) Book value		
(1) Federal income taxes	(5) 500. 10.00		
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)		ne de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo			liability for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnot	e has been provided in Part X		

Schédule D (Form 990) 2016 Metrocrest Chamber of Commerce	•	75-1047178	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemen		Return.	
Complete if the organization answered 'Yes' on Form 990, Part	t IV, line 12a		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		38 j	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses pe	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part			
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
h Other (Describe in Bort VIII.)	4 1-		

Part XIII Supplemental Information.

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . .

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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Schedule **D** (Form 990) 2016

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			Employer identification number		
Metrocrest Chamber of Commerce			75-1047178		
		icts as part of their			
	Pt VI, Line 12c	induction to the Board.			
The Board Executive Committee reveiws compensation levels in compa					
	Pt VI, Line 15a	I, Line 15a to other area known positions.			
		The CEO and Board Executive Committee reveiw com	npensation levels in		
	Pt VI, Line 15b	comparison to other area known positions.			
		The Board members have access to review the tax	return any time during		
		normal business hours. The return is also provide	ded at the first Board		
	Pt VI, Line 11b	meeting following it's completion and filing.			