# C&EReturn of Organization Exempt From Income Tax

QQQ Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	A	For the	2017 cale	endar year, or tax year beginning	, 20	17, and end	ding		, 20
	В	Check if	applicable	C Name of organization Metrocre	est Chamber of Comm	erce		D Employ	er identification number
		Address		Doing business as				75-1	047178
		Name ch	-	E Telepho	ne number				
	$\overline{}$	Initial ret	_	2550 Midway Rd		240		(469	)587-0420
			m/terminated	City or town, state or province, coun	ntry, and ZIP or foreign postal code			( 3 0 3	700.0120
				Carrollton, TX 7500				<b>G</b> Gross re	eceipts \$ 402,064.
	_	Amende					1		subordinates? Yes No
	ш	Applicati	on pending			my .7f			
				Erin Carney, 2550 Midwa					s included / L. Yes L. No a list (see instructions)
			npt status	501(c)(3) X 501(c) (	6) <b>4</b> (insert no ) ☐ 4947(a)(1	) or LJ <u>527</u>	<del>^_</del>		
		Website		I/A	. 🗆 👊		<del></del>	exemption	
	$\overline{}$			Corporation Trust Associa	tion Other >	L Year of form	nation 196	8 M State	of legal domicile TX
	L	art I	Summ				<del>_</del>		<del></del>
	_	1		escribe the organization's miss					r our members by providing
	Activities & Governance			ms, resources, and s					
	<u>n</u>			ment and citizens re					
	Ver	2		his box $ ightharpoonup \square$ if the organization (				1 :	
	ဗိ	3	Number of	of voting members of the gove	rning body (Part VI, line 1a)			3_	17_
	ಶ	4	Number of	of independent voting member	rs of the governing body (Pa	rt VI, line 1	b)	4	17
	ţį	5		mber of individuals employed ir				5	
	ξį	6	Total nun	mber of volunteers (estimate if i	necessary)			6	150
6	Ac	7a	Total unre	elated business revenue from l	Part VIII, column (C), line 12			7a	0.
2019		b	Net unrel	lated business taxable income	from Form 990-T, line 34	<u></u>		7b	0.
							Prior Y	ear	Current Year
0 7	4	8	Contribut	tions and grants (Part VIII, line	1h) RECEIVED		17	9,469.	249,187.
	ğ	9		service revenue (Part VIII, line)		SC		2,187.	129,488.
MAR	Revenue	10	Investme	ent income (Part VIII, column (A	iΩihesI3O4/ aida Itαν Ω18.	이		96.	17.
$\geq$	æ	11	Other rev	venue (Part VIII, column (A), line	es 5. 6d. 8c-9c-10c. and 1	<u>د ا ۱۵۵</u>	2	1,167.	3,109.
		12	Total reve	enue-add lines 8 through 11 (n	nust equal Part-VIII. column (	A). ine 12)		2,919.	381,801.
SCANNED		13		nd similar amounts paid (Part				-,	·
3		14		paid to or for members (Part IX		<del></del>			
$\leq$		15		other compensation, employee t		nes 5-10)	13	6,614.	153,784.
3	Še	16a		onal fundraising fees (Part IX, c				<u> </u>	
ഗ്	Expenses	b		draising expenses (Part IX, coli		0.			
	Ä	17		penses (Part IX, column (A), line			21	9,438.	202,240.
		18		penses. Add lines 13-17 (must		 na 25)		6,052.	356,024.
		19	•	less expenses. Subtract line 1				3,133.	25,777.
	- s		nevenue	less expenses. Subtract line 1	8 HOITI III   12	<u> </u>	Beginning of Co		End of Year
	ts or		Tatal ass	esta (Dart V. lina 16)				4,546.	77,893.
	Sse	20		sets (Part X, line 16)				3,193.	40,763.
	Net Assets o Fund Balance	21		oilities (Part X, line 26)		· · · ·			37,130.
		22		ts or fund balances. Subtract li	ine 21 from line 20	<u> </u>	1	1,353.	37,130.
		art II		ture Block					
	Und	der pena	Ities of perju	ry, I declare that I have examined this r lete Declaration of preparer (other than	return, including accompanying scho officer) is based on all information o	edules and sta of which prepa	atements, and to t arer has any know	ne best of r ledge	my knowledge and bellet, it is
			1, 4,10 00	tion Booking of property					
	ei		<u></u>	nature of officer	~ <del>~~~</del>		l_ Di	<u> // /////////////////////////////////</u>	<u> </u>
	Sig		(	(			D.	110	
	He	re		in Carney, President					
			1 /	e or print name and title	Desperado exercisione		Dete	<del>- 1</del>	PTIN
	Pa	id	- 1	pe preparer's name	Preparer's sygnature Mouska	W, CPA	Date 11/15/18	Check	
		epare	Scott	t A. Marshall	Scott A. Marshall				ployed P00491892
		e Onl		name ► SCOTT MARSHALL	AND ASSOC. CPAS				75-2431235
			Firm's a	address ▶ 4575 Westgrove			75001 Pho	one no (9	72) 835-4550
	Ma	y the IF	RS discuss	s this return with the preparer s	shown above? (see instruction	ons)	<u> </u>	<u> </u>	X Yes No
	E^-	Danon	vork Bodu	ection Act Notice, see the senara	to instructions DAA		REV 10/16/18 PRO		Form <b>990</b> (2017)

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

REV 10/16/18 PRO

Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	'Briefly describe the organization's mission:
	To create economic prosperity for our members by providing programs, resources, and support that assist and benefit business,
	government and citizens resulting in a vibrant place to live and work.
	government and extracting in a vibrant place to live and work.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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
	services?
	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.
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 59,250. including grants of \$ ) (Revenue \$ 55,500.)
	Economic Development activities which include promoting existing
	businesses and marketing to prospective businesses for the overall
	economic benefit of the service area.
4b	(Code ) (Expenses \$ 19,647. including grants of \$ ) (Revenue \$ 23,251.)
40	The Chamber conducts general membership luncheons and Women's Business
	Forum luncheaons with speakers addressing topics of community and business
	interest, including legislative updates and other local interest updates.
	In 2017, approximately 1113 attended these meetings.
4c	(Code: ) (Expenses \$ 12,866. including grants of \$ 16,355.) (Revenue \$ )
	The annual banquet provides the opportunity for Chamber members to
	network, review the accomplishments of the Chamber, and to present Chamber and community awards to members. Attendance at the 2017 Banquet
	was approximately 228. Additional networking meetings are conducted
	during the year in various formats such as Metrocrest Connects,
	and business skills development workshops.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 91,992. including grants of \$ ) (Revenue \$ 35,583.)
4e	Total program service expenses ► 183.755.



Part	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,"		res	
	complete Schedule A	1		×
2 3	Is the organization required to complete <i>Schedule B</i> , <i>Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	×	
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
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,	4		
_	Part III	5		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	D. I. II	11a	×	
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	-	×
	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		×
	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	×	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		×
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		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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		×
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		×
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		×
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		×
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	-	×
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		×

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
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		×
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		×
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		
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		X
<b>24</b> a	\$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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ì		
	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		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		<b>├</b> ^
ZI	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			F
	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		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		×
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	00-		
00		28c 29		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		┢
30	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		×
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		×
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		×
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		
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		<del>  ^</del>
-	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			t
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	L	L
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		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	00		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~ <b>aa</b> n	1 (0047

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<del>· · · · :</del>	Yes	. L No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	o ličeni		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	o l		
C	Did the organization comply with backup withholding rules for reportable payments to vendors	and		
	reportable gaming (gambling) winnings to prize winners?	· 1c	×	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Tr.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	×	
_	<b>Note.</b> 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?	. <u>3a</u>		×
b_	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author			
	over, a financial account in a foreign country (such as a bank account, securities account, or other finan account)?	_		
b	If "Yes," enter the name of the foreign country	· 4a	and the state of	X
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	unte		
	(FBAR).	1113		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a	. i.gw.c.inb.i	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			×
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 solicit any contributions that were not tax deductible as charitable contributions?	. 6a	ļ	×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions			
_	gifts were not tax deductible?	. 6b	िव (जीवराज्यसम्बद्धाः स्थान	1,840,050
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	nde 🏥		
•	and services provided to the payor?	7a		1405
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7a	_	_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			_
	required to file Form 8282?	. 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	W. T.		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require			<del> </del>
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		North 2	atensia Valenta
u	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by sponsoring organization have excess business holdings at any time during the year?	. 8		
9	Sponsoring organizations maintaining donor advised funds.			2018
а	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a	an homen sec	3500638
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. 9b		
10	Section 501(c)(7) organizations. Enter:			7.2
а	Initiation fees and capital contributions included on Part VIII, line 12			i h
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	+41
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.)			8
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? <b>12</b> a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	: 128		Y. C.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		T PUMB
	Note. See the instructions for additional information the organization must report on Schedule O.	2014	Min	STAUS
b	Enter the amount of reserves the organization is required to maintain by the states in which	445		
	the organization is licensed to issue qualified health plans	##		
С	Enter the amount of reserves on hand	<b>1648</b> 1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a		×
h	If "Vas " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	1	(

Part				
,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI			ons.
Section	on A. Governing Body and Management	<u> </u>		
			Yes	No
1a	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.			
b 2	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	ili: latoit	×
. 3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		× _
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  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?	4 5 6		x x x
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		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b	The governing body?	8a 8b	×	
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	<u> </u>	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	47,510		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	×	
С	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 14 15	Did the organization have a written whistleblower policy?	13	×	×
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b 15a 16a	×	×
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		
	on C. Disclosure			
17 18	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 available for public inspection. Indicate how you made these available Check all that apply.	501(	c)(3)s	only)
19	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and received Carney, 2550 Midway Rd. Ste 240, Carrollton, TX 75006 (469) 587-0420	cords:		

Part VII	Compensation of Officers, Directors, Trus	tees, Key Employees,	Highest Compensated Employees, a	and
	Independent Contractors			

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.

☐ Check this box if neither the organization no	r any relate	d orga	anız	atic	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.	
(A) Name and Title	(B) Average hours per	do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other	
	hours for or o		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations						
(1) Sheryl Giles Chairman & Past Chair	5.00	×						0.	0.	0.	
(2) Mark Glenn Chair-Elect	2.00	×					:	0.	0.	0.	
(3) Josephus Howard Director - Treasurer	2.00	×						0.	0.	0.	
(4) Glen Blanscet Ex-Officio- Carrollton	1.00	×				<u> </u>		0.	0.	0.	
(5) Robert Dye Ex-Officio-Farmers Branch	1.00	×						0.	0.	0.	
(6) Ivan Hughes Ex-Officio- Addison	1.00	×						0.	0.	0.	
(7) Tom Braun Ex-Officio- Addison	1.00	×			_			0.	0.	0.	
(8) Angela Brown Ex-Officio- CFBISD	1.00	×						0.	0.	0.	
(9) Kronda Thimesch Ex-Officio- Lewisville ISD	1.00	×						0.	0.	0.	
(10) Dr. Thom Chesney Ex-Officio- Brookhaven College	1	×						0.	0.	0.	
(11) Tina Amın Director	1.00	×						0.	0.	0.	
(12) J. T. Barnhart Director	1.00	×						0.	0.	0.	
(13) Jerry Bates Director	1.00	×						0.	0.	0.	
(14)Carol Blair Director	1.00	×						0.	0.	0.	

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per week (list any	box, office	unies	Pos neck ss pe	erson is both an director/trustee) Repo		(D)  Reportable compensation from	(E)  Reportable compensation from related	<b>(F)</b> Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
	ry Ann Burns	1.00									
	rector tie Coldwell	1 00	×	<u> </u>	-				0.	0.	0.
	rector	1.00	×						0.	0.	0.
	ally Dyess	1.00									
	rector		×						0.	0.	0.
(18) Ke	lsey Head	1.00									
	rector		×						0.	0.	0.
	arles Heath	1.00									
	rector	1 00	×					_	0.	0.	0.
	mberly Hilley rector	1.00	×				l	}	0.	0.	0.
	onda Ogden	1.00								· · · · · · · · · · · · · · · · · · ·	
	rector	1	×						0.	0.	0.
<b>(22)</b> Ja	n Rugg	1.00					_				
D1	rector		×						0.	0.	0.
<b>(23)</b> Bi	ll Thomas	1.00								-	
	rector		×						0.	0.	0.
	m Weichel	1.00									•
	rector	100 00	×	Н					0.	0.	0.
	in Carney esident	100.00	×		×		×		78,973.	0.	0.
	Sub-total					I		<b>_</b>	78,973.	0.	0.
	Total from continuation sheets to Part	VII. Sectio	n A			· 		<b>•</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
								<b></b>	78,973.	0.	0.
2	Total number of individuals (including but		to th	ose	list	ed a	above	e) w	ho received m	ore than \$100,00	0 of
	reportable compensation from the organi	zation >									<del></del>
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5	-				-	-	mp	loyee, or high	est compensate	d 3 ×
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	portat	ole d	com	per	isatio				e h
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individua	
Section	n B. Independent Contractors	ii res, c	Unpi		3011	Cau	10 0 1		acri persori	· · · · · ·	5   ×
1	Complete this table for your five highest of compensation from the organization. Replyear.										
	(A) Name and business add	ress							(B) Description of so	ervices	(C) Compensation
					-						
					_						
2	Total number of independent contracto	rs (includin	ng bu	t no	ot li	mite	ed to	th	ose listed abo	ve) who	

received more than \$100,000 of compensation from the organization ▶

Par	VIII	Statement of Revenue										
		Check if Schedule O	contains a	a res	ponse or note t			<u>.</u>	<u> </u>			
	(U)					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
ts	1a	Federated campaigns	3	1a		20.725186		a and the second				
is, Grants Amounts	b	Membership dues .	[	1b	158,320.	100	14	25.0	40.55			
	С	Fundraising events .		1c								
Gifts, ilar Ar	d	Related organizations		1d								
ini Ti	е	Government grants (con		1e	90,867.			City (unjust as a fingle)				
tio er S	f	All other contributions, g	_									
혈美		and similar amounts not inc		1f		and a second	No.	and the property of the second	CP to the relation of the			
Contributions, Gift and Other Similar	g	Noncash contributions include				040 103			200			
	h	Total. Add lines 1a-1	† <u></u>		Business Code	249,187.						
Program Service Revenue		7				16 255	16 255	0.	0.			
eve	2a	Annual Banquet			900099	16,355. 13,920.	16,355. 13,920.	0.	0.			
8	b	EXPO Trade Fai			900099	23,680.	23,680.	0.	0.			
Ž	C	Womens Bus. Fo Gen. Membership			900099	25,451.	25,451.	0.	0.			
Š	d e	Leadership Dev			900099	20,108.	20,108.	0.	0.			
grar	•	All other program ser			300033	29,974.	29,974.	0.	0.			
P.	g	Total. Add lines 2a-2				129,488.						
	3	Investment income and other similar amo	(including ounts) .	dıvıd 	•	17.	17.	0.	0.			
	5	Royalties	(ı) Heal		(II) Personal			and the state of t				
	6a	Gross rents						Barrielle.	and a garage			
	b	Less. rental expenses					Extra 14					
	C	Rental income or (loss)	<u></u>						3.72			
	d	Net rental income or ( Gross amount from sales of	(IOSS) . (i) Securiti		(ii) Other	Latendate weather	PAREDUCTARRES		Nath designations			
	7a	assets other than inventory	(i) decariti		(ii) Gales		100	10,000				
	b	Less: cost or other basis			<del> </del>		7.6					
		and sales expenses .					4.5					
	c	Gain or (loss)				diamentum apatintum a	and an analysis of the same and	=офий - 19 мин — 19	nglinha arasing isang diagnasina ng m			
	d	Net gain or (loss) .			>	Kamara ana ana						
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reported	5,000 ed on line 10									
je.			<i>.</i>	· a				46.5				
ᅙ	b	Less: direct expenses		. b	20,263.	\$1474.5°	4					
	9a	Net income or (loss) f Gross income from ga See Part IV, line 19		ties.		3,109.		0.	3,109.			
	ь	Less: direct expenses	3	. b								
	С	Net income or (loss) f			ivities ▶							
	10a	Gross sales of in returns and allowance		ess · a			on Keek me diamenta and addition					
	b	Less: cost of goods s		. ს			iiiilliiliiliiliiiiiiiiiiiiiiiiiiiiiii		V75 Tunion though in the influence of th			
	С	Net income or (loss) f		of inv	<del></del>	STANDARD STANDARD STANDARDS	Process where A IVI and a committee of P	Termine in the area and all the second at th	STATE AND THE SECOND STATE OF THE SECOND STATE			
		Miscellaneous R	Revenue		Business Code	COURT STOCK COUNTY						
	11a		·									
	b					· · · · · · · · · · · · · · · · · · ·			-			
	С	All _Ab							-			
	d	All other revenue .	114	•			NOW AND		A COLUMN TO THE SECOND			
	e Total. Add lines 11a-11d			381,801.	129,505.	0.	3,109.					

## 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								
	of include amounts reported on lines 6b, 7b, o, 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							
2	Grants and other assistance to domestic individuals. See Part IV, line 22			A CONTRACTOR OF THE PROPERTY O				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16			1000				
4	Benefits paid to or for members				<b>问她会表外操作的动物</b>			
5	Compensation of current officers, directors,							
	trustees, and key employees	78,973.	71,076.	7,897.	0.			
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	47,000.	37,600.	9,400.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits	17,863.		17,863.				
10	Payroll taxes	9,948.		9,948.				
11	Fees for services (non-employees):							
a	Management			-				
b	Legal	7,795.		7,795.				
d	Lobbying			1,155.				
e	Professional fundraising services. See Part IV, line 17				<u>-</u>			
f	Investment management fees		hamped and the function of the	SELECTION OF CAREER SPECIAL SECTION SELECTION				
g	Other. (If line 11g amount exceeds 10% of line 25, column			-				
	(A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion	7,493.		7,493.				
13	Office expenses	9,379.	<u> </u>	9,379.				
14	Information technology	10,173.		10,173.				
15	Royalties			50 455				
16	Occupancy	50,457.	<u> </u>	50,457.				
17 18	Travel		_					
19	Conferences, conventions, and meetings .							
20	Interest	2,158.		2,158.				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .	5,945.		5,945.	-			
23	Insurance	4,778.	APPERATE AND ADMINISTRAÇÃO SE	4,778.	Turonganoso porgos (2000a) i Crigoda construiu sasua			
24	Other expenses Itemize expenses not covered			220				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	ACMESTS OF SUPPLY						
	(A) amount, list line 24e expenses on Schedule O.)	a Baabayka 1971						
, a	Other Program Exp.	75,079.	75,079.	annian Spiringanan Seria Siriya (1887)	HORE THE PROPERTY OF THE PARTY			
a b		11,363.	73,019.	11,363.	<u> </u>			
C	Clerical Labor Other	17,620.		17,620.				
ď		1,,020.		1,,020.				
e	All other expenses			-				
25	Total functional expenses. Add lines 1 through 24e	356,024.	183,755.	172,269.	0.			
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    if following SOP 98-2 (ASC 958-720)							

_					
P	art X				<del></del>
		'Check if Schedule O contains a response or note to any line in this Pa		<del></del>	· · · · · · · ·
	·		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing `	15,300.	1_	34,593.
	2	Savings and temporary cash investments	26,488.	2	26,488.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	The Control of the Co	4	Second of the Control
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	was a submitted a light from the form of the submitted and the sub	5	្ត្រាស់ មានក្រុមក្រុមក្រុមក្រុមក្រុមក្រុមក្រុមក្រុម
	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		an manual Companya	A TOP OLEM PROPERTY OF THE PRO
Assets	,			7	
455	7	Notes and loans receivable, net	<del></del>	8	<del> </del>
•	8		1,284.	9	1,284.
	10a	Prepaid expenses and deterred charges	1,204.		1,204.
		other basis. Complete Part VI of Schedule D 10a 31, 529.			and the second of the second o
	ь	Less: accumulated depreciation 10b 19,492.	17,983.	10c	12,037.
	11	Investments—publicly traded securities	21,75501	11	12,001
	12	Investments—other securities. See Part IV, line 11		12	-
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,491.	15	3,491.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	64,546.	16	<sub>!</sub> 77,893.
	17	Accounts payable and accrued expenses		17	2,755.
	18	Grants payable		18	
	19	Deferred revenue	14,867.	19	0,
	20	Tax-exempt bond liabilities		20	· - ·
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	1777-27-28-SERVERSHIP (SERVERSHIP) (SERVERSHIP)	21	O CONTRACTOR STREET
Liabilities	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		22	
	23	Secured mortgages and notes payable to unrelated third parties	38,326.	23	38,008.
,	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	Total liabilities. Add lines 17 through 25	53,193.	26	40,763.
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28_	
Net Assets or Fund Balances	29	Permanently restricted net assets	remodelinguistis in the subtractions	29	
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund $\cdot$ , $\cdot$ .		31	
Ţ	32	Retained earnings, endowment, accumulated income, or other funds .	11,353.	32	37,130.
Se	33	Total net assets or fund balances	11,353.	33	37,130.
	24	Total liabilities and not exects/fund belonges	61 516	24	77 993

Form **990** (2017)

Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u></u>	. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		381,8	301.
2	Total expenses (must equal Part IX, column (A), line 25)	2		356,0	024.
3	Revenue less expenses. Subtract line 2 from line 1	3		25,7	777.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		11,3	353.
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		37 <u>,</u> 1	130.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>	<del></del>	<u>, 🗆</u>
1	Accounting method used to prepare the Form 990.  Cash  Accrual  Other from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting from a prior year or checked "Other," expected to the organization changed its method of accounting the organization changed its met	plaın ı	ın 🤾	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:				×
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant? . ´  If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	 ed on	. <b>2b</b> a		×
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overoff the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	? <u>2</u> c	i i i i i i i i i i i i i i i i i i i	24.1
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plaın ı	n		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth ı 	in <b>3a</b>		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	rgo th udits.	e <b>3b</b>		
			r-	<u>aan</u>	(004.7

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 75-1047178 Metrocrest Chamber of Commerce Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Addregate value at end of year . . . . . . 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

REV 10/16/18 PRO

Page	2

Par	t III Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	k any of the	followin	ng that are a sig	gnificant u	use of its
а	☐ Public exhibition		d	☐ Loan	or exchange	progran	ms		
b	☐ Scholarly research				_	_			
С	☐ Preservation for future generation	s							
4	Provide a description of the organization.		and expl	ain how t	hey further th	e orgar	nization's exem	pt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rathe								. □ No
Par	Escrow and Custodial Arra	angements.					<del></del>		
	Complete if the organization 990, Part X, line 21.	n answered "Yes"					-		Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							_	□ No
b	If "Yes," explain the arrangement in F	art XIII and comple	ete the fo	ollowing ta	able		Am	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line	21, for e	scrow or cus	todial a	ccount liability?	☐ Yes	☐ No
b	If "Yes," explain the arrangement in P								
	t V Endowment Funds.	<del></del>							
	Complete if the organization	answered "Yes"	' on For	m 990, F	Part IV, line	10.			
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two years t	oack (d	Three years back	(e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships							_	
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	the current year en	d balanc	e (line 1g	, column (a))	held as.			
а	Board designated or quasi-endowme	nt ▶	%						
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in th	e possession of th	e organı	zation tha	at are held ar	id admii	nistered for the		
	organization by:							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as requi	red on Sc	hedule R? .			3b	
_4	Describe in Part XIII the intended uses	s of the organization	n's endo	wment fu	ınds.		_		
Part	VI Land, Buildings, and Equip Complete if the organization		on For	m 990. F	Part IV. line	I1a. Se	e Form 990. F	Part X. lin	e 10.
	Description of property	(a) Cost or oth	•		r other basis		umulated	(d) Book v	
	,	(investme			ther)		eciation		
	Land								
ь	Buildings								
c	Leasehold improvements								
d	Equipment			:	22,384.		12,038.	10	,346.
e	Other			<u> </u>	9,145.		7,454.		,691.
	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	0. Part )	C column		) .	<b>▶</b>		,037.

Part VII	Investments — Other Securities.  'Complete if the organization answer	ered "Yes" on Forn	n 990, Part IV, lir	ne 11b. See Form	990, Part X. line 12.
	(a) Description of security or category (including name of security)		(b) Book value	(c) Meth	od of valuation of-year market value
	l derivatives				
	held equity interests				
(A)					
(B)				ļ	<del></del>
(C) (C)					······································
(E) (E)				·	
(E) (F)			<del></del> ,		
<u>\' /</u> (G)					
(H)				<del> </del>	
	b) must equal Form 990, Part X, col. (B) line 12.) ▶	····			
Part VIII	Investments—Program Related.			drysessissis how a at a second	a es april de la company d
	Complete if the organization answer	ered "Yes" on Form	n 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment		(b) Book value		nod of valuation
	<b>(-,</b>		<b>(-,</b>		of-year market value
(1)		***************************************			
(2)				<u> </u>	
(3)					
(4)					
(5)					
(6)	***************************************				
(7)					
(8)	***************************************				***************************************
(9)	1)	-		LADEREAL COLORS AND	./
Part IX	b) must equal Form 990, Part X, col. (B) line 13 )  Other Assets.			<b>沙滩部</b> 竹非岩额或	
Partix	Complete if the organization answer	ered "Ves" on Form	990 Part IV lin	e 11d. See Form	990 Part X line 15
		escription	1000, 1 411 14, 111	C 11d. 000 1 01111	(b) Book value
(1) Other			<u></u>		3,491.
(2)	103603	<del>_</del>	<del></del>		<u> </u>
(3)		<u> </u>	<del></del>		
(4)		***************************************	***************************************	***************************************	
(5)			— <del>—</del>		
(6)					
(7)					
(8)					
(9)					
	mn (b) must equal Form 990, Part X, col.	(B) line 15.)		▶	3,491.
Part X	Other Liabilities.		000 D + 11/4	446.0	E
	Complete if the organization answer	ered "Yes" on Form	1 990, Part IV, IIn	e 11e or 11f. See	Form 990, Part X,
1.	line 25.	# D - I I	ार स्थान संस्थानमा नाम तरह ठणका	COMMENT PROTECTION OF THE PORT OF THE PERSON	
(1) Federal in	(a) Description of liability	(b) Book value	a maganina da		
(2)	icome taxes				
(3)					
(4)					
(5)					
(6)				grand Corp. 1 12.69	
(7)					
(8)					
(9)			4 7 8 6 8 8 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	b) must equal Form 990, Part X, col. (B) line 25.) ▶				

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

Daga	Δ
raue	_

	Reconciliation of Revenue per Audited Financial Statem	· · · · · · · · · · · · · · · · · · ·	· iotai · ii
	Complete if the organization answered "Yes" on Form 990,		
1`	Total revenue, gains, and other support per audited financial statements	• • • • • • • • •	. No constitution
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
_ <u>b</u>	Other (Describe in Part XIII.)	4b	
C			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	The experience and recess per addition management of the control o		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	,
С	Add lines <b>4a</b> and <b>4b</b>		4c
_			<del></del>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir		5
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir Supplemental Information.	ne 18.)	5
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 4c.)  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 and 1 an	ne 18.)	5 b, Part V, line 4, Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir Supplemental Information.	ne 18.)	5 b, Part V, line 4, Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 4c.)  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 and 1 an	ne 18.)	5 b, Part V, line 4, Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 4c.)  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 and 1 an	ne 18.)	5 b, Part V, line 4, Part X, line
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 4c.)  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 and 1 an	ne 18.)	5 b, Part V, line 4, Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 4c.)  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 and 1 an	ne 18.)	5 b, Part V, line 4, Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 4c.)  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 and 1 an	ne 18.)	5 b, Part V, line 4, Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 4c.)  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 and 1 an	ne 18.)	5 b, Part V, line 4, Part X, line
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 4c.)  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 and 1 an	ne 18.)	5 b, Part V, line 4, Part X, line
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5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1 and 4c.)  Supplemental Information.  The the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1 and 1 an	ne 18.)	5 b, Part V, line 4, Part X, line

Schedule D (Fo		Page <b>5</b>
Part XIII	Supplemental Information (continued)	
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#### SCHEDULE O (Form 990 or 990-EZ)

## 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.

2017
Open to Public Inspection

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Metrocrest Chamber of Commerce	/5-104/1/8
Pt VI, Line 12c: Board members are required to disclaim any confl	ıcts as part
of their induction to the Board.	
Pt VI, Line 15a: The Board Executive Committee reveiws compensati	on levels in
comparison to other area known positions.	
Pt VI, Line 15b: The CEO and Board Executive Committee reveiw com	pensation levels
in comparison to other area known positions.	
Pt VI, Line 11b: The Board members have access to review the tax	return any
time during normal business hours. The return is also provided at	the first Board
meeting following it's completion and filing.	
Pt III, Line 4d:	
Expenses: \$91,992 Revenue: \$35,583	
Description: Additional programs include Leadership development	,
Business Expo, networking programs, Member Directory publication	on and Young
Professionals development programs.	,
,	