For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

DLN: 93493304020687 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or th	e 2016 c	 alendar year, or tax year beg	inning 01-01-2016 , and ending	12-31-	2016					
		applicable	C Name of organization				D Employe	r ıdentıfı	cation number		
☐ Ad	dress	change	The Boulder Chamber of Commer	ce			84-0152	700			
□ Na		nange	Doing business as								
Fir	ıal										
		mınated d return		mail is not delivered to street address) R	loom/suite		E Telephone	number			
_		ion pending	2440 Pearl Street				(303) 44	2-1044			
·			City or town, state or province, co Boulder, CO 80302	ountry, and ZIP or foreign postal code							
			F Name and address of princi				G Gross rec		048,687 		
			JOHN TAYER	pai officer			a group ret	urn for	□Yes ☑ No		
			2440 Pearl Street BOULDER, CO 80302				dınates? subordınate	es			
	x-exe	mpt status				` _ includ	ed?		☐ Yes ☑No		
7 14/	abair	+a+ > \/\/	/W BOULDERCHAMBER COM	◀ (insert no)			," attach a li: exemption i	•	•		
J W	EDSI	te: P WW	W BOOLDERCHAMBER COM			() 0.000	CXCIIIPCOII	iainbei	•		
K Form	n of o	rganization	☑ Corporation ☐ Trust ☐ As	ssociation Other ►	L	Year of forma	ation 1943	M State (of legal domicile CO		
Pa	rt I		mary scribe the organization's mission	or most significant activities							
a.				g local businesses, advocating for a	strong bu	ısıness envir	onment and	sustaını	ng economic vitality		
Activities & Governance											
Ē											
0 Ve	2	Check thi	s box \blacktriangleright \square if the organization \circ	discontinued its operations or dispose	ed of mo	re than 25%	of its net as	sets			
<u> </u>	3	Number o	of voting members of the govern	ning body (Part VI, line 1a)				3	15		
20	l			of the governing body (Part VI, line			•	4	15		
Æ	5	Total nun	nber of individuals employed in	calendar year 2016 (Part V, line 2a)			•	5	40		
Ę	6 Total number of volunteers (estimate if necessary)							6	200		
٩	l			art VIII, column (C), line 12			•	7a	0		
-	ь	Net unrel	ated business taxable income fr	om Form 990-T, line 34		· · ·		7b			
		Contribut	ions and grants (Part VIII, line :	16)		Pri	or Year 3,380,5	0.2	Current Year 3,295,059		
Ē	l			2g)	•		468,8		682,414		
Ravenue	l	_	•), lines 3, 4, and 7d)				91	1		
œ	1		venue (Part VIII, column (A), lin				41,1		71,213		
	l			nust equal Part VIII, column (A), line	= 12)		3,890,6		4,048,687		
	13	Grants ar	nd sımılar amounts paıd (Part IX	, column (A), lines 1–3)			142,2	49	214,773		
	14	Benefits	paid to or for members (Part IX,	column (A), line 4)					0		
82	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,887,467							7 2,087,460		
Expenses	16a	a Professio	nal fundraising fees (Part IX, co	lumn (A), line 11e)					0		
KD 6	b	Total fundr	aising expenses (Part IX, column (D)	, line 25) ▶114,611	_						
ш	17	Other exp	penses (Part IX, column (A), line	es 11a-11d, 11f-24e)			1,721,7	30	1,744,087		
	l	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 3,751,						46	4,046,320		
	19	Revenue	less expenses Subtract line 18	from line 12	•		139,2		2,367		
Net Assets or Fund Balances						Beginning	of Current Ye	ar	End of Year		
SSet	20	Total ass	ets (Part X, line 16)				1,514,2	51	1,495,383		
A A	21	21 Total liabilities (Part X, line 26)					854,2	93	582,824		
ΣΞ	22	Net asset	s or fund balances Subtract line	e 21 from line 20			659,9	58	912,559		
Pai			ature Block			_		•			
				mined this return, including accompa te Declaration of preparer (other tha							
any k			T, It is true, correct, and comple	te bedaration of preparer (other th) is basea o	II dii iiiloiiild		men preparer nas		
		 	*			201	7-10-31				
Sign		Signati	ure of officer			Date					
Here		Karen	Kruse VP & COO								
			r print name and title								
			rint/Type preparer's name	Preparer's signature	Dat	e Ch-		TIN			
Paid	k		lark Kıghtlınger CPA	Mark Kightlinger CPA		self-	-employed	00405289	,		
Pre	par	רו ⊢	irm's name Johnson Kightlinger				n's EIN ►				
Use	Or	าly ็	ırm's address ► 4999 Pearl East Cırcl			Pho	ne no (303) 4	49-3830			
			Boulder, CO 803012	2654							
May t	he IF	RS discuss	this return with the preparer sh	own above? (see instructions) .				✓ Y	es 🗌 No		

Cat No 11282Y

Form **990** (2016)

Form	990 (2016)				Page 2							
Par	t IIII Statemen	t of Program Service Ac	complishments									
	Check if Sch	edule O contains a response o	note to any line in this Part III		🗹							
1		organization's mission	·									
To bu	uild a strong commun	ity by supporting local busines	ses, advocating for a strong busi	ness environment and sustaining e	economic vitality							
	Did the example to	a undouble any conficent nuc	aran convece during the year w	high ware not listed on								
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?											
	•	🗌 Yes 🗹 No										
_	,	lese new services on Schedule										
3												
	services?											
	If "Yes," describe th	ese changes on Schedule O										
4	Section $501(c)(3)$ a		required to report the amount o	largest program services, as meas of grants and allocations to others,								
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)							
	See Additional Data											
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)							
	See Additional Data											
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)							
	See Additional Data											
4d	Other program serv	rices (Describe in Schedule O)										
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)							
4e	Total program sei	rvice expenses ▶										
					Form 990 (2016)							

Section 501(c)(3) organizations.

or X as applicable

Page 3

No

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

for public office? If "Yes," complete Schedule C, Part I 📆

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

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

assessments, or similar amounts as defined in Revenue Procedure 98-19?

3 4 5

Yes

Yes

Yes

Yes

6

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Nο Nο Nο Nο No Nο Nο Nο Nο Nο Nο No

Nο

Form 990 (2016)

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Nο

Nο

Nο

No

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No

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24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

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33

34

35a

35b

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37

38

Yes

Form 990 (2016)

Yes

Yes

Page 4

Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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	21	Yes	

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 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,"

24a 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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 🔀 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

complete Schedule L, Part I 🥞

instructions for applicable filing thresholds, conditions, and exceptions)

	t V Statements Regarding Other IRS Filings and Tax Compliance			Page 5
Fai	Check if Schedule O contains a response or note to any line in this Part V			П
	Check in periodule of contains a response of floce to any line in this fact v. F. F. F. F. F. F.	· 1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 39			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 _c	Yes	
2a	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 _b	Yes	
b	Note. 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?	3a		No
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		No
4a	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		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	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	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	 		
-	The feet will be to the first of the feet will gate year.			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	F. H		
,	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No
0-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			110
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
12	Section FO1(a)(20) qualified nonprefit health incurance issuers			
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? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
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]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
ь	If "Yes," has it filed a Form 720 to report these payments 2 If "No," provide an explanation in Schedule O	14b		
			orm 99	0 (2016)

	990 (2016)			Page t
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to l	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management	• •	• •	
30	Ction A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15		163	140
	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	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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?	7a		No
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b	Yes	
13	Schedule O how this was done	12c	Yes Yes	
	Did the organization have a written document retention and destruction policy?	14	103	No
14 15	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?	14		INO
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130		110
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?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		110
	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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website \square Another's website $ extbf{Y}$ Upon request \square Other (explain in Schedule O)			
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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION 2440 PEARL STREET BOULDER, CO 80302 (303) 442-1044			

Part VII

Director

VP & COO

(16) Karen Kruse

(17) JOHN TAYER

President & CEO

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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, or 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 directo organization, more than \$10,000 of reportable co	ompensation fro	m the	organ	ıızat	ion	and ar	ny re	elated organizations	S	
List persons in the following order individual truscompensated employees, and former such perso	stees or directo ns	rs, ınstı	itutio	nal t	rust	tees, o	office	ers, key employees	s, highest	
Check this box if neither the organization no		ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours	Position that pers	on (do an on on is	(C) o not e bot botl) t chox, t h an or/tr		ore	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	organization and related organizations
(1) Bob Morehouse Director	2 00	×						0	0	0
(2) Katy Schmoll Director	2 00	×						0	0	0
(3) Gerry Agnes	2 00	×						0	0	0
(4) Stephanie Iannone	2 00			×				0	0	0
Chair	0 00									
(5) Judy Amabile Director	2 00	×						0	0	0
(6) Bruce Borowsky Vice Chair	2 00	x		×				0	0	0
(7) Lorı Call Director	2 00	×						0	0	0
(8) Mark Gordon Director	2 00	×						0	0	0
(9) Hy Harris Director	2 00	×						0	0	0
(10) Teresa Lomax Director	2 00	×						0	0	0
(11) Ted Rockwell Director	2 00	х						0	0	0
(12) Kım Campbell Director	2 00	×						0	0	0
(13) Peter Braun Director	2 00	x						0	0	0
(14) George Berg Director	2 00	×						0	0	0
(15) Jose Beteta	2 00	_							0	

0 00 50 00

0 00 50 00

0 00

Х

24,589

20.088

0

0

62,691

126,930

Form 990 (2016) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (A)___ (C) (E)

Name and Title	Average hours per week (list any hours	Position than of the second se	Reportable compensation from related organizations	Estimated amount of other compensation from the						
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(18) Clif Harald	50 00				х			137,695	0	30,203
Exec Director - BEC	0 00									_
(19) Dan Kıng	50 00	<u></u>					x	18,067	0	2,719
Vice President	0 00							/	_	
-										
			_							
1b Sub-Total					1	•				
c Total from continuation sheets to Part	-				1	•				
d Total (add lines 1b and 1c)					1	<u> </u>		345,383		77,599
2 Total number of individuals (including but	t not limited to	those lie	sted a	ahov	e) v	vho red	CEIV	ed more than \$100	000	

of reportable compensation from the organization ▶ 2
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

d	d Total (add lines 1b and 1c)	3	
2	Total number of individuals (including but not limited to those listed above) who received more that of reportable compensation from the organization ▶ 2	n \$100,000	
			Ī
3	Did the organization list any former officer, director or trustee, key employee, or highest compens	ated employee on	Γ

	of reportable compensation from the organization P 2	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

			Yes	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3	Yes	

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

No

Form **990** (2016)

		3	res	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			

	mile 14. If Test, complete Schedule 5 for such marviduar	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
-	ection B. Independent Contractors			110
_ 5	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of cor	npensa	ition	

_ >	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractions.		sation
	(A)	(B)	(C)
	Name and business address	Description of services	Compensation

orm 9			Davis							Page 9
Part \	7.			a respo	onse or note to any	line in this Part V	/III -			
		Check if Schedul	e o comunio	и горо	vide of flotte to diffy	(A) Total revenue	Re e f	(B) elated or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1 a	Federated campaig	ns	1a				revenue		512-514
nts	١,	Membership dues		1b	988,292					
3ra nou	١,	: Fundraising events		1c	· · ·					
IS. (d Related organizatio		1d						
		Government grants (co		1e	2,306,767					
ns,	1	All other contributions,	, gıfts, grants,							
er S		and similar amounts n above	ot included	1f						
Contributions, Gifts, Grants and Other Similar Amounts	٥	Noncash contribution								
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a-1f \$								
	<u>j h</u>	Total.Add lines 1a-1	.f	• •		3,295,059				
RI e	7-3	Programs and Events			Busilless	541900	682,414	682,	414	
34						311300	002,111	002,	111	
3	b									
ž.	c d			_						
S	e									
Program Service Revenue	f	All other program se	rvice revenue	!		102 414				
ΔŤ	g	Total. Add lines 2a-2f			•	82,414				
		Investment income (ii imilar amounts) .			nterest, and other		1			1
		Income from investme					0			
	5	Royalties					0			
	_	_	(ı) Rea		(II) Personal					
	6a	Gross rents								
	b	Less rental expenses								
	c	Rental income or								
		(loss)				<u> </u>				
	d	Net rental income o			<u> </u>		0			
	7a	Gross amount	(ı) Securi	ties	(II) Other					
		from sales of assets other								
		than inventory								
	b	Less cost or other basis and								
	c	sales expenses Gain or (loss)								
		Net gain or (loss) .			>	1	0			
	8a	Gross income from for (not including \$		ents of						
Other Revenue		contributions reporte	d on line 1c)							
eve		See Part IV, line 18								
ă.		Less direct expense Net income or (loss)		- 1	ents		0			
the		Gross income from g	amıng actıvıt	_	ents •					
0		See Part IV, line 19		a						
	b	Less direct expense	s	b						
		Net income or (loss)			ies	_	0			
	10a	Gross sales of invent								
		returns and anoward		a						
	b	Less cost of goods s	sold	b						
	С	Net income or (loss)		invent			0			
-	11	Miscellaneous			Business Code 541900	71	213	71,213		
	-11	a MISCELLANEOUS RE	EVENUE		341900	, , , , , , , , , , , , , , , , , , , ,	213	/1,213		
	b									
	c									
	_									
	d	All other revenue .								
	e	Total. Add lines 11a	-11d		•	71	213			
	12	Total revenue. See	Instructions			,		752 637		
					•	4,048,	08/	753,627		Form 000 (2016)

Form 990 (2016)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u>.</u>		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	214,773	214,773	-	
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	207,688	176,535	26,999	4,154
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,453,795	1,235,726	188,993	29,076
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	280,799	225,880	39,064	15,855
10 Payroll taxes	145,178	123,401	18,873	2,904
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	329,084	173,172	101,343	54,569
12 Advertising and promotion	317,088	310,435	6,653	
13 Office expenses	24,080	20,126	2,768	1,186
14 Information technology	0			
15 Royalties	0			
16 Occupancy	20,654	20,654		
17 Travel	34,276	27,382	6,894	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	34,272	13,559	20,713	
20 Interest	11,746	9,397	1,644	705
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	42,543	31,907	10,636	
23 Insurance	11,643	9,314	1,630	699
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)				
a CONTRACT FEES	335,474	286,310	49,164	
b TELEPHONE & COMMUNICATIONS	148,374	146,084	1,603	687

85,658

46,050

303,145

4,046,320

72,960

44,913

172,898

3,315,426

12,698

1,137

125,471

616,283

4,776

114,611

Form **990** (2016)

c EVENTS EXPENSE

e All other expenses

d Printing and Publications

25 Total functional expenses. Add lines 1 through 24e

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)

Page **11**

0 5,033

733,944 0

893.534

19,025

912,559

1,495,383 Form **990** (2016)

Form 990 (2016)

Net Assets or Fund Balances

27

28

29

30

31

32

33

34

		Beginning of year		End of year
1	Cash-non-interest-bearing	459,132	1	547,812
2	Savings and temporary cash investments	145,961	2	191,692
3	Pledges and grants receivable, net		3	0
4	Accounts receivable, net	129,561	4	16,902
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
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 I		6	0

	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L				5	
S	6	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958 Itions c	(c)(3)(B), and of section 501(c)(9)		6	
et	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			11,151	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,651,786			
	ь	Less accumulated depreciation	10 b	917,842	768,446	10 c	
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .			13	
	l						

1	2 Investments—other securities See Part IV, line 11		12	0
1.	Investments—program-related See Part IV, line 11		13	0
1	Intangible assets		14	0
1	Other assets See Part IV, line 11		15	0
1	Total assets.Add lines 1 through 15 (must equal line 34)	1,514,251	16	1,495,383
1	Accounts payable and accrued expenses	169,371	17	254,243
1:	Grants payable		18	
1:	Deferred revenue	451,928	19	118,721
2	Tax-exempt bond liabilities		20	
√ 2	Escrow or custodial account liability Complete Part IV of Schedule D		21	
oilities 7	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			

	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11		15	0
	16	Total assets.Add lines 1 through 15 (must equal line 34)	1,514,251	16	1,495,383
	17	Accounts payable and accrued expenses	169,371	17	254,243
	18	Grants payable		18	
	19	Deferred revenue	451,928	19	118,721
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
35		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	232,994	24	209,860
	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	

<u>50</u> 854,293 582,824 26 Total liabilities. Add lines 17 through 25 . 26

640.939

19,019

659,958

1,514,251

27

28

29

30

31

32

33

34

Organizations that follow SFAS 117 (ASC 958), check here > \square and

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2016)				Page 12
Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	.048,687
2	Total expenses (must equal Part IX, column (A), line 25)	2		4	.046,320
3	Revenue less expenses Subtract line 2 from line 1	3			2,367
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			659,958
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			250,234
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			912,559
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2ь	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			

За

3b

Νo

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 16000303 Software Version: 2016v3.0

EIN: 84-0152700

Name: The Boulder Chamber of Commerce

Form 990 (2016)

Form 990, Part III, Line 4a:

BOULDER CHAMBER OF COMMERCE (BCC) HAD APPROXIMATELY 1,300 PAYING MEMBERS IT SPONSORED SEMINARS, PROGRAMS AND OTHER SERVICES THAT ENHANCE

THE QUALITY OF LIFE AND PROMOTE BALANCED ECONOMIC DEVELOPMENT IN the city and COUNTY

Form 990, Part III, Line 4b: The Boulder Economic Council (BEC), the economic development arm of the Boulder Chamber, is dedicated to Boulders economic prosperity. The BECs priorities are to

support existing businesses in Boulders key industries and to advocate for a business environment that continues to nurture primary employers and industries

Form 990, Part III, Line 4c: BOULDER CONVENTION AND VISITOR BUREAU (CVB) PROVIDE INFORMATION FOR VISITORS AND RESIDENTS ABOUT AREA LODGING, RESTAURANTS, SPECIAL EVENTS, MEETING & CONVENTION FACILITIES, AREA ATTRACTIONS, ETC

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Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

DLN: 93493304020687

Schedule C (Form 990 or 990-EZ) 2016

Cat No 50084S

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-

EZ)

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** The Boulder Chamber of Commerce 84-0152700 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes Was a correction made? ☐ Yes □ No h If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4 Did the filing organization fileForm 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-3 5

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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As Filed Data -

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.

DLN: 93493304020687 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** The Boulder Chamber of Commerce 84-0152700 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 Total number at end of year 2 Aggregate value of contributions to (during 3 Aggregate value of grants from (during year) Aggregate value at end of year 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 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? ☐ 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 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 > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 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) and section 170(h)(4)(B)(II)? □ No 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. 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 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 (i) Revenue included on Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenue included on Form 990, Part VIII, line 1

2

Pai	t III	Organizations Maintainii	ng Collections o	of Art, His	storic	al Tr	easur	res, or Other	Similar As	ssets (d	continued))
3		the organization's acquisition, a (check all that apply)	ccession, and other	records, ch	neck a	ny of	the foll	owing that are a	significant i	ise of its	collection	1
а		Public exhibition			d		Loan c	or exchange pro	grams			
b		Scholarly research			е		Other					
c		Preservation for future generation	ons									
4	Provid Part >	de a description of the organizati (III	on's collections and	l explain ho	w they	/ furth	er the	organization's e	xempt purpo	se in		
5		g the year, did the organization s s to be sold to raise funds rather							nılar	☐ Ye	s 🗆	No
Pa	rt IV	Escrow and Custodial Ar Complete if the organizatio X, line 21.		" on Form	990,	Part	IV, lın	e 9, or report	ed an amou	ınt on F	orm 990	, Part
1a		organization an agent, trustee, led on Form 990, Part X?	custodian or other	ıntermediar	y for o	contril	outions	or other assets	not	☐ Ye	s 🗆	No
b	If "Y∈	s," explain the arrangement in P	art XIII and comple	ete the follo	wing t	able			Α	mount		
С	Begin	ning balance						1c				
d	Addıt	ons during the year						1d				
е	Dıstrı	butions during the year						1e				
f	Endın	g balance						1f				
2 a	Did th	ne organization include an amour	nt on Form 990, Pai	rt X, line 21	, for e	scrow	or cus	todial account li	ability?	☐ Ye	s 🗌	No
b		s," explain the arrangement in P									. \square	
Pa	art V	Endowment Funds. Comp										
4 -	D		(a)Currer	nt year	(b) Pri	or yeaı	. (c) Two years back	(d)Three yea	ars back	(e)Four ye	ars back
	-	ing of year balance										
		outions					_					
		estment earnings, gains, and los or scholarships	.ses				+					
	Other e	expenditures for facilities										
f		strative expenses										
		year balance										
2	Provid	· de the estimated percentage of ti	ne current vear enc	balance (lı	ne 1a	. colur	nn (a))	held as				
а		designated or quasi-endowmen	•	· · · · · · · · · · · · · · · · · · ·		,	(,,					
ь	Perm	anent endowment ►										
С	Temp	orarily restricted endowment >										
	The p	ercentages on lines 2a, 2b, and 3	2c should equal 100	0%								
3а		nere endowment funds not in the lization by	possession of the	organızatıor	n that	are he	eld and	administered fo	or the		Yes	No
	(i) ur	related organizations									ı(i)	
b		elated organizations s s" on 3a(ii), are the related orga	nızatıons lısted as ı	equired on	Sched	 Iule R	· ·				(ii) Bb	+-
4	Descr	ibe in Part XIII the intended use:	s of the organizatio	n's endown	nent fu	ınds					•	
Pa	rt VI	Land, Buildings, and Equ							000 -			
	Deccri	Complete if the organization of property (a) Co	<u>n answered 'Yes'</u> ost or other basis	on Form (b)Cost or				2 11a. See For (c)Accumulated			e 10. (d) Book val	II.E
	Descri		investment)	(B)COSt Of	ociei L	(U	circi)	(C)Accumulated	acpi eciation		ajbook val	
1a	Land					46	6,462					466,462
b	Buildin	gs				97	8,601		780,166			198,435
c	Leaseh	old improvements				1	2,680					12,680
d	Equipm	nent										
_ e _	Other						4,043		137,676			56,367
Ta-	_	1 - +b 1 - (C-1 / -/ \	must sayal Form O	100 Dest V	00111-	n (D)	lina 11	((a))				722 011

	See Form 990, Part X, line 12.			
	(a) Description of security or category (including name of security)	(b) Book value		thod of valuation d-of-year market value
.)Financial o	derivatives			·
Other	eld equity interests	_		
.)				
)				
)				
))				
)				
)				
i)				
1)				
	(b) must equal Form 990, Part X, col (B) line 12)	•		
art VIII	Investments—Program Related. Complete if the ord See Form 990, Part X, line 13.	ganization answ	ered 'Yes' on Forn	n 990, Part IV, line 11c.
		(b) Book value		ethod of valuation d-of-year market value
.)				·
2)				
;)				
1)				
5)				
)				
')				
3)				
))				
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered 'Yes' of (a) Description	n Form 990, Part	IV, line 11d See Fo	m 990, Part X, line 15 (b) Book value
.)				
)				
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))))))) obtal. (Column	nn (b) must equal Form 990, Part X, col (B) line 15)		n 000 Part IV In	. >
)))))) otal. (Colum	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		· · · · · · · · · · · · · · · · · · ·	
)))))) otal. (Colum	Other Liabilities. Complete if the organization answer	ed 'Yes' on Forr	· · · · · · · · · · · · · · · · · · ·	
)))))) otal. (Colum	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
))))) otal. (Colum Part X) Federal in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
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))))) part X)) Federal in)))	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
part X))))) perton in	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	
part X)))))) petal. (Column Part X))))))))	Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		· · · · · · · · · · · · · · · · · · ·	

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d

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b

c

Part XIII

5

b

Part XII

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b

Schedule D (Form 990) 2016

Page 4

4,048,687

4,048,687

4,046,320

4,046,320

4,046,320

Schedule D (Form 990) 2015

Add lines 4a and 4b . . .

Donated services and use of facilities .

Prior year adjustments . . .

Other (Describe in Part XIII) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Add lines 4a and 4b .

Return Reference

See Additional Data Table

Other losses .

Donated services and use of facilities . Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Other (Describe in Part XIII)

Total expenses and losses per audited financial statements .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

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

Other (Describe in Part XIII)

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b.

2d 4a 4b

2a

2b

2c

2a

2b

2c 2d

4b

Explanation

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

> 2e 3 4c 5

2e

3

4c

Page 5	Schedule D (Form 990) 2015
inued)	Part XIII Supplemental Information (co
Explanation	Return Reference

Schedule D (Form 990) 2016

Additional Data

Software ID: 16000303
Software Version: 2016v3.0

EIN: 84-0152700

Name: The Boulder Chamber of Commerce

Supplemental Information

Return Reference

1011		
	Exp	lanation

Part X	FIN48 Footnote	The Organization has taken no tax positions they believe are unlikely to be upheld, or tha
		t might jeopardize their tax-exempt status, if examined by taxing authorities with full kn
		owledge of all relevant information Accordingly, no provision for income taxes is include
		d in the accompanying financial statements

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 93493304020687
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Co	Governments mplete if the organiza	Other Assistand and Individuals ation answered "Yes," o Attach to Form e I (Form 990) and its	s in the Unite on Form 990, Part IV 990.	d States , line 21 or 22.		OMB No 1545-0047 2016 Open to Public Inspection
Name of the organization						Employer ide	entification number
The Boulder Chamber of Comme	erce					84-0152700)
Part I General Inform	nation on Grants	and Assistance				'	
Does the organization ma the selection criteria used					for the grants or assistance	e, and	☑ Yes ☐ No
2 Describe in Part IV the or	·						
		nestic Organizations a can be duplicated if add		nts. Complete if the or	rganization answered "Yes"	on Form 990, Part I\	V, line 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description non-cash assistai	
		=					6
3 Enter total number of other	er organizations liste	d in the line 1 table.				•	3
For Paperwork Reduction Act Not	ce, see the Instructio	ns for Form 990.		Cat No 50055	iP		Schedule I (Form 990) 2016

Schedule I (Form 990) 2016					Page 2
	ince to Domestic Individu fadditional space is needed	als. Complete if the org	ganızatıon answered "Yes'	on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Info	rmation. Provide the inf	formation required in	Part I, line 2, Part III	, column (b), and any other a	idditional information.
Return Reference Exp	olanation	-			

Schedule I (Form 990) 2016

Additional Data

BOULDER BIKE SHARING

BOULDER, CO 80303

179

3601 ARAPAHOE AVE UNITE

Software ID: 16000303 **Software Version:** 2016v3.0 **EIN:** 84-0152700

Name: The Boulder Chamber of Commerce

orm 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				

					·	
Bldr Valley Girls Softball 1512 Spring Creek Drive Lafayette, CO 80026	84-0774372	501(c)(3)	20,000	0	Actual cost	To carry out its charitable purpose

12,500

501(c)(3)

27-2772682

TO CARRY OUT ITS

CHARITABLE PURPOSE

0 ACTUAL COST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 20-1518600 501(c)(3) 9.984 0 Actual cost To carry out its

charitable purpose

Boulder Intl Film Festival 2338 Broadway

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2590 Walnut Street

Boulder, CO 80302

charitable purpose Boulder, CO 80304 Boulder Philharmonic 84-6037740 501(c)(3) 20,000 0 Actual cost To carry out its

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 8.000 0 Actual cost To support local event

charitable purpose

Boulder Photo Festival 1942 Broadway Ste 301 Boulder, CO 80302

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1942 Broadway Ste 301

Boulder, CO 80302

Downtown Boulder Partnership 74-2358821 501(c)(6) 20,000 0 Actual cost To carry out its

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance FTown 84-1186181 501(c)(3) 7.600 0 Actual cost To carry out its charitable purpose 1535 Spruce Street

0 Actual cost

To carry out its

charitable purpose

29,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Boulder, CO 80302

Boulder, CO 80304

1500 Kalmia Ave

47-2730066

JLF

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of **(b)** EIN (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

World Triathlon Corp-IronMan
3850 Frontier Avenue Ste 300

Actual Cost
Support of local event

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Boulder, CO 80301

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Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No 1545-0047

DLN: 93493304020687

2015

Open to Public

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

> **Employer identification number** Name of the organization The Boulder Chamber of Commerce 84-0152700 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4h Νo Participate in, or receive payment from, an equity-based compensation arrangement? 4с Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5а 5h Any related organization? If "Yes," on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a 6b Any related organization? If "Yes," on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

ın Part III

section 53 4958-6(c)?

8

		(I) compensation	Bonus & incentive compensation	Other reportable compensation	compensation			Form 990
1 Clif Harald Exec Director - BEC	(i)	137,695				30,203	167,898	
	(ii)							
2 Dan KingVice President	(i)	18,067				2,719	20,786	
	1 1							

Schedule J (Form 990) 2015	Page 3
Part III Supplemental Inform	nation
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information
Return Reference	Explanation

Schedule J (Form 990) 2015

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Schedule L (Form 990 or 990	′		► Complete if the organization answered			anization answered 25a, 25b, 26, 27, 28a, 28b, or 28c,					^{18 No}		
				990-EZ, Part h to Form 990							20	ĮΤ	U
Department of the Trea	asurv	ormation abo		le L (Form 99 <u>www.irs.gov</u>) and its inst	ructio	ns is	at)pen Insp	to Pu ectio	
Name of the org							En	nplo	er ide	entifica	ition r	umbe	r
									2700				
	ss Benefit Tran lete if the organiza									ne 40h			
) Name of disqualit			Relationship be					escripi		(d) Corr	ected?
					organization	· 		tr	ansact	on	Y	es	No
							_						
							+						
Cor rep (a) Name of	ans to and/or Finplete if the organic orted an amount of (b) Relationship with organization	zation answer n Form 990, P (c) Purpose	ed "Yes" or art X, line 5 (d) Loan t	n Form 990-EZ, 5, 6, or 22	(e)Original principal amount	(f)Balance	(g)	(g) In default?		n (h)		(i)Written agreement	
			То	From			Yes	No	Yes	No	Yes	-	No
										<u> </u>			
	1												
					\$								
Part IIII Gra	ints or Assistan			ested Perso	ns.	line 27							
Part IIII Gra	nplete of the organic rested person (b)	inization ans	between and the	ested Perso	ns. 990, Part IV,	line 27. (d) Type	of assi	stanc	e	(e) Pu	rpose (of assi	stance
Con	nplete of the organic rested person (b)	inization ans) Relationship erested persor	between and the	e sted Perso es" on Form 9	ns. 990, Part IV,		of assi	stanc	e	(e) Pu	rpose (of assi:	stance
Part IIII Gra Con	nplete of the organic rested person (b)	inization ans) Relationship erested persor	between and the	e sted Perso es" on Form 9	ns. 990, Part IV,		of assi	stanc	e	(e) Pu	rpose (of assi:	stance
Part IIII Gra Con	nplete of the organic rested person (b)	inization ans) Relationship erested persor	between and the	e sted Perso es" on Form 9	ns. 990, Part IV,		of assi:	stanc	e	(e) Pu	rpose (of assi	stance
Part IIII Gra Con	nplete of the organic rested person (b)	inization ans) Relationship erested persor	between and the	e sted Perso es" on Form 9	ns. 990, Part IV,		of assi:	stanc	e	(e) Pu	rpose (of assi:	stance

Dusiness Hansactions Inve	nvillig zilicel esceu i el	301131								
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.										
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?						

	organization			1 -	revenues?	
				Yes	No	
(1) Triple Threat Digital	Board Member	20,000	Video services		No	
(2) University of Colorado	Board Member	23,500	Business Research		No	

				 140
(1) Triple Threat Digital	Board Member	20,000	Video services	No
(2) University of Colorado	Board Member	23,500	Business Research	No
(3) University of Colorado	Board Member	6,695	Venue & Catering	No

(2) Offiversity of Colorado	Doard Melliber	23,300	Dusiness Nesearch	140
(3) University of Colorado	Board Member	6,695	Venue & Catering	No

Part V **Supplemental Information**

Explanation

Schedule I (Form 990 or 990-F7) 2016

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN	l: 93493304020687
SCHEDUL	E O Supplemental Information to Form 99	0 or 990-F <i>7</i>	OMB No 1545-0047
(Form 990 or EZ) Department of the Tr	990- Complete to provide information for responses to specification for provide any additional information about Schedule O (Form 990 or 990-EZ) and information about Schedule O (Form 990 or 990-EZ) and information about Schedule O (Form 990.	ic questions on ormation.	2016 Open to Public Inspection
Marmal Revenue Ser Name of the orga The Boulder Chamb		Employer iden 84-0152700	tification number
Return Reference	Explanation		
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 THE SMALL BUSINESS DEVELOPMENT CE O HELP MAKE BUSINESSES SUCCESSFUL, WHETHER THEY ARE ESTABLI ARTING UP THE BOULDER SBDC SUPPORTS BOULDER COUNTY BUSINES HELD THROUGHOUT THE YEAR ON A VARIETY OF TOPICS, 2)CONFIDENT H EXPERIENCED BUSINESS persons, AND 3)CONNECTING CLIENTS TO OT RESOURCES	SHED, ŘEADÝ TO GROV SSES IN THREE WAYS AL ONE-ON-ONE CONS	V, OR JUST ST 1) WORKSHOPS ULTING WIT

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	There are seven different membership levels Each level offers different benefits to the m embers Such benefits range from recognition of the member on website and publications to credits towards event fees ANY MEMBER CAN BE A CANDIDATE TO SIT ON THE BOARD OF DIRECTORS, BUT NEW BOARD MEMBERS ARE SELECTED FROM THE CANDIDATES BY THE EXISTING BOARD

990 Schedule O, Supplemental Information Return Reference Explanation

,	MEMBERSHIP HAS THE POWER TO AMEND ANY BY-LAW BY VOTE AT AN ANNUAL MEETING OR AT ANY SPECIAL MEETING CALLED FOR THAT PURPOSE
7b Describe	
Decisions of	
Governing	
Body	
Approval by	
Members or	

Shareholders

Return

Reference	
Form 990,	THE BOARD OF DIRECTORS RECEIVE AN ELECTRONIC VERSION OF THE RETURN FOR REVIEW AND THE VICE
Part VI, Line	PRESIDENT AND CHIEF EXECUTIVE OFFICER REVIEW AND APPROVE THE RETURN BEFORE IT IS FILED WI
11b Form	TH THE IRS THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION SIGNS THE 990
990 Review	
Process	

Explanation

Return Explanation

Form 990,	THE ORGANIZATION MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY DURING THE ANNUA
Part VI, Line	L BOARD ORIENTATION BOARD MEMBERS WHO HAVE A POTENTIAL CONFLICT ARE RESTRICTED FROM VOITI
12c	NG ON RELEVANT ISSUES
Explanation	
of Monitoring	
and	
Enforcement	
of Conflicts	

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	THE EXECUTIVE COMMITTEE DEVELOPS THE COMPENSATION PACKAGE FOR THE PRESIDENT/CEO THE COMMITTEE REVIEWS SEVERAL SOURCES OF DATA TO DETERMINE THE COMPENSATION WHICH INCLUDES GUIDESTAR AND SURVEYS

Return Explanation

Form 990,	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
Part VI, Line	STATEMENTS AVAILABLE TO MEMBERS OF THE GENERAL PUBLIC UPON REQUEST
19 Other	
Organization	
Documents	
Publicly	
Available	

990 Schedule O, Supplemental Information

Return Explanation

Reference

Subsequent Event	On September 22, 2017, the Boulder Convention and Visitors Bureau (the Bureau), also known as the CVB division, separated from the Organization. Under the terms of the separation a greement, the Bureau is operating as a separate legal entity and has organized as a separate nonprofit corporation under Colorado law. Further, it has applied for separate tax-exem pt status with the Internal Revenue Service. The separation agreement also called for the
	Organization to transfer certain assets and liabilities to the Bureau along with related c
	ontracts, agreements that were used in the Bureaus operations
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