990

Return of Organization Exempt From Income Tax

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

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

Open to Public

		ue Service	► Go to www.irs.gov/Form990 for instructions and the latest infor	mation.	Inspection
<u>A</u> 1	For the	2017 calend	ar year, or tax year beginning , 2017, and end	ing	, 20
В	Check if a	applicable:	C Name of organization Granby Chamber of Commerce		D Employer Identification no.
] ,	Address o	change	Doing business as		84-0755264
] (Name cha	enge	E Telephone number		
<u> </u>	initial retu				
ξ.		m/terminated	C. Community		
₹ .			City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts
₹	Amended		Granby, CO 80446		\$ 256,037
٬ ل	Applicatio	n pending	F Name and address of principal officer: Frank Delay	H(a) is this a group return	
			Same as C above	H(b) Are all subordina	ites included? Yes No
	Tax-exem	npt status:	501(c)(3)	if "No," attac	h a list. (see instructions)
	Website:	► N/A		H(c) Group exempts	on number 🕨
		rganization. 🛚 🐰	Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation: 19	48 M State of le	rgal domicile: CO
Pa	rt I	Summar			
	11	Briefly descr	be the organization's mission or most significant activities: Greater Granby Ch	amber is a	non-profit
			ion dedicated to advancing economic welfare (,arketing a		
Ş	ì		ocal events) in the Greater Granby area while preserving		
Activities & Governance	1			its unique	Cultural
Ē	1_		and sense of community.		
Š	2		x ► ☐ if the organization discontinued its operations or disposed of more than 25% of	its net assets.	ı
8	3		oting members of the governing body (Part VI, line 1a)	· · · · · · · · · · · · · · · · · · ·	7
13)	4	Number of ir	dependent voting members of the governing body (Part VI, line 1b)	4	7
ŧ	5	Total numbe	of individuals employed in calendar year 2017 (Part V, line 2a)	5	7
듄	8	Total numbe	of volunteers (estimate if necessary)	6	7
ď	72		ad business revenue from Part VIII, column (C), line 12	· · · · ·	
	1		d business texable income from Form 990-T, line 34	1 ——	
	+ -	IVEL UITI GIALE	Tousiness laxable income nom-ruth 990-1, line 34		
				Prior Year	Current Year
_	8		and grants (Part VIII, line 1h)	232,3	<u>255,975</u>
훒	9	Program ser	rice revenue (Part VIII, line 2g)	 	0
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	10	
2	111	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4:	16 (255)
	12		77 255,730		
	+		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0
	· I		to or for members (Part IX, column (A), line 4)		
			june 1		22 22 22
ø	1		er compensation, employee benefits (Part IX, column (A), lines 5-10)	93,4	87,336
Expenses	1		fundralsing fees (Part IX, column (A), line 11e)		
8	1		sing expenses (Part IX, column (D), line 25) ▶0	<u>-</u>	
ũ	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	128,6	65 155,063
	18	Total expens	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	222,14	47 242,399
	19	Revenue less	expenses. Subtract line 18 from line 12	10,6	30 13,331
- 2				ginning of Current Yea	
Net Assets or Fund Belences	20	Total accets	(Part X. line 16)		
88	20		· · · · · · · · · · · · · · · · · · ·	86,6	
₹P	21		s (Part X, line 26)	1,7	
			fund balances. Subtract line 21 from line 20	84,8	52 97,393
	rt II	Signatu			
Unde	r penaltie	es of perjuty, I dec	are that I have examined this return, including accompanying schedules and statements, and to the best of my kno leration of preparer (other than officer) is based on all information of which preparer has any knowledge.	wiedge and belief, it is	
(IUG.			to bright a form and an analy a second at an analysis of attent broken the mil with model at		01. 1.
	1				8/13/14
Sig <u>i</u>	n	Signatur	of officer	De	ite .
		Fran	Delay, President		
ler	シ		wint name and title		
			Thus,] Chart	DTIN
, ,	ŲŽ	Print/Type pre	Action 5 features	Check if	PTIN
aid	537	Cindy S		self-employed	P00419588
	pärer			irm's EIN 🕨	
Jse	Only		ONSE BEO Box 469	hone no.	
	0	CA	ON52 Granby CO 80446	970-	887-2380
lav	the IRS		return with the preparer shown above? (see instructions)		🛛 Yes 🗌 No
Or F	anoru	orkateduali	ရှိ ်ငင်းNotice, see the separate instructions.		Form 990 (2017)
T	where an				1 4111 930 (2017)
EΑ		Ab	BECEINEL		1,120
		(4

Pa	rt: - Statement of Program Service Accomplishments
. 4	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
-	Greater Granby Chamber is a non-profit organization dedicated to advancing economic welfare
	(,arketing and advertising) and civic pride (local events) in the Greater Granby area while
	preserving its unique cultural heritage and sense of community.
	5200017211g 200 0112400 011201101 1100001110 1110001111 1110001111 11100011111 11100011111 111000111111
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
4a	(Code) (Expenses \$ 130,309 including grants of \$) (Revenue \$ 120,942)
	Grants made through several organizations to promote the Granby area, pay for administartion
	and the general operations of the chamber.
4b	(Code) (Expenses \$ 63,066 including grants of \$) (Revenue \$ 65,150)
	Events that are run by the Chamber to promote the community and commerce of the Greater Grany
	Area
	ALCO
4c	(Code) (Expenses \$ 49,024 including grants of \$) (Revenue \$ 52,154)
40	Grants made through Tourism Board specifically for the purpose of advertising outside the
	Great Granby area
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 242,399
EEA	Form 990 (2017)

EEA

Form 990 (2017) Granby Chamber of Commerce
Part IV 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,"			
	complete Schedule A	1		_X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	ļ		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		.,
_	Part III	5		<u>X</u>
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		<u>X</u> _
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
^	complete Schedule D, Part III	-		
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			<u> </u>
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	1,		
•	VII, VIII, IX, or X as applicable		· _	·
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	Plantagery an	~	
_	complete Schedule D, Part VI	11a	Х	1
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		Χ
С	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		X
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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 Land IV	14b		, ,
40	Total in the same that the total are the tot	140	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes." complete Schedule F. Parts II and IV	15		
16	10. 2.1, 10.0.9, 0.3	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	 -		<u> </u>
.,	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 '' -		 ^` -
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х]
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		 -	
. •	If "Yes," complete Schedule G, Part III	19]	X
		 -		

Part IV

Checklist of Required Schedules (continued) No 20a Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H 20a Χ 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 17 If "Yes," complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 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 complete Schedule K If "No," go to line 25a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 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 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Χ 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Χ An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Χ 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Χ Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		•	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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 authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
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)	-	٠	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
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 solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	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		X
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		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year	` -		-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
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	-	X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Χ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			-
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)		_	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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		
	Note. See the instructions for additional information the organization must report on Schedule O			
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			1
C	Enter the amount of reserves on hand			<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Pa	rt-VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No"		-30 0
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🕅
Sec	tion 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			- T
	If there are material differences in voting rights among members of the governing body, or		Ť	1
	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	/		
2		2	v	
	any other officer, director, trustee, or key employee?	2	X	ļ
3	Did the organization delegate control over management duties customarily performed by or under the direct			3.7
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u> _
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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	X	ļ
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		*	l .
	the year by the following		-	
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	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	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	,,,		<u> </u>
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		,	
_		15a	·	
a			X	
b		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	-	^ e ^	!
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?	- ۱		- 5' -
	, , , , , , , , , , , , , , , , , , , ,	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		٠.	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4	~-	
<u> </u>	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
	tion C. Disclosure			—
17	List the states with which a copy of this Form 990 is required to be filed Colorado			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request 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			
	Frank Delay (978)887-2311, PO Box 35, Granby, CO 80446			

orm 990 (2017) <u>G</u>	ranby	Chamber	of Comme	rce				84-07	55264	Page
Part-VII	Compensation	on of	Officers,	Directors,	Trustees,	, Key	Employees,	Highest	Compensated	Employee	s, and
	Independent	Cont	ractors								

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, 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

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

Check this box in heither the organization nor any related	O Gariization (Compe	isat			uncin	OIIIC	er, director, or trast	<u> </u>						
		1			(C)										
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)					
Name and Title	Average	box, unless person is both an											Reportable	Reportable	Estimated
	hours per week (list any	offic	er and a director/trustee)			/trustee))	compensation from	compensation from related	amount of other					
	hours for							the	organizations	compensation					
	related	or di	Inst	Officer	Χey	Higt	Former	organization	(W-2/1099-MISC)	from the					
	organizations below dotted	ect /du	tutio	ĕ	Key employee	Highest compensated employee	[mer	(W-2/1099-MISC)		organization and related					
	line)	2 2	nal t		loye	• <u>com</u>				organizations					
		Individual trustee or director	Institutional truste		•	bens									
			8			ated									
(1) Kristie Delay	4.00														
Director		X						0	0	0					
(2) Joe Kelley	4.00														
		X						0	0_	0					
(3) TeNeil Hartley	4.00														
		Х					L.,	0	00	00					
(4) Mike Perolet	4.00														
Director		Х						0	0	0					
(5) Jennifer Lespesa	3.00														
Director		Х						0	0	0					
(6) Stacy Dellamano	2.00														
Director		Х						0	0	0					
(7) Frank Delay	6.00			,											
President		ļ		X	Ļ			0	0	0					
(8)															
															
(9)															
(10)				١,											
	1														
<u>(11)</u>															
(12)							-								
(12)															
(13)															
·															
(14)	T														
4		-													

(A) Name and title	(B) Average hours per week (list any	box, office	unless er and	pers	tion ore tha	an one both an rustee)		(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated imount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensation from the ganization nd related ganizations	
15)												
16)												
17)												
18)												
19)												_
20)												_
21)											•	_
22)											_	
3)												_
24)				-				-				_
25)												
1b Sub-total	on A · ·						>	0	0			0
Total number of individuals (including but not limited reportable compensation from the organization								<u></u>	0			<u>U</u>
 Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule 5 For any individual listed on line 1a, is the sum of rep 	for such indiv	/idual			٠.					3	,	Nc X
organization and related organizations greater than individual	\$150,000? If ompensation	"Yes," · · · from a	com	<i>plete</i> · · ·	Scl	hedule organ	J fo	r such		4		X
1 Complete this table for your five highest compensate compensation from the organization. Report compensation from the organization.	ed independe	nt con	tracto	ors t	hat r	eceive	ed m	ore than \$100,000) of			_
year	insation for the		uai ;	уса	enu	ing wi						_
(A) Name and business address								Description of	services	Com	(C) pensation	
												_
Total number of independent contractors (including	but not limited	l to the	see lu	etod	obo		ho			-		_

Business Code

10

12

255,730

10

(245

900099

900099

Miscellaneous Revenue

11a Refund

b Vendor Income

d All other revenue e Total. Add lines 11a-11d

12 Total revenue. See instructions

84-0755264

	rt X" Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other organiz	ations must complete c	olumn (A)	
	Check if Schedule O contains a response or note to				[
	ot include amounts reported on lines 6b, 7b,	(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			,	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				,
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	54,252	35,264	18,988	
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 salanes and wages	25,370	25,370		-
8	Pension plan accruals and contributions (include		/		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,714	6,262	1,452	
11	Fees for services (non-employees)	,			
а	Management				
ь	Legal				
C	Accounting	3,110	3,110		
d	Lobbying	, ====			
e	Professional fundraising services See Part IV, line 17		-		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	51,719	51,719		
13	Office expenses	7,419	7,419		
14	Information technology				
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	14,030	10,595	3,435	
17	Travel	965	965		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	62	29	33	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				-
23	Insurance	6,148	2,651	3,497	
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)			•	
а	Repairs	1,151	45	1,106	
b	Bank and Credit Card Fees	682	682		
С	Licenses and Permits	591	591		
d					
8	All other expenses	69,186	62,796	6,390	
25	Total functional expenses. Add lines 1 through 24e	242,399	207,498	34,901	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]			
	following SOP 98-2 (ASC 958-720)			·	

84-0755264 Form 990 (2017) Page 11 Granby Chamber of Commerce Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 Cash - non-interest-bearing 73,173 90,765 2 2 3 3 Pledges and grants receivable, net 4 3,850 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 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 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use 2,766 2,766 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10a Less accumulated depreciation 10b 10c 6,034 b 6,034 11 11 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 15 15 800 800 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 86,623 100,365 17 17 18 18 19 19 Deferred revenue 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X

Total liabilities. Add lines 17 through 25

complete lines 30 through 34.

Net Assets or Fund Balances

26

27 28

29

30

31

32

33

34

Total habilities. Add lines 17 through 25	1,111	2.0	
Organizations that follow SFAS 117 (ASC 958), check here 🔻 🗓 and	,		* \
complete lines 27 through 29, and lines 33 and 34.	yte was as a substitution		
Unrestricted net assets	84,852	27	97,393
Temporanly restricted net assets		28	
Permanently restricted net assets		29	
Organizations that do not follow SFAS 117 (ASC 958), check here			

1,771

25

30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 84,852 97,393 34 86,623 100,365

2.972

Form		34-075	5264	Pa	age 12
Pa	rt*XI* Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. []</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1		255,7	730
2	Total expenses (must equal Part IX, column (A), line 25)	2		242,3	399
3	Revenue less expenses Subtract line 2 from line 1	3		13,3	331
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		84,8	352
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		98,1	183_
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$
				Yes	No_
1	Accounting method used to prepare the Form 990 🐰 Cash 📗 Accrual 📗 Other				,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				٠,
	Schedule O			. , ,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			`	- ;
	reviewed on a separate basis, consolidated basis, or both			-	:
	Separate basis Consolidated basis Both consolidated and separate basis			-	1
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				- '
	separate basis, consolidated basis, or both.		-		٠,
	Separate basis Consolidated basis Both consolidated and separate basis		-		ĺ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				ĺ
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · 2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				-
	Schedule O		-	L	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		· · 3a		X
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		· · 3b		<u> </u>
EEA			For	n 990 (2	2017)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

2017

anda An Buildin

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

	or the organization	84-0755264					
Pa	anby Chamber of Commerce rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accou						
rai		iiits.					
	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 year)						
3	Aggregate value of grants from (during year)						
4	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						
	talled and the organization of property, careful to the organization of contract of the organization of th						
6 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							
Pa	rt II. Conservation Easements.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check all that apply)						
	Preservation of land for public use (e.g., recreation or education)						
	Protection of natural habitat	istoric structure					
	Preservation of open space	,					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con						
	easement on the last day of the tax year	- Held at the End of the Tax Year					
а	Total number of conservation easements	· 2a					
b	Total acreage restricted by conservation easements	- 2b					
C	Number of conservation easements on a certified historic structure included in (a)	· 2c					
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a						
	historic structure listed in the National Register	- 2d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	zation during the					
	tax year •	,					
4	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?						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year					
	<u> </u>						
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year					
	► \$						
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E						
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	nent, and					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	t describes the					
	organization's accounting for conservation easements						
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Similar Assets.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	d balance sheet					
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in full	rtherance of					
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	ns					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	alance 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	> \$					
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,						
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items						
а	Revenue included on Form 990, Part VIII, line 1	▶ \$					
b	Assets included in Form 990, Part X	 					

	lule D (Form 990) 2017 Granby Chamber						84-0755		Page 2
Pa	rt III Organizations Maintaining (Collections of	Art, Histo	rical T	reasures,	or Oth	er Similar Ass	ets (contir	าued) ⁻
3	Using the organization's acquisition, accession,	and other records,	check any of	the follow	ving that are a	a significa	nt use of its		
	collection items (check all that apply)	_							
а	Public exhibition d Loan or exchange programs								
b	Scholarly research	e 🗌 O	ther			_			
C	Preservation for future generations								-
4	Provide a description of the organization's collection	ctions and explain h	ow they furth	er the org	ganization's ex	kempt pu	pose in Part		
	XIII								
5	During the year, did the organization solicit or re					ılar		_	
_	assets to be sold to raise funds rather than to be		t of the organ	nization's	collection?		· · · · · · · · · · · · · · · · · · ·	· 🔲 Yes	No
Pa	rt IV Escrow and Custodial Arran		_						
	Complete if the organization a	nswered "Yes" (on Form 9	90, Par	t IV, line 9,	or rep	orted an amour	nt on Form	1
	990, Part X, line 21								
1a	Is the organization an agent, trustee, custodian		-					_	_
_	•				• • • • • •			· Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII and	d complete the follow	wing table						
						<u> </u>	Amo	unt	
C	Beginning balance					0			
d	Additions during the year					—			
е							+		
f	Ending balance								
2a	Did the organization include an amount on Form					-		_	=
Do.	If "Yes," explain the arrangement in Part XIII Chrt V Endowment Funds.	eck here if the expli	anation has I	peen prov	ided on Part)	XIII ·			<u>· ⊔</u>
га	Complete if the organization a	newored "Vee"	on Form 0	OO Dor	+ IV/ lune 1/	^			
	Complete if the organization at	T	1		1				
4-	Decimaling of the balance	(a) Current year	(b) Pno	ог уеаг	(c) Two years	s back	(d) Three years back	(e) Four year	rs back
1a	Beginning of year balance								
b	· · · · · · · · · · · · · · · · · ·		-						
С	Net investment earnings, gains, and losses								
	Grants or scholarships		+		 			 	
u					 			 	
ø	Other expenditures for facilities and programs					ľ			
f	Administrative expenses							 	
g	End of year balance							+	
2	Provide the estimated percentage of the current	vear and halance (line 1a, colur	nn (a)) ha	ld oo	J		<u> </u>	
٠,	Board designated or quasi-endowment	•	•	iiii (a)) fie	iu as				
ь	Permanent endowment %								
c	Temporanily restricted endowment	%							
•	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possession	•	n that are he	ld and ad	ministered for	r the			
-	organization by	on or the organization	in that are the					Ye	s No
	(i) unrelated organizations · · · · · · ·							3a(i)	- 110
	(ii) related organizations							3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations lis	sted as required on	Schedule R?					3b	+-
4	Describe in Part XIII the intended uses of the org								
Pa	rt VI Land, Buildings, and Equipm							· ·	
	Complete if the organization ai		on Form 9	90, Par	t IV, line 11	la. See	Form 990, Par	t X, line 10	0.
	Description of property	(a) Cost or of			or other basis		Accumulated	(d) Book valu	
	, , ,	(investr			(other)		preciation	(-)	
1a	Land								
b	Buildings								
c	Leasehold improvements			_					
d	Equipment								
е	Other		6,034					6	,034
Tota	I. Add lines 1a through 1e (Column (d) must equ	ial Form 990, Part X		. line 10c)				.034

(1) Security Deposit	800
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	800
Part X Other Liabilities.	

1.	(a) Description of liability	(b) Book value
(1) Fe	ederal income taxes	
(2) O	ther Liabilities	2,972
(3)		
(4)		
_(5)		
(6)		
<u>(7)</u>		
(8)		
_(9)		
Total (Co	olumn (b) must equal Form 990, Part X, col (B) line 25)	▶ 2,972

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.

Sched	ule D (Form 990) 2017 Granby Chamber of Commerce	<u>84-075</u> 5264	Page 4					
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a							
1	Total revenue, gains, and other support per audited financial statements	1						
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
а	Net unrealized gains (losses) on investments	- 1						
b	Donated services and use of facilities							
c	Recovenes of prior year grants							
d	Other (Describe in Part XIII)							
e	Add lines 2a through 2d							
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3						
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	·						
-								
a								
b	Other (Describe in Part XIII)							
C								
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)							
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	ses per Keturn.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a							
1	Total expenses and losses per audited financial statements	1						
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
а	Donated services and use of facilities							
b	Prior year adjustments							
С	Other losses							
d	Other (Describe in Part XIII)							
0	Add lines 2a through 2d	. 2e						
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3						
4	Amounts included on Form 990, Part IX, line 25, but not on line 1							
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a							
	Other (Describe in Part XIII)							
b	Add lines 4a and 4b	 						
_ C								
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5						
_	rt XIII Supplemental Information.							
	ide 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, Pa	2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information							

_								

EEA

Schedule D (Form 990) 2017

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization						Employer identification number		
Granby Chamber of Commerce						84-0755264		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17								
Form 990-EZ filers are no								
1 Indicate whether the organization rais	ed funds through	any of the fo	llowing activ	ties Check all that ap	ply			
a Mail solicitations				of non-government gra	ants			
b Internet and email solicitations				of government grants				
c Phone solicitations		g 🗌	Special fund	fraising events				
d In-person solicitations								
2a Did the organization have a written or	oral agreement v	with any indiv	idual (includi	ng officers, directors,	trustees,			
or key employees listed in Form 990,	Part VII) or entity	ın connectio	n with profes	sional fundraising sen	vices?	□ Y ₀	es 🗌 No	
b If "Yes," list the 10 highest paid individ	uals or entities (f	undraisers) p	oursuant to a	greements under which	h the fundr	aiser is to be	•	
compensated at least \$5,000 by the o	rganızatıon							
1								
(i) Name and address of individual		(iii) Did fun	draiser have	(ly) Cross scients		ount paid to	(vi) Amount paid to	
or entity (fundraiser)	(ii) Activity		r control of	(iv) Gross receipts from activity		ained by) er listed in	(or retained by)	
1.1		contric	outions?			ol (i)	organization	
		Yes	No					
1								
2								
3								
			<u> </u>					
4								
5			-			 		
5								
6								
·								
7								
8	·		†					
9								
10								
Total			▶					
3 List all states in which the organization	is registered or li	censed to so	licit contributi	ons or has been notifi	ed it is exe	mpt from		
registration or licensing								
								
								
								
								
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Part II-Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through Fishing Cont CO None col (c)) (event type) (event type) (total number) Gross receipts 65,150 65,150 2 Less Contributions Gross income (line 1 minus 65,150 65,150 Cash prizes Noncash prizes Rent/facility costs . Direct Expenses 7 Food and beverages 8 Entertainment Other direct expenses 31,270 31,270 Direct expense summary Add lines 4 through 9 in column (d) 31,270 Net income summary Subtract line 10 from line 3, column (d) 33,880 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash pnzes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

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Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 84-0755264 Granby Chamber of Commerce 01. Officer, directors, etc. family relationship (Part VI, line 2) There is a Husband and Wife setting on the Board of Directors 02. Member election for additional members (Part VI, line 7a) If a Board Member leaves before the end of the elected term the Board has the right to appoint a person to finish the vacant position until the next election. 03. Form 990 governing body review (Part VI, line 11) The Board reviews the 990 and it is available for the members. 04. Form 990 availability to public (Part VI, line 18) The return is held at the Granby Chamber office and available to anyone that asks for 05. Governing documents, etc, available to public (Part VI, line 19) The governing documents for the Granby Chamber are at the office and available to anyone who asks.