

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 NOGALES CHAMBER OF COMMERCE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 123 W KINO PARK WAY

City or town, state or province, country, and ZIP or foreign postal code
 NOGALES, AZ 85621

D Employer identification number
 86-0042095

E Telephone number

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ INFO@THENOGALESCHAMBER.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 115,389

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)				
6c	Less direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	7,396	22	15,368
23 Land and buildings	42,138	23	42,218
24 Other assets (describe in Schedule O)	9,962	24	18,633
25 Total assets	59,496	25	76,219
26 Total liabilities (describe in Schedule O).	14,883	26	18,245
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,613	27	57,974

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		30a	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	62,952

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
OLIVIA AINZA PRESIDENT CEO	2 00	21,803	0	0
ARNOLD QUIJADA CHAIRMAN OF THE BOARD	1 00	0	0	0
ABELARDO DURAN SECRETARY	2 00	0	0	0
SUZETTE MORENO TREASURER	2 00	0	0	0
ABRAHAM SNEED BOARD MEMBER	1 00	0	0	0
CESAR PARADA BOARD MEMBER	1 00	0	0	0
GREG LUCERO GOVERNMENT AFFAIRS CMTTEE CHAIRMAN	1 00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here *****
Signature of officer OLIVIA AINZA CEO
Date 2018-05-17
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name ALEATHA MOYER EA MSA
Preparer's signature
Date 2018-05-17
Check if self-employed
PTIN P00756268
Firm's name AM TAX AND ACCOUNTING LLC
Firm's EIN 27-0820460
Firm's address 1147 W FRONTAGE ROAD SUITE 2
Rio Rico, AZ 85648
Phone no (520) 281-2829

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

Additional Data

Software ID:

Software Version:

EIN: 86-0042095

Name: NOGALES CHAMBER OF COMMERCE INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 SEE SCHEDULE O (Grants \$)	28a	15,878
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 SEE SCHEDULE O (Grants \$ 45,837)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>46,657</p>

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 DONATIONS GIVEN TO OTHER NON PROFIT ORGANIZATIONS SUCH AS ROTARY (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">417</p>

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
NOGALES CHAMBER OF COMMERCE INC

Employer identification number
86-0042095

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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)
		BUSINESS EXC (event type)	NAFTA (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	10,650	6,450		17,100
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	10,650	6,450		17,100
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	4,123	3,929		8,052
	9 Other direct expenses		1,608		1,608
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				9,660
11 Net income summary Subtract line 10 from line 3, column (d) ▶				7,440	

Part III 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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE O
 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ
 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
 ▶ Attach to Form 990 or 990-EZ.
 ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
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Department of the Treasury
 Internal Revenue Service
 Name of the organization
 NOGALES CHAMBER OF COMMERCE INC

Employer identification number
 86-0042095

990 Schedule O, Supplemental Information

Return Reference	Explanation
General explanation attachment	<p>PART III PRIMARY EXEMPT PURPOSE THE CHAMBER OF COMMERCE IS A MEMBERSHIP ORGANIZATION WHOSE PURPOSE IS THE ADVANCEMENT OF ECONOMIC, INDUSTRIAL, PROFESSIONAL, CULTURAL AND CIVIC WELFARE OF THE NOGALES AND SANTA CRUZ COUNTY AREAS PART III LINE 28 ACCOMPLISHMENTS THE NOGALES SCC CHAMBER OF COMMERCE ENCOURAGES THE GROWTH OF EXISTING BUSINESS AND INDUSTRIES THROUGH ITS DIVERSE BUSINESS PROGRAMS AND GLOBAL RESOURCES BUSINESS PROGRAMS INCLUDE INTERNSHIP AT THE CHAMBER, MONTHLY GOVERNMENT AFFAIR MEETINGS, AND BUSINESS MIXERS THE CHAMBER IS VERY ACTIVE IN PROMOTING MEMBERS AND COMMUNITY EVENTS THROUGH SOCIAL MEDIA EXAMPLES OF PROGRAMS FOR 2016 INCLUDE LETS PUT NOGALES ON THE MAP, ARIZONA AT WORK, THE AGRICULTURAL TRADE FARE, SMALL BUSINESS WEEK AND NONPROFIT TRAINING WORKSHOPS THE CHAMBER RECOGNIZES THE VALUE OF LONG-TERM INVESTMENT IN EDUCATION, AND SUPPORTS EDUCATION REFORM AT THE LOCAL, STATE AND FEDERAL LEVEL THE CHAMBER WORKS TO IMPROVE PERSISTENCE ATTRIBUTES, SCHOOL OUTCOMES, AND CAREER ATTAINMENT PART III LINE 29 THE CHAMBER IS ACTIVELY ENGAGED IN THE DEVELOPMENT OF INCOMING CORPORATIONS, INNOVATIVE START-UPS, AND CREATIVE INDIVIDUALS SEEKING TO RELOCATE IN THE SANTA CRUZ COUNTY AREA THE CHAMBER HOSTS THE NOGALES TOURISM CENTER CHAMBER MEMBERS PROMOTE COMMUNITY EVENTS SUCH AS THE CHILDRENS HEALTH FAIR, PARKS AND RECREATION YOUTH SUMMER PROGRAMS, AND DIA DE LOS MUERTOS THE CHAMBER RESPONDS TO QUESTIONS ABOUT NOGALES AND SANTA CRUZ THROUGH SOCIAL MEDIA, PHONE AND MAILING KITS THE CHAMBER MEMBERSHIP IS BI-NATIONAL AND INCLUDES 350 MEMBERS OF SMALL BUSINESSES, ENTREPRENEURS, AND BILLION DOLLAR MAQUILADORAS IN SANTA CRUZ COUNTY, AND NOGALES, SONORA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	DESCRIPTION AMOUNT REFUNDS AND ALLOWANCES 1 RENTAL OF CONFERENCE ROOM 900 MISC REVENUE 741 ONLINE TRANSFER 23 ROUNDING 1

990 Schedule O, Supplemental Information

Return Reference	Explanation
List of grants and similar amounts paid Part I line 10	ACTIVITY CONTRIBUTIONS TO OTHER ORGANIZATIONS RELATIONSHIP NONE AMOUNT 417

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	DESCRIPTION AMOUNT DEPRECIATION FROM 4562 514 ADVERTISING & PROMOTION 10,707 AUTOMOBILE EXPENSE 2,366 BANK CHARGES 559 DUES AND SUBSCRIPTION 750 GIFTS 864 INSURANCE 854 INTEREST EXPENSE 29 9 LATE FEES 3 MEALS AND ENTERTAINMENT 1,728 MEETING, CONFERENCE EXPENSES 906 MEMBERSHIP FEES & DUES 1,123 PROFESSIONAL DEVELOPMENT 76 REAL ESTATE TAXES 138 SUPPLIES 5,347 TELEPHONE 810 TRAVEL 228 VOLUNTEER MEALS 468 ROUNDING (1)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other assets Part II line 24	CATEGORY BEGINNING OF YEAR END OF YEARACCOUNTS RECEIVABLE 9,313 17,987EQUIPMENT AND FIXTURES 772 645ROUNDING 0 1PRIOR PERIOD ADJUSTMENT (123) 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of total liabilities Part II line 26	CATEGORY BEGINNING OF YEAR END OF YEARNOTE PAYABLE 6,396 8,884ACCOUNTS PAYABLE 7,148 7,810PAYROLL PAYABLE 1,339 1,551