

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

2018

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning, 2018, and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending.
C Prescott Chamber of Commerce, P.O. Box 1147, Prescott, AZ 86302-1147
D Employer identification number: 86-0048878
E Telephone number: 928-445-2000
G Gross receipts \$: 731,080.
F Name and address of principal officer: Same As C Above
H(a) Is this a group return for subordinates? Yes [X] No
H(b) Are all subordinates included? Yes [ ] No
I Tax-exempt status: 501(c)(3) [X] 501(c) ( 6 ) (insert no.) 4947(a)(1) or 527
J Website: www.prescott.org
K Form of organization: [X] Corporation, [ ] Trust, [ ] Association, [ ] Other
L Year of formation: 1938
M State of legal domicile: AZ

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, Expenses. Rows include: 1. Mission (See Schedule O), 2-6. Governance metrics, 7a-b. Revenue (8-12), 13-16a. Expenses (17-19), 20-22. Fund balances. Includes a 'RECEIVED' stamp from IRS-OIGDEN, UT dated NOV 04 2019.

Part III Signature Block

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

Sign Here: Signature of officer: Sheri Heiney, Date: 10/29/19, Title: CEO.
Paid Preparer Use Only: Print/Type preparer's name: Adam Rutherford, CPA, Preparer's signature, Date: 10/21/19, Check self-employed [ ], PTIN: P01074806.
Firm's name: SCHUTTE & HILGENDORF, PLLC, Firm's address: 2086 WILLOW CREEK ROAD, PRESCOTT, AZ 86301, Firm's EIN: 26-1390040, Phone no: 928-778-0079.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No
BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 08/20/18 Form 990 (2018)

SCANNED DEC 12 2019

Handwritten numbers: 626 19

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission

See Schedule O

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 X

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?

Yes No X

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

4 a (Code ) (Expenses \$ 331,734. including grants of \$ ) (Revenue \$ 305,189.)

The Prescott Chamber of Commerce's (The Chamber) primary function is to support business in the Prescott, Arizona area. The chamber hosts the local Prescott Area Young Professionals. During the year, the Chamber managed numerous events in the local community including the annual Bluegrass Festival, Christmas Parade and Courthouse Lighting, Job Fair, Home & Health Expo and several Arts and Crafts Shows. The Chamber also hosted monthly mixers to provide networking opportunities for the local business community.

4 b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4 d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4 e Total program service expenses 331,734.

BDGOR

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements for various schedules (A through H).

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III   |     | X  |
| 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J  |     | X  |
| 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                           |     | X  |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  |     |    |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |     |    |
| d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  |     |    |
| 25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I  |     |    |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I  |     |    |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II                                 |     | X  |
| 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 |     | X  |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV  |     | X  |
| b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV   |     | X  |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV   |     | X  |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M  |     | X  |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M  |     | X  |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  |     | X  |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II  |     | X  |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I  |     | X  |
| 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1  | X   |    |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  |     | X  |
| b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2  |     |    |
| 36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2   |     |    |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI   |     | X  |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|  | Yes | No |
|--|-----|----|
| 1 a 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? | X   |    |

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

|             |   | Yes         | No |
|-------------|---|-------------|----|
| <b>2 a</b>  | 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   |             |    |
|             | <b>2 a</b> 9  |             |    |
| <b>b</b>    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | X           |    |
| <b>3 a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | X           |    |
| <b>b</b>    | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O   | X           |    |
| <b>4 a</b>  | 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)?<br><b>b</b> If 'Yes,' enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) |             | X  |
| <b>5 a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |             | X  |
| <b>b</b>    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |             | X  |
| <b>c</b>    | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?  |             |    |
| <b>6 a</b>  | 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?   |             | X  |
| <b>b</b>    | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   |             |    |
| <b>7</b>    | <b>Organizations that may receive deductible contributions under section 170(c).</b>  |             |    |
| <b>a</b>    | 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?   |             |    |
| <b>b</b>    | If 'Yes,' did the organization notify the donor of the value of the goods or services provided?   |             |    |
| <b>c</b>    | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  |             |    |
| <b>d</b>    | If 'Yes,' indicate the number of Forms 8282 filed during the year   |             |    |
|             | <b>7 d</b>  |             |    |
| <b>e</b>    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |             |    |
| <b>f</b>    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |             |    |
| <b>g</b>    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |             |    |
| <b>h</b>    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |             |    |
| <b>8</b>    | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  |             |    |
| <b>9</b>    | <b>Sponsoring organizations maintaining donor advised funds.</b>  |             |    |
| <b>a</b>    | Did the sponsoring organization make any taxable distributions under section 4966?  |             |    |
| <b>b</b>    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   |             |    |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter   |             |    |
| <b>a</b>    | Initiation fees and capital contributions included on Part VIII, line 12  | <b>10 a</b> |    |
| <b>b</b>    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | <b>10 b</b> |    |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter  |             |    |
| <b>a</b>    | Gross income from members or shareholders   | <b>11 a</b> |    |
| <b>b</b>    | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )  | <b>11 b</b> |    |
| <b>12 a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?   | <b>12 a</b> |    |
| <b>b</b>    | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   | <b>12 b</b> |    |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |             |    |
| <b>a</b>    | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O   | <b>13 a</b> |    |
| <b>b</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   | <b>13 b</b> |    |
| <b>c</b>    | Enter the amount of reserves on hand  | <b>13 c</b> |    |
| <b>14 a</b> | Did the organization receive any payments for indoor tanning services during the tax year?  | <b>14 a</b> | X  |
| <b>b</b>    | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O   | <b>14 b</b> |    |
| <b>15</b>   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If 'Yes,' see instructions and file Form 4720, Schedule N.  | <b>15</b>   | X  |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If 'Yes,' complete Form 4720, Schedule O   | <b>16</b>   | X  |

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

|  |               | Yes | No |
|--|---------------|-----|----|
| <b>1 a</b> Enter the number of voting members of the governing body at the end of the tax year<br>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>1 a</b> 15 |     |    |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent  | <b>1 b</b> 15 |     |    |
| <b>2</b> 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?   | <b>2</b>      |     | X  |
| <b>3</b> 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?  | <b>3</b>      |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | <b>4</b>      |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  | <b>5</b>      |     | X  |
| <b>6</b> Did the organization have members or stockholders?  | <b>6</b>      |     | X  |
| <b>7 a</b> 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?  | <b>7 a</b>    |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | <b>7 b</b>    |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |               |     |    |
| <b>a</b> The governing body?   | <b>8 a</b>    | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   | <b>8 b</b>    |     | X  |
| <b>9</b> 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  | <b>9</b>      |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|   | Yes         | No |
|---|-------------|----|
| <b>10 a</b> Did the organization have local chapters, branches, or affiliates?  | <b>10 a</b> | X  |
| <b>b</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?   | <b>10 b</b> |    |
| <b>11 a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | <b>11 a</b> | X  |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O  | <b>11 b</b> |    |
| <b>12 a</b> Did the organization have a written conflict of interest policy? If 'No,' go to line 13   | <b>12 a</b> | X  |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <b>12 b</b> |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done   | <b>12 c</b> |    |
| <b>13</b> Did the organization have a written whistleblower policy?   | <b>13</b>   | X  |
| <b>14</b> Did the organization have a written document retention and destruction policy?  | <b>14</b>   | X  |
| <b>15</b> 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?  |             |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official See Schedule O  | <b>15 a</b> | X  |
| <b>b</b> Other officers or key employees of the organization<br>If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)  | <b>15 b</b> | X  |
| <b>16 a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?   | <b>16 a</b> | X  |
| <b>b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | <b>16 b</b> |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
Sheri Heiney 117 W. Goodwin St Prescott AZ 86301 928-445-2000

**Part VII 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**

**1 a** Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of 'key employee '
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

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

| (A)<br>Name and Title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (1) <u>Larry Burns</u><br>Director         | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (2) <u>Andre Carman</u><br>Director        | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (3) <u>David Hernandez</u><br>Director     | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (4) <u>Connie Manning</u><br>Secretary     | 1<br>0   | X   |                       | X       |              |                              | 0.   | 0.  | 0.  |
| (5) <u>Tom Dolan</u><br>Treasurer          | 1<br>0   | X   |                       | X       |              |                              | 0.   | 0.  | 0.  |
| (6) <u>Joe Howard</u><br>Director          | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (7) <u>Margo Christensen</u><br>Chairman   | 1<br>0   | X   |                       | X       |              |                              | 0.   | 0.  | 0.  |
| (8) <u>Rodney Jenkins</u><br>Director      | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (9) <u>Danielle Rickert</u><br>Director    | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (10) <u>Suzane Springer</u><br>Chair Elect | 1<br>0   | X   |                       | X       |              |                              | 0.   | 0.  | 0.  |
| (11) <u>Sanford Cohen</u><br>Past Chair    | 1<br>0   | X   |                       | X       |              |                              | 0.   | 0.  | 0.  |
| (12) <u>Jamall McCoy</u><br>Director       | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (13) <u>Stephen Whisenhunt</u><br>Director | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (14) <u>Mackenzie Rodgers</u><br>Director  | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|                            |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) Mike Fann<br>Director | 1<br>0   | X   |                       |         |              |                              | 0.   | 0.  | 0.  |
| (16) Sheri Heiney<br>CEO   | 40<br>0  |   |                       | X       |              |                              | 102,060.   | 0.  | 0.  |
| (17)                       |  |   |                       |         |              |                              |  |   |   |
| (18)                       |  |   |                       |         |              |                              |  |   |   |
| (19)                       |  |   |                       |         |              |                              |  |   |   |
| (20)                       |  |   |                       |         |              |                              |  |   |   |
| (21)                       |  |   |                       |         |              |                              |  |   |   |
| (22)                       |  |   |                       |         |              |                              |  |   |   |
| (23)                       |  |   |                       |         |              |                              |  |   |   |
| (24)                       |  |   |                       |         |              |                              |  |   |   |
| (25)                       |  |   |                       |         |              |                              |  |   |   |

|  |          |    |    |
|--|----------|----|----|
| <b>1 b Sub-total</b>   | 102,060. | 0. | 0. |
| <b>c Total from continuation sheets to Part VII, Section A</b> | 0.       | 0. | 0. |
| <b>d Total (add lines 1b and 1c)</b>                           | 102,060. | 0. | 0. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

|   | Yes | No |
|---|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>                                       | 3   | X  |
| 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? <i>If 'Yes,' complete Schedule J for such individual</i> | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>                       | 5   | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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**



**Part VIII Statement of Revenue**

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

|   |  | (A)<br>Total revenue          | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|--|-------------------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>       | <b>1 a</b> Federated campaigns   |                               |  |   |  |  |
|   | <b>b</b> Membership dues   |                               |  |   |  |  |
|   | <b>c</b> Fundraising events  |                               |  |   |  |  |
|   | <b>d</b> Related organizations   |                               |  |   |  |  |
|   | <b>e</b> Government grants (contributions)   |                               |  |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above                                      | 141,371.                      |  |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f. \$   |                               |  |   |  |  |
| <b>h Total.</b> Add lines 1a-1f                                     |  | 141,371.                      |  |   |  |  |
| <b>Program Service Revenue</b>                                      |  | <b>Business Code</b>          |  |   |  |  |
|   | <b>2 a</b> <u>Memberships</u>  | 900099                        | 273,418.   | 273,418.                                |  |  |
|   | <b>b</b> <u>Annual Meeting</u>   | 900099                        | 10,930.  | 10,930.                                 |  |  |
|   | <b>c</b> <u>Women in Business</u>  | 900099                        | 9,995.   | 9,995.                                  |  |  |
|   | <b>d</b> <u>Business Awards Breakfast</u>  | 900099                        | 4,740.   | 4,740.                                  |  |  |
|   | <b>e</b> <u>Christmas</u>  | 900099                        | 3,680.   | 3,680.                                  |  |  |
|   | <b>f</b> All other program service revenue   | WKS                           | 2,426.   | 2,426.                                  |  |  |
| <b>g Total.</b> Add lines 2a-2f                                     |  | 305,189.                      |  |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest and other similar amounts)   |                               | 721.   | 721.                                    |  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds.   |                               |  |   |  |  |
|   | <b>5</b> Royalties   |                               |  |   |  |  |
|   | <b>6 a</b> Gross rents   | (i) Real                      | 875.   |   |  |  |
|   |  | (ii) Personal                 |  |   |  |  |
|   | <b>b</b> Less rental expenses  |                               |  |   |  |  |
|   | <b>c</b> Rental income or (loss)   | 875.                          |  |   |  |  |
|   | <b>d</b> Net rental income or (loss)   |                               | 875.   | 875.                                    |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory  | (i) Securities                |  |   |  |  |
|   |  | (ii) Other                    |  |   |  |  |
|   | <b>b</b> Less cost or other basis and sales expenses   |                               |  |   |  |  |
|   | <b>c</b> Gain or (loss)  |                               |  |   |  |  |
|   | <b>d</b> Net gain or (loss)  |                               |  |   |  |  |
|   | <b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | <b>a</b>                      | 250,463.   |   |  |  |
|   |  | <b>b</b> Less direct expenses | 156,836.   |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events               |  |                               | 93,627.  |   |  |  |
| <b>9 a</b> Gross income from gaming activities See Part IV, line 19 | <b>a</b>   |                               |  |   |  |  |
|   | <b>b</b> Less direct expenses  |                               |  |   |  |  |
|   | <b>c</b> Net income or (loss) from gaming activities   |                               |  |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>a</b>   | 14,980.                       |  |   |  |  |
|   | <b>b</b> Less cost of goods sold   | 2,013.                        |  |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory  |                               | 12,967.  |   | 12,967.  |  |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b>          |  |   |  |  |
| <b>11 a</b> <u>Nwsltr/Intrnt Advrtsg</u>                            |  |                               | 17,481.  | 17,481.                                 |  |  |
|   | <b>b</b>   |                               |  |   |  |  |
|   | <b>c</b>   |                               |  |   |  |  |
|   | <b>d</b> All other revenue   |                               |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d                                   |  |                               | 17,481.  |   |  |  |
| <b>12 Total revenue.</b> See instructions                           |  |                               | 572,231.   | 324,266.                                | 0.   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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   | 102,060.              | 61,015.                         | 41,045.                                | 0.                          |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 0.                    | 0.                              | 0.                                     | 0.                          |
| 7 Other salaries and wages   | 183,371.              | 139,829.                        | 43,542.                                |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| 9 Other employee benefits  | 37,428.               | 27,391.                         | 10,037.                                |                             |
| 10 Payroll taxes   | 22,081.               | 16,160.                         | 5,921.                                 |                             |
| 11 Fees for services (non-employees)   |                       |                                 |  |                             |
| a Management   |                       |                                 |  |                             |
| b Legal  |                       |                                 |  |                             |
| c Accounting   | 5,929.                |                                 | 5,929.                                 |                             |
| 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 (A) amount, list line 11g expenses on Schedule O.)  | 192.                  |                                 | 192.                                   |                             |
| 12 Advertising and promotion   | 5,013.                | 5,013.                          |  |                             |
| 13 Office expenses   |                       |                                 |  |                             |
| 14 Information technology  |                       |                                 |  |                             |
| 15 Royalties   |                       |                                 |  |                             |
| 16 Occupancy   | 2,745.                |                                 | 2,745.                                 |                             |
| 17 Travel  |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings  |                       |                                 |  |                             |
| 20 Interest  |                       |                                 |  |                             |
| 21 Payments to affiliates  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization   | 8,878.                | 4,883.                          | 3,995.                                 |                             |
| 23 Insurance   | 9,411.                |                                 | 9,411.                                 |                             |
| 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 <u>Program Expenses</u>  | 46,761.               | 46,761.                         |  |                             |
| b <u>UBIT Expenses</u>   | 37,488.               |                                 | 37,488.                                |                             |
| c <u>Supplies</u>  | 10,604.               | 5,522.                          | 5,082.                                 |                             |
| d <u>Repairs &amp; Maintenance</u>   | 10,137.               | 5,277.                          | 4,860.                                 |                             |
| e All other expenses   | 45,828.               | 19,883.                         | 25,945.                                |                             |
| 25 Total functional expenses. Add lines 1 through 24e  | 527,926.              | 331,734.                        | 196,192.                               | 0.                          |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |           | (B)<br>End of year  |
|---|---|--------------------------|-----------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash – non-interest-bearing  | 65,737.                  | <b>1</b>  | 113,178.            |
|   | <b>2</b> Savings and temporary cash investments   | 179,015.                 | <b>2</b>  | 182,217.            |
|   | <b>3</b> Pledges and grants receivable, net   |                          | <b>3</b>  |                     |
|   | <b>4</b> Accounts receivable, net   | 12,583.                  | <b>4</b>  | 9,366.              |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   |                          | <b>5</b>  |                     |
|   | <b>6</b> 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 |                          | <b>6</b>  |                     |
|   | <b>7</b> Notes and loans receivable, net  |                          | <b>7</b>  |                     |
|   | <b>8</b> Inventories for sale or use  |                          | <b>8</b>  |                     |
|   | <b>9</b> Prepaid expenses and deferred charges  | 10,205.                  | <b>9</b>  | 11,142.             |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 569,520.      |           |                     |
|   | <b>b</b> Less: accumulated depreciation   | <b>10b</b> 320,196.      | 258,800.  | <b>10c</b> 249,324. |
|   | <b>11</b> Investments – publicly traded securities  |                          | <b>11</b> |                     |
|   | <b>12</b> Investments – other securities See Part IV, line 11   |                          | <b>12</b> |                     |
|   | <b>13</b> Investments – program-related See Part IV, line 11  |                          | <b>13</b> |                     |
|   | <b>14</b> Intangible assets   |                          | <b>14</b> |                     |
|   | <b>15</b> Other assets See Part IV, line 11   | 800.                     | <b>15</b> | 800.                |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) | 527,140.  | <b>16</b>                | 566,027.  |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses   | 3,088.                   | <b>17</b> | 4,257.              |
|   | <b>18</b> Grants payable  |                          | <b>18</b> |                     |
|   | <b>19</b> Deferred revenue  | 35,113.                  | <b>19</b> | 28,726.             |
|   | <b>20</b> Tax-exempt bond liabilities   |                          | <b>20</b> |                     |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D  |                          | <b>21</b> |                     |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   |                          | <b>22</b> |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties  |                          | <b>23</b> |                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties  |                          | <b>24</b> |                     |
|   | <b>25</b> 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  | 200.                     | <b>25</b> |                     |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25  | 38,401.                  | <b>26</b> | 32,983.             |
| <b>Net Assets or Fund Balances</b>                                  | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |           |                     |
|   | <b>27</b> Unrestricted net assets   | 488,739.                 | <b>27</b> | 533,044.            |
|   | <b>28</b> Temporarily restricted net assets   |                          | <b>28</b> |                     |
|   | <b>29</b> Permanently restricted net assets   |                          | <b>29</b> |                     |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>  |                          |           |                     |
|   | <b>30</b> Capital stock or trust principal, or current funds  |                          | <b>30</b> |                     |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund  |                          | <b>31</b> |                     |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | <b>32</b> |                     |
|   | <b>33 Total net assets or fund balances</b>   | 488,739.                 | <b>33</b> | 533,044.            |
| <b>34 Total liabilities and net assets/fund balances</b>            | 527,140.  | <b>34</b>                | 566,027.  |                     |

**Part XI Reconciliation 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  | 572,231. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 527,926. |
| 3  | Revenue less expenses Subtract line 2 from line 1   | 3  | 44,305.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 488,739. |
| 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 | 533,044. |

**Part 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O   |     |    |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X   |    |
| 2 b | Were the organization's financial statements audited by an independent accountant?<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                                     |     | X  |
| 2 c | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | X   |    |
| 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?  |     | X  |
| 3 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  |     |    |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Prescott Chamber of Commerce

Employer identification number

86-0048878

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation easement, a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure, d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 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 easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 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)?, 9 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.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

Table with 2 columns: Revenue and Assets. Rows include: 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table

|     | Amount |
|-----|--------|
| 1 c |        |
| 1 d |        |
| 1 e |        |
| 1 f |        |

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance                    |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
  - b Permanent endowment ▶ \_\_\_\_\_ %
  - c Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VII Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land  |                                      |                                 |                              |                |
| b Buildings   |                                      | 366,590.                        | 142,213.                     | 224,377.       |
| c Leasehold improvements  |                                      | 41,930.                         | 17,364.                      | 24,566.        |
| d Equipment   |                                      | 30,860.                         | 30,479.                      | 381.           |
| e Other   |                                      | 130,140.                        | 130,140.                     | 0.             |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 249,324.       |

BAA Schedule D (Form 990) 2018

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)        | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives   |                |  |
| (2) Closely-held equity interests   |                |  |
| (3) Other   |                |  |
| (A) -----   |                |  |
| (B) -----   |                |  |
| (C) -----   |                |  |
| (D) -----   |                |  |
| (E) -----   |                |  |
| (F) -----   |                |  |
| (G) -----   |                |  |
| (H) -----   |                |  |
| (I) -----   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) |                |  |

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) |                |  |

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability  | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) |                |

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |            |            |
|----------|--|------------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |            | <b>1</b>   |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                             |            |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2 a</b> |            |
| <b>b</b> | Donated services and use of facilities   | <b>2 b</b> |            |
| <b>c</b> | Recoveries of prior year grants  | <b>2 c</b> |            |
| <b>d</b> | Other (Describe in Part XIII )   | <b>2 d</b> |            |
| <b>e</b> | Add lines <b>2 a</b> through <b>2 d</b> .  |            | <b>2 e</b> |
| <b>3</b> | Subtract line <b>2 e</b> from line <b>1</b>  |            | <b>3</b>   |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |            |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4 a</b> |            |
| <b>b</b> | Other (Describe in Part XIII )   | <b>4 b</b> |            |
| <b>c</b> | Add lines <b>4 a</b> and <b>4 b</b>  |            | <b>4 c</b> |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 12 ) |            | <b>5</b>   |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |            |            |
|----------|---|------------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |            | <b>1</b>   |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                |            |            |
| <b>a</b> | Donated services and use of facilities  | <b>2 a</b> |            |
| <b>b</b> | Prior year adjustments  | <b>2 b</b> |            |
| <b>c</b> | Other losses  | <b>2 c</b> |            |
| <b>d</b> | Other (Describe in Part XIII )  | <b>2 d</b> |            |
| <b>e</b> | Add lines <b>2 a</b> through <b>2 d</b> .   |            | <b>2 e</b> |
| <b>3</b> | Subtract line <b>2 e</b> from line <b>1</b>   |            | <b>3</b>   |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1                               |            |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4 a</b> |            |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4 b</b> |            |
| <b>c</b> | Add lines <b>4 a</b> and <b>4 b</b>   |            | <b>4 c</b> |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4 c</b> . (This must equal Form 990, Part I, line 18 ) |            | <b>5</b>   |

**Part XIII Supplemental Information.**

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



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

Prescott Chamber of Commerce

Employer identification number

86-0048878

**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 10 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 column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   | 0.  |

**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 III 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.

| REVENUE         | (a) Event #1  | (b) Event #2   | (c) Other events    | (d) Total events                       |          |          |
|-----------------|---|--|---------------------|--|----------|----------|
|                 | Party in the P<br>(event type)                              | Faire on the S<br>(event type)                             | 6<br>(total number) | (add column (a)<br>through column (c)) |          |          |
| 1               | Gross receipts  | 66,372.  | 56,482.             | 118,009.                               | 240,863. |          |
| 2               | Less Contributions  |  |                     |  |          |          |
| 3               | Gross income (line 1 minus line 2)                          | 66,372.  | 56,482.             | 118,009.                               | 240,863. |          |
| DIRECT EXPENSES | 4   | Cash prizes  |                     |  |          |          |
|                 | 5   | Noncash prizes   |                     |  |          |          |
|                 | 6   | Rent/facility costs  |                     |  |          |          |
|                 | 7   | Food and beverages   |                     |  |          |          |
|                 | 8   | Entertainment  |                     |  |          |          |
|                 | 9   | Other direct expenses                                      | 32,072.             | 14,110.                                | 97,169.  | 143,351. |
|                 | 10  | Direct expense summary Add lines 4 through 9 in column (d) |                     |  |          | 143,351. |
| 11              | Net income summary Subtract line 10 from line 3, column (d) |  |                     |  | 97,512.  |          |

**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.

| REVENUE         | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming  | (d) Total gaming (add column (a) through column (c)) |                   |
|-----------------|--|---|-------------------|--|-------------------|
|                 | 1  | Gross revenue                                 |                   |  |                   |
| DIRECT EXPENSES | 2  | Cash prizes                                   |                   |  |                   |
|                 | 3  | Noncash prizes                                |                   |  |                   |
|                 | 4  | Rent/facility costs                           |                   |  |                   |
|                 | 5  | Other direct expenses                         |                   |  |                   |
|                 | 6  | Volunteer labor                               | Yes _____ %<br>No | Yes _____ %<br>No                                    | Yes _____ %<br>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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10 a 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

|      |  |   |
|------|--|---|
| 13 a |  | % |
| 13 b |  | % |

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 ▶ -----

15 a 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 to be 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.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

Prescott Chamber of Commerce

Employer identification number

86-0048878

**Form 990, Part I, Line 1 - Organization Mission or Significant Activities**

The Prescott Area Chamber of Commerce promotes the whole Prescott community whether it be economic, industrial, professional, cultural, educational, or civic in nature. The Chamber has averaged over 100 businesses, individuals, and organizations as members in the last few years and strives to make Prescott a better place in which to live, work and visit.

**Form 990, Part III, Line 1 - Organization Mission**

The Prescott Area Chamber of Commerce promotes the whole Prescott community whether it be economic, industrial, professional, cultural, educational, or civic in nature. The Chamber has averaged over 100 businesses, individuals, and organizations as members in the last few years and strives to make Prescott a better place in which to live, work and visit.

**Form 990, Part VI, Line 11b - Form 990 Review Process**

990 is reviewed by the CEO prior to being filed.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

Annual review of CEO's salary and benefits is performed by the board of directors.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

The Organization discloses financial information through the 990 and 990T returns upon request and through Guidestar.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

OMB No 1545-0047

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2018**

Open to Public Inspection

Name of the organization

Prescott Chamber of Commerce

Employer identification number

86-0048878

**Part I Identification of Disregarded Entities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) -----   |                         |  |                     |                           |                                  |
| -----   |                         |  |                     |                           |                                  |
| -----   |                         |  |                     |                           |                                  |
| (2) -----   |                         |  |                     |                           |                                  |
| -----   |                         |  |                     |                           |                                  |
| -----   |                         |  |                     |                           |                                  |
| (3) -----   |                         |  |                     |                           |                                  |
| -----   |                         |  |                     |                           |                                  |
| -----   |                         |  |                     |                           |                                  |

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization                                     | (b)<br>Primary activity                                 | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501 (c)(3)) | (f)<br>Direct controlling entity |    | (g)<br>Sec 512(b)(13) controlled entity? |    |
|---|---|--|----------------------------|--|----------------------------------|----|--|----|
|   |   |  |                            |  | Yes                              | No | Yes                                      | No |
| (1) Prescott Chamber of Commerce Found<br>PO Box 1147<br>Prescott, AZ 86302<br>20-4235039 | Activities that positively impact life in Prescott, AZ. | AZ   | 501 (c) (3)                | 170 (b) (1) (A) (vi)                                 | N/A                              |    |  | X  |
| (2) -----   |   |  |                            |  |                                  |    |  |    |
| -----   |   |  |                            |  |                                  |    |  |    |
| (3) -----   |   |  |                            |  |                                  |    |  |    |
| -----   |   |  |                            |  |                                  |    |  |    |
| -----   |   |  |                            |  |                                  |    |  |    |
| (4) -----   |   |  |                            |  |                                  |    |  |    |
| -----   |   |  |                            |  |                                  |    |  |    |
| -----   |   |  |                            |  |                                  |    |  |    |

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Sec 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes                                      | No |
| (1) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |

**Part VI Transactions With Related Organizations.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

|  |   | Yes | No |
|--|---|-----|----|
| <b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  |   |     |    |
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |   |     |    |
| <b>a</b>   | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity |     | X  |
| <b>b</b>   | Gift, grant, or capital contribution to related organization(s)                                 |     | X  |
| <b>c</b>   | Gift, grant, or capital contribution from related organization(s)                               |     | X  |
| <b>d</b>   | Loans or loan guarantees to or for related organization(s)                                      |     | X  |
| <b>e</b>   | Loans or loan guarantees by related organization(s)   |     | X  |
| <b>f</b>   | Dividends from related organization(s)  |     | X  |
| <b>g</b>   | Sale of assets to related organization(s)   |     | X  |
| <b>h</b>   | Purchase of assets from related organization(s)   |     | X  |
| <b>i</b>   | Exchange of assets with related organization(s)   |     | X  |
| <b>j</b>   | Lease of facilities, equipment, or other assets to related organization(s)                      |     | X  |
| <b>k</b>   | Lease of facilities, equipment, or other assets from related organization(s)                    |     | X  |
| <b>l</b>   | Performance of services or membership or fundraising solicitations for related organization(s)  |     | X  |
| <b>m</b>   | Performance of services or membership or fundraising solicitations by related organization(s)   |     | X  |
| <b>n</b>   | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |     | X  |
| <b>o</b>   | Sharing of paid employees with related organization(s)  |     | X  |
| <b>p</b>   | Reimbursement paid to related organization(s) for expenses                                      |     | X  |
| <b>q</b>   | Reimbursement paid by related organization(s) for expenses                                      |     | X  |
| <b>r</b>   | Other transfer of cash or property to related organization(s)                                   |     | X  |
| <b>s</b>   | Other transfer of cash or property from related organization(s)                                 |     | X  |

| <b>2</b> | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|----------|-------------------------------------|-------------------------------|------------------------|--|
| (1)      |                                     |                               |                        |  |
| (2)      |                                     |                               |                        |  |
| (3)      |                                     |                               |                        |  |
| (4)      |                                     |                               |                        |  |
| (5)      |                                     |                               |                        |  |
| (6)      |                                     |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) -----                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) -----                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) -----                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) -----                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8) -----                               |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |



**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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