

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

Short Form Return of Organization Exempt From Income Tax

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

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

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
AJO DISTRICT CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1 W PLAZA ST

City or town, state or province, country, and ZIP or foreign postal code
AJO, AZ 85231

D Employer identification number
86-0081672

E Telephone number
(520) 387-7742

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

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

I Website: ▶ ajochamber.com

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

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 92,457

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

		1	2,140
Revenue	1 Contributions, gifts, grants, and similar amounts received		2,140
	2 Program service revenue including government fees and contracts		60,580
	3 Membership dues and assessments		7,286
	4 Investment income		
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	2,264
c Less direct expenses from gaming and fundraising events	6c	2,644	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-380	
7a Gross sales of inventory, less returns and allowances	7a	20,187	
b Less cost of goods sold	7b	11,410	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	8,777	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	78,403	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	38,900
	13 Professional fees and other payments to independent contractors	13	1,725
	14 Occupancy, rent, utilities, and maintenance	14	16,795
	15 Printing, publications, postage, and shipping	15	1,930
	16 Other expenses (describe in Schedule O)	16	10,435
17 Total expenses. Add lines 10 through 16 ▶	17	69,785	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,618
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	75,272
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-53,108
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	30,782

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	19,641	22	4,108
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	57,051	24	29,745
25 Total assets	76,692	25	33,853
26 Total liabilities (describe in Schedule O).	1,420	26	3,071
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	75,272	27	30,782

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

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

What is the organization's primary exempt purpose?

CHAMBER OF COMMERCE VISITOR CENTER

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

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

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

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JOHN JOHNSON	030 00	27,085		
EXECUTIVE DIR				
BREATRIZ ALLEN	000 00	0		
PRESIDENT				
MARI ZIMMERMAN	000 00	0		
SECRETARY				
ARON COOPER	000 00	0		
TREASURER				
STACY GUINN	000 00	0		
BOARD MEMBER				
CATHY HUTTON	000 00	0		
BOARD MEMBER				
GARBRIEL DAVID	000 00	0		
BOARD MEMBER				
FREEMAN FRY	000 00	0		
VP				

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

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of LINDA CELAYA Telephone no (520) 387-7742 Located at 1 W PLAZA ST AJO , AZ ZIP + 4 85321

Table with columns for question number, question text, and Yes/No columns. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

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

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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

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

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

***** Signature of officer	2019-03-13 Date
JOHN JOHNSON EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CHANCE P LAKE	Preparer's signature	Date 2019-03-13	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ CP LAKE PLLC			Firm's EIN ▶	
	Firm's address ▶ 1801 S JEN TILLY LN STE C8 TEMPE, AZ 85281			Phone no (480) 237-1040	

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

Additional Data

Software ID: 18007340

Software Version: 19.1.1.0

EIN: 86-0081672

Name: AJO DISTRICT CHAMBER OF COMMERCE

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 PROMOTE TOWN OF AJO AZ WORKING WITH OVER 75 MEMBERS TO INCREASE ECONOMIC ACTIVITY AND DEVELOPMENT BY PROMOTING TOURISM, SPONSORING LOCAL EVENTS, AND OPERATE VISITORS CENTER (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

AJO DISTRICT CHAMBER OF COMMERCE

Employer identification number

86-0081672

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Travel 331

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Supplies 3,523

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Telephone 1,667

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Bank and merchant fees 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Insurance 1,779

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Advertising 1,175

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Dues and subscriptions 165

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16, Other Expenses	Sales tax paid 795

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 20, Net Assets	Incorrectly reported on accrual basis in previous years -53,108

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24, Other Assets	FURNITURE AND DISPLAYS Beginning of year 15,640, End of year 15,640

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24, Other Assets	ACCOUNTS RECEIVABLE Beginning of year 29,646, End of year 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24, Other Assets	GIFT SHOP INVENTORY Beginning of year 11,340, End of year 13,547

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24, Other Assets	UNDEPOSITED FUNDS Beginning of year 425, End of year 558

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26, Liabilities	PAYROLL TAX PAYABLE Beginning of year 591, End of year 1,280

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26, Liabilities	SALES TAX PAYABLE Beginning of year 729, End of year 1,791

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26, Liabilities	ACCOUNTS PAYABLE Beginning of year 100, End of year 0