

Short Form Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning _____, and ending _____																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization PAYSON CHAMBER OF COMMERCE INC</td> <td rowspan="2">D Employer identification number 86-0180885</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> </tr> <tr> <td colspan="2">P O BOX 1380</td> <td rowspan="2">E Telephone number 928-474-4515</td> </tr> <tr> <td>City or town</td> <td>State ZIP code</td> </tr> <tr> <td>PAYSON</td> <td>AZ 85547</td> <td rowspan="2">F Group Exemption Number ▶</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/country Foreign postal code</td> </tr> </table>	C Name of organization PAYSON CHAMBER OF COMMERCE INC		D Employer identification number 86-0180885	Number and street (or P O box, if mail is not delivered to street address) Room/suite		P O BOX 1380		E Telephone number 928-474-4515	City or town	State ZIP code	PAYSON	AZ 85547	F Group Exemption Number ▶	Foreign country name	Foreign province/state/country Foreign postal code
C Name of organization PAYSON CHAMBER OF COMMERCE INC		D Employer identification number 86-0180885														
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P O BOX 1380		E Telephone number 928-474-4515														
City or town	State ZIP code															
PAYSON	AZ 85547	F Group Exemption Number ▶														
Foreign country name	Foreign province/state/country Foreign postal code															
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶ _____																
I Website: ▶ rimcountrychamber.com																
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 ▶ \$ 159,644																

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 Contributions, gifts, grants, and similar amounts received		101,367
	2 Program service revenue including government fees and contracts		1,943
	3 Membership dues and assessments		
	4 Investment income		8
	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	0
	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	56,326
	c Less direct expenses from gaming and fundraising events	6c	45,843
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	10,483
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	113,801
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	75,345
	13 Professional fees and other payments to independent contractors	13	3,650
	14 Occupancy, rent, utilities, and maintenance	14	11,511
	15 Printing, publications, postage, and shipping	15	19,739
	16 Other expenses (describe in Schedule O)	16	14,209
	17 Total expenses. Add lines 10 through 16	17	124,454
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,653
	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	42,412
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	31,759

G10 24

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	25,271	17,209
23 Land and buildings	17,038	14,700
24 Other assets (describe in Schedule O)	2,516	2,511
25 Total assets	44,825	34,420
26 Total liabilities (describe in Schedule O)	2,413	2,661
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	42,412	31,759

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

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

28 See Schedule O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	124,454
29 See Schedule O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	19,795
30 See Schedule O (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	26,048
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	170,297

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
Sanja Long Treasurer	Hr/WK 4.00			
Heather O'Berg Director	Hr/WK 2.00			
Christina Cantlin Director	Hr/WK 2.00			
Lance Porter Chairman	Hr/WK 4.00			
Shawn Dugan Secretary	Hr/WK 4.00			
Linda Hamman Director	Hr/WK 2.00			
Gary Tackett Other Officer	Hr/WK 4.00			
Scott Jones Director	Hr/WK 2.00			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
35 c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40 b			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
40 e			
41	List the states with which a copy of this return is filed <input type="text"/>		
42 a	The organization's books are in care of <input type="text" value="RIM COUNTRY CHAMBER OF COMMERCE"/> Telephone no <input type="text" value="928-474-4515"/> Located at <input type="text" value="P O BOX 1380"/> City <input type="text" value="PAYSON"/> ST <input type="text" value="AZ"/> ZIP + 4 <input type="text" value="85547"/>		
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)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		X
42 b			
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>		X
42 c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
44 b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44 c			
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44 d			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45 b			

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

Table with columns Yes, No and row 46 with X in No column.

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

Table with columns Yes, No and row 47.

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

Table with columns Yes, No and row 48.

49 a Did the organization make any transfers to an exempt non-charitable related organization?

Table with columns Yes, No and row 49a with X in No column.

b If "Yes," was the related organization a section 527 organization?

Table with columns Yes, No and row 49b with X in No column.

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"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. All rows contain '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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. All rows contain '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 (X) in No column

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 (Sandra S. Long), Date (11-15-17), Type or print name and title (SANDRA S. LONG, TREASURER)

Paid Preparer Use Only: Preparer's name (VALERIE A LUBKEN), Preparer's signature, Date (11/14/2017), Check self-employed, PTIN (PO1085393), Firm's name (VALERIE A LUBKEN PLLC), Firm's EIN (27-2088342), Firm's address (PO BOX 172, PAYSON, AZ 85547), Phone no (928) 474-6171

May the IRS discuss this return with the preparer shown above? See instructions

Yes No (X) in Yes column

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

PAYSON CHAMBER OF COMMERCE INC

Employer identification number

86-0180885

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 col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	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 II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Duck Race (event type)	Workshop Meetings/Work (event type)	4 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	4,124	2,400	49,802	56,326
	2	Less Contributions			0	0
	3	Gross income (line 1 minus line 2)	4,124	2,400	49,802	56,326
Direct Expenses	4	Cash prizes	900		500	1,400
	5	Noncash prizes			0	0
	6	Rent/facility costs		156	26,712	26,868
	7	Food and beverages		186	0	186
	8	Entertainment	435		0	435
	9	Other direct expenses	1,097	50	15,807	16,954
	10	Direct expense summary Add lines 4 through 9 in column (d)				
11	Net income summary Subtract line 10 from line 3, column (d)					10,483

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		Revenue	1	Gross revenue	
Direct Expenses	2	Cash prizes			0
	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)				(0)
8	Net gaming income summary Subtract line 7 from line 1, column (d)				0

- 9 Enter the state(s) in which the organization conducts gaming activities _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain _____

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

PAYSON CHAMBER OF COMMERCE INC

Employer identification number

86-0180885

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 825

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 2,915

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 2,338

Form 990-EZ, Part I, Line 16, Other Expenses Dues & subscriptions 870

Form 990-EZ, Part I, Line 16, Other Expenses Bank Service Fees 218

Form 990-EZ, Part I, Line 16, Other Expenses Education & Training 722

Form 990-EZ, Part I, Line 16, Other Expenses Licenses & permits 95

Form 990-EZ, Part I, Line 16, Other Expenses Merchant Credit Card Expense 700

Form 990-EZ, Part I, Line 16, Other Expenses Gifts & Scholarships 321

Form 990-EZ, Part I, Line 16, Other Expenses Volunteer Expense 720

Form 990-EZ, Part I, Line 16, Other Expenses Telecommunications 2,318

Form 990-EZ, Part I, Line 16, Other Expenses Travel & entertainment 2,167

Form 990-EZ, Part II, Line 24, Other Assets INVENTORIES Beginning of year 2,056, End of

year 2,056

Form 990-EZ, Part II, Line 24, Other Assets UNDEPOSITED FUNDS Beginning of year 460, End of

year 455

Form 990-EZ, Part II, Line 26, Liabilities Acounts payable, credit card payable and accrued

expenses Beginning of year 2,413, End of year 2,661

Form 990-EZ, Part III, Line Question Organization's Primary Exempt Purpose-The Rim Country

Regional Chamber of Commerce is organized for the purpose of advancing the working

partnership of business, to enhance the ability of its members to conduct their individual

business successfully, and to improve the economic well being of all citizens of the Rim

Country and the surrounding area

Form 990-EZ, Part III, Line Line 28 Statement of Program Service Accomplishments-Operate the

Visitor's Center located in Payson, Az for the purpose of promoting the community, it's

businesses, services, tourist attractions, and demographics to visitors, potential residents,

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

Employer identification number

PAYSON CHAMBER OF COMMERCE INC

86-0180885

and businesses. The Chamber sponsors and publishes an annual visitors guide that is distributed to Chamber visitors and by mail to interested parties that presents information about businesses, events, and attractions of the Rim Country. Businesses purchase advertisements and listings that help defray the cost of publication and distribution. In addition, the Chamber maintains an informative website which presents activities, events, community information, business listings, tourist attractions, to encourage visitors to the Rim Country.

Form 990-EZ, Part III, Line Line 29 Statement of Program Service Accomplishments-Organize and conduct various events for the purpose of promoting the community, it's businesses, tourist attractions, and to raise funds to provide continued services to the community into the future. Some of the major events that the Chamber sponsors include regular Business Buzz events presenting speakers to assist and educate businesses and residents, Annual Quilt Roundup, Annual Business Awards luncheon, Holiday Light Festival and Parade, Rodeo Parade, and monthly Chamber Mixers to provide network opportunities for local businesses.

Form 990-EZ, Part III, Line Line 30 Statement of Program Service Accomplishments-Organize, sponsor, and present the annual Payson Business Showcase, which allows Rim Country businesses to setup booths and presentations to explain their products and services in an exhibition venue.