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Form **990-EZ**

**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)

OMB No 1545-1150

2016

Open to Public Inspection

- ▶ 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

ENVELOPE
NOV 27 2017
REMARKS

A For the 2016 calendar year, or tax year beginning , 2016, and ending

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

C **Eloy Chamber of Commerce**
 305 North Stuart Boulevard
 Eloy, AZ 85131

D Employer identification number: 86-0292290

E Telephone number: (520) 466-3411

F Group Exemption Number: **06**

Accounting Method: Cash Accrual Other (specify) ▶ _____

Website: ▶ N/A

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

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

Form of organization Corporation Trust Association Other

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 ▶ \$ 65,765.

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	1	65,724.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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	
6c	c Less: direct expenses from gaming and fundraising events	6c	
6d	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	7a Gross sales of inventory, less returns and allowances	7a	
7b	b Less: cost of goods sold	7b	
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	8 Other revenue (describe in Schedule O) See Schedule O	8	41.
9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	65,765.
10	10 Grants and similar amounts paid (list in Schedule O)	10	324.
11	11 Benefits paid to or for members	11	7,567.
12	12 Salaries, other compensation, and employee benefits	12	30,000.
13	13 Professional fees and other payments to independent contractors	13	329.
14	14 Occupancy, rent, utilities, and maintenance	14	1,456.
15	15 Printing, publications, postage, and shipping	15	142.
16	16 Other expenses (describe in Schedule O) See Schedule O	16	18,361.
17	17 Total expenses. Add lines 10 through 16	17	58,179.
18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,586.
19	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	21,849.
20	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	29,435.

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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

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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	21,360.	22	27,681.	
23 Land and buildings		23		
24 Other assets (describe in Schedule O) See Schedule O		24	925.	
25 Total assets	21,360.	25	28,606.	
26 Total liabilities (describe in Schedule O) See Schedule O	-489.	26	-829.	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,849.	27	29,435.	

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 <u>See Schedule O</u>				
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		28 a		
29 _____				
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		29 a		
30 _____				
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		30 a		
31 Other program services (describe in Schedule O)				
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>		31 a		
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
Mark Benner Executive Dir.	40	30,000.	0.	0.
Bette Taylor Director	1.5	0.	0.	0.
Terry Strain President	2.5	0.	0.	0.
Robert Duke Vice President	2	0.	0.	0.
Ms. Toni Lorona-Carlson Treasurer	1.5	0.	0.	0.
Bill Pittman Director	1.5	0.	0.	0.
John Glutch Director	1.5	0.	0.	0.
Char O'Dea Director	1.5	0.	0.	0.
Nat Smith Director	1.5	0.	0.	0.

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

	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
35a 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		
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a 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 38 b N/A		
39 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39 b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A; section 4912 ▶ N/A, section 4955 ▶ N/A		
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 ▶ 0.		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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 40 e		X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ Mark Benner Telephone no. ▶ 520.466.3411
 Located at ▶ 305 North Stuart Boulevard Eloy AZ ZIP + 4 ▶ 85131

	Yes	No
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 ▶		X
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 ▶		X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

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 ▶ N/A

	Yes	No
44a 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
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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

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

	Yes	No
46		X

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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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

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

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

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

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

Sign Here
 Signature of officer: Mark R. Benner Date: 11/27/2017
 Type or print name and title: Mark Benner Executive Director

Paid Preparer Use Only

Print/Type preparer's name <u>Leon Potter</u>	Preparer's signature <u>Leon Potter</u>	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00639404</u>
Firm's name <u>Leon Potter dba Master Tax Advisors</u>	Firm's EIN <u>33-0948782</u>		Phone no <u>5205825425</u>	
Firm's address <u>43539 W Roth Rd</u> <u>Maricopa, AZ 85138</u>				

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Eloy Chamber of Commerce

86-0292290

Form 990-EZ, Part I, Line 8
Other Revenue

50/50 raffles

	\$	41.
Total	\$	<u>41.</u>

Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion
Arizona Corporation Commissio
Award Plaques
AZ Chamber Executive Dues
Circus
City Tax
Conferences, Conventions, and Meetings
Dues and Subscriptions
Golf signs
Golf Tournament Prizes
Golf tournament
Insurance
Newspaper Dues
Office Expenses
Sales Tax
Travel

	\$	944.
		10.
		75.
		800.
		290.
		15.
		125.
		87.
		223.
		770.
		4,374.
		2,926.
		38.
		4,716.
		13.
		2,955.
Total	\$	<u>18,361.</u>

Form 990-EZ, Part II, Line 24
Other Assets

Inventory Asset
Allowance for Bad Debts

	<u>Beginning</u>	<u>Ending</u>
	\$ 0.	\$ 205.
	0.	720.
Total	<u>\$ 0.</u>	<u>\$ 925.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

Credit Card Visa-Eloy Chamber M. Brenner
payroll Liabilities

	<u>Beginning</u>	<u>Ending</u>
	\$ 315.	\$ -25.
	-804.	-804.
Total	<u>\$ -489.</u>	<u>\$ -829.</u>

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The Eloy Chamber of Commerce Shall Provide community leadership, be the voice of business through advocacy, networking and education. We also provide visitor information and are open daily to provide all citizens of Eloy with Helpful information on how and where people want to live, work and play. Chamber membership is open to all businesses and individual members, it si an investment in the

Name of the organization

Employer identification number

Eloy Chamber of Commerce

86-0292290

Form 990-EZ, Part III - Organization's Primary Exempt Purpose (continued)

present and future of Eloy.

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

Business Memberships total 91, includes approximately 20 non-profit organizations who pay membership dues as well. Twice a year we provide local service organizations a venue to display their services and network with our membership at no cost. Individual memberships total an additional 5 people. We provide monthly business luncheons with relevant speakers, & business mixers as well. We assist local citizens with City contacts & City services. We provide mailing packets for anyone interested in relocating to the Eloy Community. We maintain a website which includes our community guide. I have been the executive director for 20 months, I serve our business membership and work with our community leaders to help publicize their events and ask our business partners to support the local activities in the community. We publish a business directory & community guide and distribute at least 2,500 copies annually. We are also concentrating involvement with the community at large, planning "A Taste of Eloy community Tamale festival in March 2017. We are bringing the Culpepper Circus to town in April 2017, we distribute 200-250 free tickets to children (our business membership donate the tickets back to the chamber.) 900 attendees. For the last two years, we are helping coordinate a jobs program with the Santa Cruz Valley Union High School District & the City of Eloy for our high school graduates. We sponsor and coordinate The Eloy Holiday Lights Decorating Contest each December 2016. We distributed yard signs that identified the "Winning Participants and published their names in the local paper, Eloy Enterprise. We assist, as MC and recruit the keynote speaker for Eloy's Veterans Day Celebration. We sponsor the Memorial Day Program, Eloy Cemetery each year (70-95 attendees.) We recruit the keynote speaker and administer the role of master of ceremonies. We are the "Go To" Place for

Name of the organization

Employer identification number

Eloy Chamber of Commerce

86-0292290

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

Eloy businesses, citizens & winter visitors to garner information on City Services, zoning requirements & local area tourist attractions. We work closely with the Sunland Visitor Center of Eloy. We also represent their individual interests in resolving disputes with city departments, cutting through red tape and interaction involving working with the City of Eloy. Eloy Business Directory & Community Guide. We provide access for the public to attend, "A state of the City" presentation & "Pinal County Economic Development presentation each year.