

Form **990-EZ**

Change of Accounting Period **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

**2018**

Open to Public Inspection

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A** For the 2018 calendar year, or tax year beginning 1/01, 2018, and ending 6/30, 2019

<b>B</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	<b>C</b> Eloy Chamber of Commerce 3725 N Camelot St Eloy, AZ 85131	<b>D</b> Employer identification number 86-0292290
		<b>E</b> Telephone number 5204663411
		<b>F</b> 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: ▶ N/A

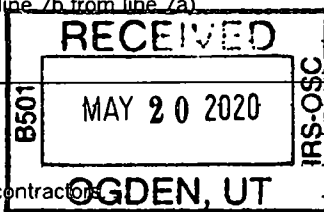
**J** Tax-exempt status (check only one) –  501(c)(3)  501(c)( 6 ) ◀(insert no.)  4947(a)(1) or  527

**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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 30,210.

**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

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received	1	19,904.
	2	Program service revenue including government fees and contracts	2	141.
	3	Membership dues and assessments	3	10,165.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	a	
	5b	Less: cost or other basis and sales expenses	b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	c	
	6	Gaming and fundraising events:		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	b		
6c	Less: direct expenses from gaming and fundraising events	c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	d		
7a	Gross sales of inventory, less returns and allowances	a		
7b	Less: cost of goods sold	b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	30,210.	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O)	10	450.
	11	Benefits paid to or for members	11	4,285.
	12	Salaries, other compensation, and employee benefits	12	20,362.
	13	Professional fees and other payments to independent contractors	13	1,094.
	14	Occupancy, rent, utilities, and maintenance	14	827.
	15	Printing, publications, postage, and shipping	15	129.
	16	Other expenses (describe in Schedule O) See Schedule O	16	6,262.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	33,409.
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,199.
	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	26,646.
	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	23,447.



SCANNED APR 14 2021

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

Form 990-EZ (2018)

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**Part III 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	25,656.	22 22,932.
23 Land and buildings		23
24 Other assets (describe in Schedule O) See Schedule O	925.	24 925.
25 Total assets	26,581.	25 23,857.
26 Total liabilities (describe in Schedule O) See Schedule O	-65.	26 410.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26,646.	27 23,447.

**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 CEO	40	17,590.	0.	0.
Bill Pitman Chairman	5	0.	0.	0.
Todd Thomas Vice President	2.5	0.	0.	0.
Isabel Morales Treasurer	2	0.	0.	0.
Terri Ackland Director	1	0.	0.	0.
Nat Smith Director	1	0.	0.	0.
Dan Snyder Director	0.5	0.	0.	0.
Richard Rosales Director	1.5	0.	0.	0.
Lori Davis-Hill Director	1	0.	0.	0.
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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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
35b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year?
35c 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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911
40b 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?
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

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

42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside the United States?
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
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

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: 5/15/2020  
 Type or print name and title: Mark Benner CEO

**Paid Preparer Use Only**  
 Print/Type preparer's name: Leon Potter Preparer's signature: Leon Potter Date:    
 Check  if self-employed PTIN: P00639404  
 Firm's name: Leon Potter dba Master Tax Advisors Firm's EIN: 33-0948782  
 Firm's address: 43539 W Roth Rd Phone no: 520-582-5425  
Maricopa, AZ 85138

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.

**2018**

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Internal Revenue Service

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

Name of the organization

Employer identification number

Eloy Chamber of Commerce

86-0292290

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

Adj Journ p/r test discrep	\$	-4.
Advertising and Promotion		1,420.
AZ Chamber Executive Dues		300.
Board Member Meetings		86.
Cell Phone/ Reimburse Benner		151.
cell phone/reimburse/Benner		148.
cell phone/reimburse/Benner		52.
cell phone/reimburse/Benner		96.
Conferences, Conventions, and Meetings		64.
Contest Winner		75.
Food for Board member		11.
Food for Board member		7.
Food for Board member		8.
Honoriam/speaker		30.
Insurance		2,213.
Office Expenses		1,602.
rounding error		1.
Travel		2.
<b>Total</b>	<b>\$</b>	<b>6,262.</b>

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

	<u>Beginning</u>	<u>Ending</u>
Prepaid Expenses and Deferred Charges	\$ 925.	\$ 925.
<b>Total</b>	<b>\$ 925.</b>	<b>\$ 925.</b>

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

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 645.	\$ 1,715.
AZ Income Tax	7.	8.
AZ Unemployment Tax	-50.	-50.
Federal Taxes (941)	595.	0.
Federal Unemployment (940)	36.	36.
Federal Unemployment Payable	-110.	-110.
Payroll Liabilities	-804.	-804.
Rounding Error	-1.	-2.
Social Security & Medicare	-383.	-383.
<b>Total</b>	<b>\$ -65.</b>	<b>\$ 410.</b>

**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.

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

Our efforts for marketing the Eloy Community continues with a year-round program.

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**

The Chamber funds, operates and maintains a chamber website and offers continuous marketing which provides up to date information about our community, member businesses and local attractions. We provide a Chamber Focus Radio Program weekly on KURE 106.1 FM, which includes a world-wide online streaming service as well. We hold quarterly business luncheons with speakers that share their knowledge with our members including Habitat Business Warrior speaker Eric Swanson, 'State of the City of Eloy' annual business luncheon, the annual economic development presentation by Tim Kanavel the Economic Development Director in Pinal County & Jeff Fairman Eloy Economic Development Consultant for the City of Eloy We sponsor the Awards Banquet which recognizes local businesses and community leaders. We include community awards as well honoring the City of Eloy "employee of the year" Eloy Police Department's "employee of the year." In 2019 we added the "first responder category" for the Fire District recognition of their selected employee. We also provide statewide tourist brochures and pamphlets for visitors to the greater Eloy community, our director & volunteer met with approximately 200 visitors ~~looking for statewide traveling information, we assisted in the training of our~~ in-house Sunland Visitor Center volunteers as well. (these 11 volunteers average 150 visitors a month stop by during the winter season. Social media continues to be a growing community marketing channel and we have added additional videos including Facebook live broadcasts to promote Eloy events. Our Facebook Chamber Business Page and our Chamber Website garners more than 1,000 people (interested in the Eloy community,) visiting our website. We work with Google analytics to ensure our visitor count is accurate. The Eloy Chamber has a tight online security parameter, so we are able to eliminate potentially nefarious hits from accessing our chamber website. The Eloy Chamber as the recognized destination marketing organization for our community is also the primary source to provide these

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**

services to the City, and we have done so for the last 71 years. Working closely with Eloy's Economic Development Consultant, Jeff Fairman, we aggressively promote the City by identifying the excellent potential for start-up businesses or those considering relocating their operation to Eloy, Arizona.