Form 990
Department of the Treasury

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For Paperwork Reduction Act Notice, see the separate instructions.

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

For the 2016 calendar year, or tax year beginning 10/01/16, and ending 09/30/17D Employer identification number C Name of organization GREATER ORO VALLEY CHAMBER OF Check if applicable COMMERCE Address change Doing business as 86-0729663 Name change Number and street (or P O box if mail is not delivered to stree Room/suite 520-297-2191 7435 N ORACLE RD. # 107 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ TUCSON AZ 85704 316,885 G Gross receipts \$ Amended return Name and address of principal officer X No H(a) Is this a group return for subordinates? Yes Application pending DAVE PERRY 7435 NORTH ORACLE ROAD #107 H(b) Are all subordinates included? AZ 85704 If "No," attach a list (see instructions) 501(c)(3) X 501(c) ( 6 ) **◄** (insert no ) Tax-exempt status WWW.THE-CHAMBER.COM Website > H(c) Group exemption number Corporation Trust X Association Form of organization Year of formation 1992 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE A BUSINESS ENVIRONMENT WITHIN THE NORTHERN PIMA COUNTY Activities & Governance COMMUNITIES THAT ENHANCES ECONOMIC VITALITY AND IMPROVES THE QUALITY OF LIFE FOR ALL. 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets 16 3 Number of voting members of the governing body (Part VI, line 1a) 3 16 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 2 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year Current Year 376 120,575 8 Contributions and grants (Part VIII, line 1h) 103 9 Program service revenue (Part VIII, line 2g) 148,238 149,021 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 25 30 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 Sand 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII) column (A), line 12 42,593 36,123 294,232 305,749 7,500 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) O 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 143,842 165,885 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 11,081 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 120,237 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 122,431 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 273,773 286,122 20,459 19,627 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 177,273 20 Total assets (Part X, line 16) 143,344 21 Total liabilities (Part X, line 26) 91,511 105,813 22 Net assets or fund balances Subtract line 21 from line 20 51,833 71,460 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 Signature of officer Date Here DAVE PERRY PRESIDENT/CEO Type or print name and title Print/Type preparer's name Preparer's si Check Paid STEVEN L. TAIT 08/09/18 self-employed P00017643 Preparer WALKER & ARMSTRONG, LLP 86-0257194 Firm's name Firm's EIN ▶ **Use Only** 3838 N CENTRAL AVE STE 1700 PHOENIX, AZ 85012-1994 602-230-1040 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Form **990** (2016)

Form 990 (2016)	GREATER ORO	VALLEY CHAMBER OF	86-0729663	Page <b>2</b>
		m Service Accomplishments		
		contains a response or note to any	line in this Part III	
	ribe the organization's mis		THE NORTHERN PIMA COU	ואייע
			ITY AND IMPROVES THE	
LIFE FO				
	<del></del>			
-		gnificant program services during the year	which were not listed on the	□ <b></b>
·	990 or 990-EZ? scribe these new services	on Schodulo O		Yes X No
		on Schedule O ], or make significant changes in how it co	nducts any program	
services?	inization coaso conducting	, or make significant originates in now it co	nddets, arly program	Yes X No
	cribe these changes on S	chedule O		
4 Describe the	e organization's program s	ervice accomplishments for each of its thr	ree largest program services, as measured by	1
expenses S	Section 501(c)(3) and 501	c)(4) organizations are required to report t	he amount of grants and allocations to others	; <b>,</b>
the total exp	enses, and revenue, if an	y, for each program service reported		
An /Code	) (Expenses \$	241,797 including grants of		
4a (Code THE CHAI	, , ,		\$ (Revenue \$ ING, REFERRALS AND EDU	CATION AMONG
			EMINARS, SPECIAL EVENT	
DIRECTO				,
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4b (Code	) (Expenses \$	including grants of	\$ ) (Revenue \$	
(3333	) ( <u>=</u> /pa/loos	including grants of	) (rievende ψ	. ,
4c (Code:	) (Expenses \$	including grants of	\$ ) (Revenue \$	)
			, ,	,
	m services (Describe in S	chedule O)		
(Expenses \$		including grants of \$	) (Revenue \$	)
4e Total progran	n service expenses >	241,797		

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P	art IV Checklist of Required Schedules		·	<u>ugo                                    </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	,		
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	•		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			34
	VII, VIII, IX, or X as applicable.	_		1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
_	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 <b>f</b>		<u> </u>
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		,	
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a_		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
,	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
6	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A) line 3, more than \$5,000 of aggregate groups or other	15_		<u> </u>
•	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			¥
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		X
•	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17_		
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10	x	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		
	The state of the s			

X

19

If "Yes," complete Schedule G, Part III

_P	art IV Checklist of Required Schedules (continued)		T.,	T
20a	. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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	22		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	23		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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1		
	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	25b		
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			
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		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	_		v
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		X
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	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	28a		
-	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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	32		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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	<u>X</u>	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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	_		v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X
	19? Note. All Form 990 filers are required to complete Schedule O		v	l

Pa	Irt 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			
	1 1 •		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			:
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	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  2a 5			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	Ì		i
_	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).	4		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	*		
L	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year  Out the assessment of the first transfer of	<b></b>   _ ·		- ا
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b></b> -
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.	8		
a		-		
b	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a		
0	Section 501(c)(7) organizations. Enter:	9b		
а	1 1 1			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10a  10a  10b			
1	Section 501(c)(12) organizations. Enter	$\dashv$	:	
a				ĺ
b	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			l
b	16.604 . 0 . 1 . 1	12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	$\dashv$		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		$\vdash$
_	Note. See the instructions for additional information the organization must report on Schedule O	138		<del>                                     </del>
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			
С	Enter the amount of reserves on hand	$\dashv$		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del></del> -
	The state of the s			

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  $|\mathbf{X}|$ Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 16 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 Enter the number of voting members included in line 1a, above, who are independent 1b 16 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? X 2 3 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? X Each committee with authority to act on behalf of the governing body? 8b X 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a **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? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ ΑZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Own website |X| Another's website |X| Upon request | Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: GREATER ORO VALLEY CHAMBER OF COMME 7435 NORTH ORACLE ROAD. SUITE 107 TUCSON AZ 85704 520-297-2191

Form 990 (2016	GREATER ORO V	/ALLEY CHAI	MBER OF	86-0729663	Page 7
Part VII	Compensation of Offi	icers, Directors	, Trustees, Key	<b>Employees, Highest Compensate</b>	d Employees, and
	<b>Independent Contract</b>	tors			
	Check if Schedule O.C.	ontains a respon	se or note to any	line in this Part VII	1 1

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A. 1a 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.

(A) Name and Title	(B) Average hours per week (list any	bo	Position (do not check more than one lox, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) GHEE ALEXANDER										
	0.50									
TREASURER	0.00	x		х				0	0	0
(2) BRUCE BACA										
• ,	0.50	1								
DIRECTOR	0.00	x						0	0	0
(3) JEFF ATRZI										
, ,	0.50	1								
DIRECTOR	0.00	x						0	0	0
(4) GREG DURNAN		T				H				
•	0.50									
CHAIRMAN-ELECT	0.00	x		X	•	1		o	0	0
(5) PETER MINOT										
. ,	0.50	1			ł	\				
DIRECTOR	0.00	x						o	0	0
(6) MICHELLE ARMSTR				-						
	0.50									
DIRECTOR	0.00	X						0	0	0
(7) TONI DORSEY										
	0.50	Li								
CHAIRMAN	0.00	X		X		ll		0	0	0
(8) JEFF SAUNDERS										
	0.50					[ [				п
DIRECTOR	0.00	X				ll	,	0	0	0
(9) MARK MITCHELL										
	0.50	ľ								
DIRECTOR	0.00	x						0	0	0
(10) NANCY BOYLE										
	0.50									
SECRETARY	0.00	x		X				0	0	0
(11) KAY WILLIAMS				_		П			<u>_</u>	
	0.50									
DIRECTOR	0.00	X						0	0	0
DAA									<del></del>	Form <b>990</b> (2016)

(A) Name and title	(B) Average hours per week (list any hours for	(d bo	Position lo not check more than one lox, unless person is both an firer and a director/trustee)				one i an ee)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12) CINDY WEBB HZ										
DIDUGUE	0.50					1				
DIRECTOR (13) EL NDOYE	0.00	X		-		<u> </u>	$\vdash$		0	0
(13) EL NDOIE	0.50									
PAST CHAIR	0.00	x		x	ļ			l o	0	0
(14) CATHY WORKMAN	ų –									
	0.50									
DIRECTOR	0.00	X						0	0	0
(15) ALAN DANKWER			ŀ							
DIRECTOR	0.50	x							•	•
(16) ERIC RENAUD	0.00	┢		┢	-	-		0	0	0
(10) ERIC REMADE	0.50									
DIRECTOR	0.00	x	ĺ					ol	0	0
(17) DAVE PERRY										
	40.00									
PRESIDENT/CEO	0.00		<u> </u>	X				56,078	0	0
1b Sub-total	<u> </u>				l		<b></b>	56,078		
c Total from continuation shee	ets to Part VII, S	Secti	on A				<b>•</b>	33,313		
d Total (add lines 1b and 1c)							<u> </u>	56,078		
2 Total number of individuals (in reportable compensation from				thos	e list	ted a	bov	e) who received more than	\$100,000 of	
3 Did the organization list any fo				ruet	00 6	·0\/ 0	mol	over or highest compans	tod.	Yes No
employee on line 1a? If "Yes,"	complete Sche	dule .	J for	suci	h ind	lividu	al	-		3 X
4 For any individual listed on line organization and related organ	a 1a, is the sum	of re	porta	able	com	pens	atio	n and other compensation	from the	
ındıvıdual										4 X
5 Did any person listed on line 1	a receive or acc	rue c	omp	ensa	ation	fron	n an	y unrelated organization or	ındıvıdual	
for services rendered to the or Section B. Independent Contracto		'es,"	com	olete	Sci	nedu	e J	for such person		5 X
Complete this table for your five		ensa	ted II	nder	end	ent c	ontr	actors that received more t	han \$100 000 of	
compensation from the organiz	zation Report co	ompe	nsa	ion	for th	ie ca	lend	lar year ending with or with	in the organization's tax ye	ar
Name and	(A) business address						L	Descript	(B) ion of services	(C) Compensation
							<u> </u>	<del></del>		
		-						· · · · · · · · · · · · · · · · · · ·		
2 Total number of independent of	ontractors (incli	idina	bu+	not !	ımıta	d to	the	no listed above) who	<del></del>	
received more than \$100,000 c	of compensation	fron	the	orga	anıza	ation	u 108		0	
DAA										Form 990 (2016)

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue exempt function excluded from tax under sections business revenue revenue 512-514 1a Federated campaigns 120,575 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f 120,575 h Total. Add lines 1a-1f Program Service Revenue Busn Code 96,030 96,030 2a SPONSORSHIPS 37,127 37,127 MEMBER EVENTS 15,864 15,864 OTHER PROGRAMS f All other program service revenue g Total. Add lines 2a-2f 149,021 ▶ Investment income (including dividends, interest, 30 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) ▶ Gross amount from (i) Securities (II) Other sales of assets other than inventory Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 17,259 11,136 b Less direct expenses b <u>6,</u>123 6,123 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 30,000 11a OTHER INCOME 30,000 b All other revenue

30,000

179,021

305,749

0

6,153

Total, Add lines 11a-11d

Total revenue. See instructions

#### Part IX Statement of Functional Expenses

Section 5Q1(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 (D) Fundraising (A) (B) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 2,804 56,078 44,862 8,412 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 87,180 69,744 13,077 Other salaries and wages 4,359 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 22,627 18,102 3,394 1,131 Payroll taxes Fees for services (non-employees) Management **b** Legal c Accounting Lobbying Professional fundraising services See Part IV. line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 5,831 4,664 875 292 (A) amount, list line 11g expenses on Schedule O) Advertising and promotion 6,099 4,879 305 915 13 Office expenses Information technology 15 Royalties 27,692 16 Occupancy 22,153 4,154 1,385 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 1,406 1,208 22 148 50 Depreciation, depletion, and amortization 23 Insurance 1,620 1,296 243 81 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) DIRECT PROGRAM EXPENSES 64,077 64,077 BANK AND CREDIT CARD FEES b 3,927 3,142 589 196 2,754 TELECOMMUNICATION 2,203 413 138 2,326 WEBSITE 1,861 116 d 349 4,505 e All other expenses 3,606 224 675 286,122 241,797Total functional expenses. Add lines 1 through 24e 33,244 11,081 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,623 Cash-non-interest bearing 8,659 86,368 110,508 Savings and temporary cash investments 2 Pledges and grants receivable, net 45,038 34,478 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 6 Notes and loans receivable, net 7 Inventories for sale or use 8 1,000 15,000 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 15,906 10a  $\overline{7,278}$ **b** Less accumulated depreciation 10b 8,315 8,628 10c 11 Investments—publicly traded securities 11 12 Investments—other securities, See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 143,344 177,273 16 17 Accounts payable and accrued expenses 11,695 17 18 Grants payable 18 19 Deferred revenue 79,816 19 93,899 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 Total liabilities. Add lines 17 through 25 91,511 105,813 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 71,460 Unrestricted net assets 51,833 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 51,833 71,460 33 Total liabilities and net assets/fund balances 177,273 143,344

orn	1 990 (2016) GREATER ORO VALLEY CHAMBER OF 86-0729663	_			Pa	ge <b>12</b>
Pa	art 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				749
2	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments  5  Donated services and use of facilities  Investment expenses  7  Prior period adjustments  6  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  1  1  1  Tital expenses  7  Prior period adjustments  8  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  1  1  1  1  Tital expenses  7  Accounting method used to prepare the Form 990  Cash X Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? 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.  Separate basis X Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		_2	86,	122	
3	Revenue less expenses. Subtract line 2 from line 1	3			19,	627
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			51,	833
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			71,	460
Pa	rt 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 Cash X Accrual Other		. [			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X	
	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.					i
b	<u> </u>			2b	•	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			2 26	,	
	separate basis, consolidated basis, or both					I
	Separate basis Consolidated basis Both consolidated and separate basis				*	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		ĺ		*	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		ŀ	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		ſ	٠,		
	Schedule O.			m)miles		* * * * * * * * * * * * * * * * * * *
За	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?			3a		
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			3b		

Form **990** (2016)

### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

90 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Parties 504/-1/4) (5) (6) expensions Complete Bort III	1			
	Section 501(c)(4), (5), or (6) organizations Complete Part III e of organization GREATER ORO VALLEY			Employer ident	ification number
IVAIII	COMMERCE	CHAMBER OF		86-07296	
- Do		ent under section 501/c	or is a section		
					711.
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Partiv (see in	structions for	
_	definition of "political campaign activities")			▶ ♠	
2	Political campaign activity expenditures (see instructions)			▶ \$	
_ <u>3</u>	Volunteer hours for political campaign activities (see instruct I-B Complete if the organization is exen		\(2)		
<u></u>	Enter the amount of any excise tax incurred by the organization	<del></del>	<u>/(3).</u>	▶\$	
_	Enter the amount of any excise tax incurred by the organization		E	<b>▶</b> \$	
2 3	If the organization incurred a section 4955 tax, did it file Fo	•	5	ΨΨ	Yes No
	Was a correction made?	om 4720 for this year?			Yes No
	If "Yes," describe in Part IV				l les l'ito
	rt I-C Complete if the organization is exen	ent under section 501(c	) except sect	ion 501(c)(3)	
1	Enter the amount directly expended by the filing organizati	<del></del>	<del></del> -		
•	activities	on to section of exempt fanc	, aon	<b>▶</b> \$	
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	ection	ν Ψ	•
-	527 exempt function activities	ned to other organizations for s	CCIIOTT	<b>▶</b> \$	
3	Total exempt function expenditures Add lines 1 and 2 En	ter here and on Form 1120-PO	I	PΨ	•
	line 17b	ter nere und erri erm 1120-1 e	∟,	<b>▶</b> \$	
4	Did the filing organization file Form 1120-POL for this yea	r?		PΨ	Yes No
5	Enter the names, addresses and employer identification no		oolitical organizati	ons to which the filing	
•	organization made payments For each organization listed		_		
	the amount of political contributions received that were pro-				
	as a separate segregated fund or a political action commit	•	• •	-	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) 2114	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
(1)					
٠٠,			}		
(2)		<del> </del>			
<b>\</b> _,					
(3)		<u> </u>			
•					
(4)					
				<u>_</u>	
(5)					
(6)					
		1		ľ	

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

Schedule C (Form 990 or 990-EZ) 2016

Sch	edule C (Form 990 or 990-EZ) 2016 GREATE	ER ORO VA	LLEY	CHAMBE	R OF		86-072966	3		Page 2
Pa	art II-A Complete if the organiza					nd filed	Form 5768 (e	lection	under	- 3-
	section 501(h)).  Check ► ☐ if the filing organization name, address, EIN, e  Check ► ☐ if the filing organization	xpenses, and	share o	f excess lo	bbying exp	enditure	es).	oup me	ember's	
<u> </u>	Limits on Lobb (The term "expenditures" m	ying Expendi	tures		troi provisi		(a) Filing		(b) Affiliated group totals	
1:	a Total lobbying expenditures to influence pub					1				
ı	b Total lobbying expenditures to influence a le	. ,-								
	Total lobbying expenditures (add lines 1a an		•	0,						
	d Other exempt purpose expenditures	·								
•	Total exempt purpose expenditures (add line	s 1c and 1d)								
	f Lobbying nontaxable amount Enter the amo	unt from the follow	wing table	ın both						
	If the amount on line 1e, column (a) or (b) is:	The lobbying no	ntaxable	amount is:						
	Not over \$500,000	20% of the amou	nt on line 1	le						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the e	xcess over \$50	0,000					
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the e	xcess over \$1,0	000,000					
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the ex	cess over \$1,50	00,000					
	Over \$17,000,000	\$1,000,000								
ç	Grassroots nontaxable amount (enter 25% o	f line 1f)								
•	Subtract line 1g from line 1a If zero or less,	enter -0-								
	i Subtract line 1f from line 1c. If zero or less, e									
	j If there is an amount other than zero on eithe	er line 1h or line 1	i, did the	organization f	ile Form 4720			_		
	reporting section 4911 tax for this year?								Yes	No
	(Some organizations that made a	4-Year Average section 501(he the separate i	n) electio	on do not h	ave to com	olete all	of the five colu	mns be	elow.	
	Lobi	ying Expendit	<u>ures Du</u>	ring 4-Year	Averaging	Period				
	Calendar year (or fiscal year beginning in)	(a) 2013	(t	) 2014	(c) 20 <sup>-</sup>	15	<b>(d)</b> 2016		(e) Tota	ıl
<b>2</b> a	Lobbying nontaxable amount									
k	Lobbying ceiling amount (150% of line 2a, column(e))			_						
	: Total lobbying expenditures									
	Grassroots nontaxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))	-								

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016 GREATER ORO VALLEY CHAMBER OF Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed Yes No Amount description of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? i Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes X 1 Were substantially all (90% or more) dues received nondeductible by members? X Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a b Carryover from last year c Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

Part IV **Supplemental Information** 

Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

#### SCHEDULE D (Form 990)

Department of the Treasury

# **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.

OMB No 1545-0047

2016

Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Employer identification number Name of the organization GREATER ORO VALLEY CHAMBER OF 86-0729663 COMMERCE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 0 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2<u>a</u> a Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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, 1a 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 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

Sche		OKO ANDDEI					1230					age ∠
Pa	art III Organizations Maintaini	ng Collections of	Art, H	listorical T	reasures,	or Othe	<u>r Simi</u>	lar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accessoilection items (check all that apply)	ssion, and other record	ls, checl	any of the fol	lowing that a	re a signif	icant use	e of its				
а	Public exhibition	d 🗍	Loan or	exchange pro	grams							
b	Scholarly research	e 🗍	Other	_								
С	Preservation for future generations				•							
4	Provide a description of the organization's	collections and explain	n how th	ev further the	organization':	s exempt	numose	ın Par	t			
•	XIII.	TO II O U O O A PIAM		ey idialer ale	organization.	o oxompt	parpood		•			
_	Dunng the year, did the organization solici	t or reasure denotions	of ort hi	atament tracci		o, mula r						
5	• •				-					□ v <sub>a</sub>		٦
	assets to be sold to raise funds rather than		Dart Of th	ie organization	s collection	<u> </u>				Ye	S	No
Få	Complete if the organizati 990, Part X, line 21.		on Fo	orm 990, Pa	rt IV, line 9	9, or rep	orted a	ın am	ount o	on Form	1	
1a	Is the organization an agent, trustee, custo	odian or other intermed	lary for	contributions of	or other asset	s not						
	included on Form 990, Part X?				outer accet	.0 1.01				Ye	۰. ۲	No
<b>.</b>		III and complete the fo	llownod	tabla							• <u> </u>	] ,,,,
0	If "Yes," explain the arrangement in Part X	and complete the lo	illowing	lable			ı			Amoun		
	Barrier Bull and									Amoun		
	Beginning balance							1c				
d	Additions during the year							<u>1d</u>				
е	Distributions during the year							1e				
f	Ending balance							1f				<del></del>
	Did the organization include an amount on									Ye	s 📙	No
	If "Yes," explain the arrangement in Part X	III Check here if the e	xplanation	on has been p	rovided on Pa	art XIII						
Pa	irt V Endowment Funds.											
	Complete if the organization	on answered "Yes	on Fo	rm 990, Pa	rt IV, line 1	10.						
		(a) Current year	(b	) Prior year	(c) Two yea	rs back	(d) Thi	ee years	back	(e) Fou	years	back
1a	Beginning of year balance											
	Contributions											
	Net investment earnings, gains, and											
-	losses		İ		]							
а	Grants or scholarships		·	-	<del>                                     </del>							
	Other expenditures for facilities and		<u> </u>	<del></del> _								
е	·											
	programs		<u> </u>	· · · · · · · · · · · · · · · · · · ·					<del></del>			
T	Administrative expenses	<del></del>										
9	End of year balance		L		L				_			
2	Provide the estimated percentage of the ci	urrent year end balance	e (line 1	g, column (a))	held as							
а	Board designated or quasi-endowment ▶	%										
þ	Permanent endowment ► %	6										
C	Temporarily restricted endowment ▶	%										
	The percentages on lines 2a, 2b, and 2c s	hould equal 100%										
За	Are there endowment funds not in the post	session of the organiza	tion tha	t are held and	administered	I for the				_		
	organization by									ſ	Yes	No
	(i) unrelated organizations									3a(i)		
	(ii) related organizations									3a(ii)		
ь	If "Yes" on line 3a(ii), are the related organ	izations listed as requi	red on S	Schedule B?						3b		
4	Describe in Part XIII the intended uses of t									[00]		<u> </u>
Pa	rt VI Land, Buildings, and Eq		willelik	iulius.			-					
	Complete if the organization		on Ec	rm 000 Bo	rt IV. lina 1	10 000	- Corm	000	Da - 4 \	/ lima 1	^	
	Description of property				T T				Tan 7			
	Description of property	(a) Cost or other b	va515	(b) Cost or o	1		ccumulate	נ		(d) Book	vaiue	
_		(investment)		(othe	#1)	de	preciation		+			
	Land	<u> </u>							—			
	Buildings								<u> </u>			
С	Leasehold improvements											
đ	Equipment				15,906		7	, 278	3		8,	628
	Other			L								
<u> Total</u>	. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Part	X, colu	mn (B), iine 10	)c_)			<b>→</b>			8,	628

Part VII	Investments—Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11h See Form 990 I	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)	(S) COOK VAILAGE	Cost or end-of-ye	
(1) Financial	derivatives		<u> </u>	
	eld equity interests		-	
(3) Other	iola oquity intorests		<del> </del>	
(A)			<u> </u>	
			<del>                                     </del>	
(B)			<del>-</del>	<del></del>
(C)			<del> </del>	<del></del>
(D)				
(E)			<del>                                     </del>	
(F)			<u> </u>	
(G)			<u> </u>	
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12 )		<u> </u>	
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes"		e 11c. See Form 990, F	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				·
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.) ▶		* .	*
Part IX	Other Assets.		*	<u> </u>
	Complete if the organization answered "Yes"	on Form 990 Part IV Jin	e 11d. See Form 990. F	Part X line 15
	(a) Description	3111 3111 333, 1 art 14, iiii	<u>e 114. eee 1 emi 556, 1</u>	(b) Book value
(1)	(a) Sossipilon	<del></del>		(b) book value
(2)	<del></del>			
(3)				
(4)	<del></del>			
(5)	<del></del>			
(6)				
(8)	<del></del>	· · · · · · · · · · · · · · · · · · ·		
			·····	
	nn (b) must equal Form 990, Part X, col (B) line 15.)		<u></u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		*
(1) Federal	income taxes		1	8
(2)			7	
(3)			1	á
(4)			1	
(5)			1	
(6)			1	
(7)			1	
(8)	<del></del>	<del></del>	1	
			1	
(9)	on (h) must equal Form 000. Bod V and (D) to a 05 h		1	•
	in (b) must equal Form 990, Part X, col. (B) line 25)	footnate to the contract	<u>L</u>	
	uncertain tax positions. In Part XIII, provide the text of the			
organization's	liability for uncertain tax positions under FIN 48 (ASC 740)	uneck nere if the text of the	rootnote has been provided in	Part XIII

Sche	dule D (Form 990) 2016 GREATER ORO VALLEY CHAME	BER_OF8	86-0729663	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial	Statements With Rev	enue per Return.	
	. Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 12	a	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		,
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	(2)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financia	I Statements With Ex	penses per Retur	n.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 12a	a	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		

Part XIII Supplemental Information.

c Add lines 4a and 4b

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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

### 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.

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

OMB No 1545-0047

2016

Open to Public Inspection

dame of the organization GREATER ORO VALLEY COMMERCE	CHAMBER	OF	_		Employer (dentifica	
Part I Fundraising Activities. Complete if Form 990-EZ filers are not required to				red "Yes" on Form 9	90, Part IV, line	17.
1 Indicate whether the organization raised funds through a	any of the following	activi	ties	Check all that apply.		
a Mail solicitations	e Solicitation	of non	-gov	emment grants		
b Internet and email solicitations	f Solicitation	of gov	ernn	nent grants		
c Phone solicitations	g 🗌 Special fun	draisin	ıg ev	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	n connection with	profes	siona	al fundraising services?		Yes No
b If "Yes," list the 10 highest paid individuals or entities (fu compensated at least \$5,000 by the organization	ındraisers) pursuai	nt to a	greer	ments under which the fu	ndraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custod contro	have by or	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		contribu			col (ı)	
		Yes	No			
1						
2	200		_		<u> </u>	
3						
4						
5						
6						_
7						
8						
9					<del></del>	
0		$\left  \cdot \right $				
otal			<b>•</b>			
3 List all states in which the organization is registered or li registration or licensing.	censed to solicit co	ontribu	itions	s or has been notified it is	exempt from	

3ch	ouu.	le G (Form 990 or 990-EZ)	2016	GREAT	ER ORC	) V <i>E</i>	LLEY CHA	MBEK (	<u>OF.</u>		<u> 36-072</u>	<u> 29663</u>	Page <b>2</b>
P	art												
		than \$15,000 of	fund	Iraising event	contributi	ons a	and gross inco	ome on Fo	orm	990-EZ, line	es 1 and	6b. List e	vents with
		gross receipts of	reate	er than \$5,000	0				_		_		
				(a) Event #1			(b) Event #2			(c) Other events			
												( <b>d</b> ) Tota	al events
			SC	HOLARSHI	P EVE				N	ONE		(add col	(a) through
Ф				(event type)			(event type)			(total number)		col	(c))
Revenue													
<u>8</u>	1	Gross receipts			17,259				_				17,259
ш	ĺ												
	2	Less: Contributions							L_				
	3	Gross income (line 1 minus											
		line 2)			17,259					-			17,259
	4	Cash prizes								-			
	ŀ												
	5	Noncash prizes							<u> </u>				
'n	_	,,											
Se	6	Rent/facility costs							-				
Direct Expenses	١,	Food and boundary							ĺ				
Ē	l '	Food and beverages											
ırec	۰	Entertainment											
D	°	Entertainment		<del></del>								•	
	٩	Other direct expenses		-	11,136								11,136
		Other direct expenses			/	-			l				11/130
	10	Direct expense summary	Add lı	nes 4 through 9	ın column (c	D.					•		11,136
	11	Net income summary Su	btract	line 10 from line	3. column (	) (t					▶	-	6,123
P	<u>11</u> art	Net income summary Sulli Gaming. Comp					d "Yes" on Fo	m 990. P	art I	V. line 19. c	or reporte	ed more	11,136 6,123
P			plete	if the organiz	ation ansv		'Yes" on Fo	rm 990, P	art I	V, line 19, c	or reporte	ed more	6,123
		III Gaming. Com	plete	ıf the organiz rm 990-EZ, lıı	ation ansv		"Yes" on For		art I		1		6,123
		III Gaming. Com	plete	if the organiz	ation ansv			nt	art I	V, line 19, c	1	(d) Total g	
		III Gaming. Com	plete	ıf the organiz rm 990-EZ, lıı	ation ansv		(b) Pull tabs/insta	nt	art I		1	(d) Total g	aming (add
Hevenue <b>4</b>	art	III Gaming. Com	plete	ıf the organiz rm 990-EZ, lıı	ation ansv		(b) Pull tabs/insta	nt	art I		1	(d) Total g	aming (add
	art 1	than \$15,000 o	plete	ıf the organiz rm 990-EZ, lıı	ation ansv		(b) Pull tabs/insta	nt	art I		1	(d) Total g	aming (add
Hevenue	art 1	III Gaming. Comp than \$15,000 o	plete	ıf the organiz rm 990-EZ, lıı	ation ansv		(b) Pull tabs/insta	nt	art I		1	(d) Total g	aming (add
Hevenue	art 1	than \$15,000 o	plete	ıf the organiz rm 990-EZ, lıı	ation ansv		(b) Pull tabs/insta	nt	art I		1	(d) Total g	aming (add
Hevenue	art 1	than \$15,000 o	plete	ıf the organiz rm 990-EZ, lıı	ation ansv		(b) Pull tabs/insta	nt	art I		1	(d) Total g	aming (add
Hevenue	1 2 3	III Gaming. Com than \$15,000 o Gross revenue Cash prizes	plete	ıf the organiz rm 990-EZ, lıı	ation ansv		(b) Pull tabs/insta	nt	art I		1	(d) Total g	aming (add
Hevenue	1 2 3	than \$15,000 o	plete	ıf the organiz rm 990-EZ, lıı	ation ansv		(b) Pull tabs/insta	nt	art I		1	(d) Total g	aming (add
Hevenue	1 2 3	than \$15,000 o than \$15,000 o Gross revenue Cash prizes Noncash prizes Rent/facility costs	plete	ıf the organiz rm 990-EZ, lıı	ation ansv		(b) Pull tabs/insta	nt	art I		1	(d) Total g	aming (add
	1 2 3	III Gaming. Com than \$15,000 o Gross revenue Cash prizes	plete	If the organiz rm 990-EZ, III (a) Bingo	ation answ		(b) Pull tabs/insta bingo/progressive b	nt	art I	(c) Other gamır	g	(d) Total g	aming (add
Hevenue	1 2 3 4	than \$15,000 o  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	plete	If the organiz rm 990-EZ, III (a) Bingo	ation ansv		(b) Pull tabs/instabingo/progressive b	nt	art I	(c) Other gamir	1	(d) Total g col (a) thro	aming (add
Hevenue	1 2 3 4	than \$15,000 o than \$15,000 o Gross revenue Cash prizes Noncash prizes Rent/facility costs	plete	If the organiz rm 990-EZ, III (a) Bingo	ation answ		(b) Pull tabs/insta bingo/progressive b	nt	eart I	(c) Other gamır	g	(d) Total g	aming (add
Hevenue	1 2 3 4 5	than \$15,000 o than \$15,000 o Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	plete in For	If the organiz rm 990-EZ, III (a) Bingo Yes	ation answ ne 6a.	vered	(b) Pull tabs/instabingo/progressive b	nt	Part I	(c) Other gamir	g	(d) Total g col (a) thro	aming (add
Hevenue	1 2 3 4 5	than \$15,000 o  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	plete in For	If the organiz rm 990-EZ, III (a) Bingo Yes	ation answ ne 6a.	vered	(b) Pull tabs/instabingo/progressive b	nt	eart I	(c) Other gamir	g	(d) Total g col (a) thro	aming (add
Hevenue	1 2 3 4 5	than \$15,000 o than \$15,000 o Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary.	Add In	If the organiz rm 990-EZ, III (a) Bingo  Yes No nes 2 through 5	% un column (c	vered	(b) Pull tabs/insta bingo/progressive b	nt	eart I	(c) Other gamir	g	(d) Total g col (a) thro	aming (add
Hevenue	1 2 3 4 5	than \$15,000 o than \$15,000 o Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Add In	If the organiz rm 990-EZ, III (a) Bingo  Yes No nes 2 through 5	% un column (c	vered	(b) Pull tabs/insta bingo/progressive b	nt	Part I	(c) Other gamir	g	(d) Total g col (a) thro	aming (add
Direct Expenses Hevenue	1 2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ	Add Imary. S	rm 990-EZ, lii (a) Bingo  Yes No nes 2 through 5	% un column (common line 1, co	vered	(b) Pull tabs/insta bingo/progressive b	nt	Part I	(c) Other gamir	g	(d) Total g col (a) thro	aming (add
<b>o</b> Direct Expenses Hevenue	1 2 3 4 5 6 7 8 Ent	than \$15,000 o than \$15,000 o Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary.	Add In any. See organ	Yes No nes 2 through 5 Subtract line 7 fro	%  In column (com line 1, com signing act	verec	(b) Pull tabs/instabingo/progressive b	nt	eart I	(c) Other gamir	g	(d) Total g col (a) thro	aming (add
b c Direct Expenses Hevenue	1 2 3 4 5 6 7 8 Ent ls ti	than \$15,000 o than \$15,000 o Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summer the state(s) in which the	Add In any. See organ	Yes No nes 2 through 5 Subtract line 7 fro	%  In column (com line 1, com signing act	verec	(b) Pull tabs/instabingo/progressive b	nt	eart I	(c) Other gamir	g	(d) Total g col (a) thro	aming (add rugh col (c))
Direct Expenses Hevenue	1 2 3 4 5 6 7 8 Ent ls ti	than \$15,000 o  than \$15,000 o  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summer the state(s) in which the she organization licensed to	Add In any. See organ	Yes No nes 2 through 5 Subtract line 7 fro	%  In column (com line 1, com signing act	verec	(b) Pull tabs/instabingo/progressive b	nt	eart I	(c) Other gamir	g	(d) Total g col (a) thro	aming (add rugh col (c))
Direct Expenses Hevenue	1 2 3 4 5 6 7 8 Ent ls ti	than \$15,000 o  than \$15,000 o  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summer the state(s) in which the she organization licensed to	Add In any. See organ	Yes No nes 2 through 5 Subtract line 7 fro	%  In column (com line 1, com signing act	verec	(b) Pull tabs/instabingo/progressive b	nt	eart I	(c) Other gamir	g	(d) Total g col (a) thro	aming (add rugh col (c))
d b G Hevenue	1 2 3 4 5 6 7 8 Ent	than \$15,000 o  than \$15,000 o  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summer the state(s) in which the she organization licensed to	Add Interpretation	Yes No nes 2 through 5 Subtract line 7 fro	%  In column (common line 1, common	lumn (	(b) Pull tabs/insta bingo/progressive b	nt ingo		(c) Other gamin	g	(d) Total g col (a) thro	aming (add rugh col (c))

Sche	edule G (Form 990 or 990-EZ) 2016 GREATER ORO VALLEY CHAMBER OF 86-0729	<u>663</u>	Page 3	ļ
11	Does the organization conduct gaming activities with nonmembers?		Yes N	-
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	o
13	Indicate the percentage of gaming activity conducted in			
а	- · · · · · · · · · · · · · · · · · · ·	3a	%	-
þ		3b	%	-
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records			
	Name ▶			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		Yes N	0
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	Mandaton, distributions			
ı, a	Mandatory distributions.  Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes N	0
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 ▶ \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	(v); and	d	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informat	ion.		
	See instructions			
		-		
		-		
		-		
		-		
		-		
		-		
		-		
		-		
		-		

#### 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Name of the organization

GREATER ORO VALLEY CHAMBER OF COMMERCE

Employer identification number

86-0729663

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 IS REVIEWED BY THE PRESIDENT/CEO AND VICE PRESIDENT OF FINANCE
ALONG WITH THE BOARD TREASURER.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION BOUND COPIES OF RETURNS ARE AVAILABLE TO THE PUBLIC.

(nee mac)	<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	ion answered "Yes"	on Form 990, Part	IV, line 33, 34, 35b	. 36, or 37.		2016
of the many of the	Tooding		► Attach to	► Attach to Form 990.	<b>.</b>			Onen to Public
Department of the Treasury Internal Revenue Service	B Treasury Service		dule R (Form 990) a	nd its instructions	is at www.irs.gov//	form990.		Inspection
Name of the organization	anization	GREATER ORO VALLEY CHAMBER OF COMMERCE					Employer identification 86-0729663	Employer identification number 86-0729663
Part i	Identifica	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33	organization answ	vered "Yes" on F	orm 990, Part IV	', line 33.		
	Name, &	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling
(E)								,
(2)								
(3)								
(4)								
(5)								
Part II	Identifice one or mo		complete if the org tax year.	ganization answe	ered "Yes" on Fo	orm 990, Part IV,	line 34 because	it had
	Ž	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(1) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) GREATER 7435 N TUCSON	TER ORO VALLE N ORACLE RD ON	GREATER ORO VALLEY CHAMBER OF 47-5435577 TCSON AZ 85704	CHARITABLE	ĄZ	50103		4/2	
(2)		ł		1				1
(3)								
(4)								
(2)								·
For Paperwo	ork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.  DAA					Schedul	Schedule R (Form 990) 2016

OMB No 1545-0047

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

Page 2 Schedule R (Form 990) 2016 (k) Percentage øwnership (i) Section 512(b)(13) controlled entity? Yes (J) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 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. Percentage ownership Ξ amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) Share of end-of-year assets (h)
Disproportionate
alloc ? Yes No (g) Share of end-of-year assets Share of total (f) Share of total income Type of entity (C corp, S corp, (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) 86-0729663 (d)
Direct controlling
entity (c) Legal domicile foreign country) (state or (state or foreign country) (c) Legal domicile Schedule R (Form 990) 2016 GREATER ORO VALLEY CHAMBER OF Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV Į ĕ lΞ 8 | ଡ 4 lΞ 3 |ଡ **E** 

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ne 34
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Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule				*	Vec	
1 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?	ted organizations listed II	n Parts II-IV?			┺	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	×	
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				5	×	
e Loans or loan guarantees by related organization(s)				1e	×	
f Dividends from related organization(s)				=	×	
g Sale of assets to related organization(s)				5	×	ı
h Purchase of assets from related organization(s)				۽	×	ı
i Exchange of assets with related organization(s)				;=	×	
j Lease of facilities, equipment, or other assets to related organization(s)				  -	×	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
I Performance of services or membership or fundraising solicitations for related organization(s)				=	×	1
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n X	7	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10	×	
p Reimbursement paid to related organization(s) for expenses				6	×	
q Reimbursement paid by related organization(s) for expenses				10	×	
			٠		_	
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				-	×	
<ul> <li>Other transfer of cash or property from related organization(s)</li> </ul>				18	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ine, including covered re	lationships and transacti	on thresholds.			
(a)	(q)	(3)	( <del>p</del> )			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	unt involved		
(1) GREATER ORO VALLEY CHAMBER FOUND	Z	1,385	PERCENTAGE OF USE	<b>Ξ</b>		
(2)						
(3)						
(4)	٥					ı
(5)						
(9)						,
			Schedule R (Form 990) 2016	R (Form 99	90) 2016	

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

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

Supplementations	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal	(d) Predominant	(e) Are all partners		(f) Share of	(g) Share of end-of-year	(h) Disproportionate	1		(j) Seneral o	(k) Percentage
No   No   No   No   No   No   No   No			(state or foreign	_			 }	assets				partner?	
			country)	sections 512-514)	Yes	٥			1 _	T.	1>	1	Τ̈́
	(1)												
	(2)					<u> </u>							
	(6)												
	(4)											-	-
	(5)			,								<u> </u>	
(9)	(9)											<u> </u>	
(10)	(7)												
(10)	(8)												
(11)	(6)												
(11)	(10)												
	(11)											<del> </del> -	

Supplemental Information

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