RANNED III 20 2018

		QQ	ດ ເຊິ່ງໄດ້ Return of Organization Exempt From		OMB No 1545-0047
F	orm	. 33	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it?		
		ment of the Revenue	e rreasury		Open to Public Inspection
A	F	or the 2	016 calendar year, or tax year beginning $$	<u>9 JUN 30, 2017</u>	
₿		ieck if	C Name of organization	D Employer identifi	cation number
ſ		Address	GREATER RIVERSIDE CHAMBERS OF COMMERCE		
ı S	==	jchange Name ∠	Doing business as		154480
į		change Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/		
[Final return/	3985 UNIVERSITY AVENUE)683-7100
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,748,788.
ļ		Amended Ireturn	RIVERSIDE, CA 92501-3256	H(a) Is this a group re	
i		Applica- tion pending	F Name and address of principal officer CINDY ROTH	for subordinates	
-				5.01 H(b) Are all subordinates in	
			pt status501(c)(3) _X501(c)(_6) ◀ (insert no.)4947(a)(1) or ► WWW.RIVERSIDE-CHAMBER.COM	H(c) Group exemptio	list (see instructions)
_				Year of formation: 1943	
			ummary		
	0	1 Br	efly describe the organization's mission or most significant activities TO PROMO	OTE, IMPROVE,	STIMULATE
	anc		ND SUPPORT THE RIVERSIDE ECONOMY AND COMMU		
	Governance		neck this box if the organization discontinued its operations or disposed of		
	န္ပါ		imber of voting members of the governing body (Part VI, line 1a)	3	<u>56</u>
2	න්		ımber of ındependent votıng members of the governıng body (Part VI, line 1b) tal number of ındıvıduals employed ın calendar year 2016 (Part V, line 2a)	5	56 21
9	Activities &		tal number of individuals employed in calendar year 2016 (Fart V, iiile 2a)	6	
•	;		etal unrelated business revenue from Part VIII, column (C), line 12	7a	131,266.
3	₹		et unrelated business taxable income from Form 990-T, line 34	7b	0.
. <u>-</u>				Prior Year	Current Year
iOn	<u>o</u>	8 C	ontributions and grants (Part VIII, line 1h)	824,076.	850,233.
9	Revenue		ogram service revenue (Part VIII, line 2g)	825,466.	776,228.
P P	\ \ &		vestment income (Part VIII, column (A), lines 3, 4, and 7d)	5,297.	5,658.
	ĺ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,332.	65,146. 1,697,265.
	\dashv		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) rants and similar amounts paid (Part IX, column (A), lines 1-3)	1,725,171.	1,697,265.
Ŋ			enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	703,962.	744,275.
	nse		ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	Expense	b To	otal fundraising expenses (Part IX, column (D), line 25)		
	<u> </u>	17 O	ther expenses (Part IX, column (A), lines 11a-11d, 11f 24e)	969,370.	887,316.
		18 To	otal expenses Add lines 13-17 (must equal Part IX, column.(A), line.25)	1,673,332.	1,631,591.
-	8	19 R	evenue less expenses Subtract line 18 from linexi2 !O!	51,839.	65,674.
\$	59 102 103 103 103 103 103 103 103 103 103 103		MAY 1 6 2018 [6]	Beginning of Current Year	End of Year
9	Bar		otal assets (Part X, line 16) OCDEN 11T	1,862,995.	1,975,241. 356,890.
100	Fund Balances		otal liabilities (Part X, line 26) et assets or fund balances Subtract line 21 from line 20 :	1,552,677.	1,618,351.
_			Signature Block	1,332,011.	1/010/0311
			es of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of m	y knowledge and belief, it is
<u>t</u>	rue,	correct,	and complete, Declaration of preparer (other than officer) is based on all information of which pro	eparer has any knowledge.	
		1	MINIMUM POL		
	Sigr	Ι.	Signature of officer	Date	1/
ŀ	ler	₽	CINDY ROTH, PRESIDENT/CEO Type or print name and title	<u>, Ah</u>	 \
-				Date Check	PTIN
ŗ	aid		rinitType preparer's name INDA DEVLIN LINDA DEVLIN	05/09/18 sett-employ	 ' (
			irm's name SINGERLEWAK LLP	Firm's EIN	95-2302617
			irm's address 1650 IOWA AVENUE, SUITE 200		
_			RIVERSIDE, CA 92507-2406	Phone no. 95	1-683-0672
1	Иay		discuss this return with the preparer shown above? (see instructions)		X Yes No
	2200	11.11	18 LHA For Panerwork Reduction Act Notice see the senarate instructions		• 1 Form 990 (2016)

GREATER RIVERSIDE CHAMBERS OF COMMERCE

Part IV Checklist of Required Schedules

			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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		x
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
4		4		
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	- -		
5		5	x	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-	^	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		3,5
	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?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	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
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
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	
b	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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ļ		
	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		X
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	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
	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 foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
-	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u>. </u>	<u></u>	
13	complete Schedule G, Part III	19		х
	Complete Concesse O, Fart III		990	•
				, · - /

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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 19 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	Х	
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		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 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 disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
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 entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, 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	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 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) 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, Part II, III, or IV, and			
	Part V, line 1	34		X
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 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 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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2016)

Series the number reported in Box 3 of Form 1006 Enter 0-if not applicable 1a 1.0		Check if Schedule O contains a response or note to any line in this Part V			\Box
1a Enter the number reported in Box 3 of Form 1096 Enter- 0- fin not applicable Differ the number of Forms W202 Gracidade in line in Enter-0- fin not applicable Differ the number of Forms W202 Gracidade in line in Enter-0- fin not applicable Differ the number of Forms W202 Gracidade in line in Enter-0- fin not applicable Differ the common one in the common of the common				Vac	No
b Enter the number of Forms W-26 included in line 1a. Enter 0- if not applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	140
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) winnings to pizze with even within the year covered by this return (field for the calendar year ending with or within the year covered by this return if the property of the			1		}
Sea share the name of the process reported on Form W-3, Transmittal of Wage and Tax Statements, ided for the calendar year ending with or within the year covered by this return. **June 10		• • • • • • • • • • • • • • • • • • • •	ĺ		
21 test the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, led for the calendary save anding with or within the year covered by this return b if at least one is reported on Inne 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2 is greater frain 250, you may be required to e-file (see institutions) 3 b if "Yes," has if filed a Form 990-T for this year? If "No," to the 3b, provide an explanation in Schedule O. b if "Yes," has if filed a Form 990-T for this year? If "No," to the 3b, provide an explanation in Schedule O. b if "Yes," and the form 990-T for this year? If "No," to the 3b, provide an explanation in Schedule O. b if "Yes," and the form 990-T for this year? If "No," to the 3b, provide an explanation in Schedule O. b if "Yes," and the forming for a great year, did the organization in a transmitted in the sum of the schedule O. b if "Yes," and present the name of the foreign country of the schedule O. b if "Yes," and present the name of the foreign country of the foreign Bank and Financial account; FBAR) 5 Was the organization and the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes," to he Sar of Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," and of the organization and the schedule Contributions of the organization solicit any contributions that were not tax deductible as charatable contributions. b If "Yes," and of the organization include with every solicitation an explose statement that such contributions or grits were not tax deductible? c Did the organization receive a payment in excess of Si5 made party as a contribution and party for goods and services provided to the jeron \$200 or the view of the contributions or grits were not tax deductible? 7 If yes, indicate the number of Forms 8822 field during the year. 9 Did the organization receive any further, directly or indirectly, to pay premiums			1c	Х	
the for the calendary year ending with or within the year covered by this return bit of at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Dot the organization have unrelated business gross is common of \$1,000 or more during the year? 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 (see his a bank account; or other financial accountly over, a financial account in a foreign country (see his a bank account; or other financial accountly over, a financial account in a foreign country (see his a bank account; or other financial account) 5b. If "Yes," enter the name of the foreign country limits. See instructions for filing requirements for FincEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c. If Yes," to line 5a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c. If Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 7c. Organizations that may receive deductible contributions under section 170(c). 8d. If "Yes," did the organization relimination of the value of the goods or services provided? 8d. If "Yes," did the organization reverse a payment in excess 50 fis made party as a contribution and party for goods and services provided to the Foreign 820? 9d. If "Yes," indicate the number of Forms 8222 filed during the year. 9d. If "Yes," indicate the number of Forms 8222 filed during the year. 9d. If "Yes," indicate the number of Forms 8222 filed during the year. 9d. If the organization reverse a payment in excess 50 files files and part	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of fines 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? 5a If Ves, 'has it filed a Form 950-T for this year' if 'No, 'to line 5b, provide an explanation in Schedule 0 5a At any time during the calendary 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 accounts (FBAR) 5b If 'Yes,' reter the name of the foreign country See instructions for fining requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If 'Yes,' to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 5a or 5b, did the organization that if was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 5a or 5b, did the organization have reported to a prohibited tax shelter transaction? 5c If 'Yes,' to line 5a or 5b, did the organization multiple with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organization stat were not tax deductible contributions under section 170(c). a bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 5c If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 6d If 'Yes,' did the organization of the value of the goods or services provided? 6d If 'Yes,' did the organization of the value of the goods or services provided? 6d If 'Yes,' dinclused the number of Forms 8282 field during the year 6d If 'Yes,' dinclu					
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-tific (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filled a Form 990-T for this year? If "No," to line 50, provide an explanation in Schedule O and Arany time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial account in a foreign country to the sale a bank account, securities account, or other financial accountly? 4a X X b If "Yes," either the name of the foreign country ▶ See instructions for fluing requirements for FincENF form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If any time of the financial prohibit the organization in that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, in the financial prohibit the organization in that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, in the financial prohibit the organization in the firm 98867. 5c If Yes, in the financial prohibit that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, indicate the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions. 5c If Yes, indicate that may receive deductible contributions under section 170(o). 6c If Yes, indicate the arganization mortly the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions or the value of the goods or services provided? 7d If Yes, indicate the number of Forms 8282 filed during the year 7d If Yes, indicate the number of Forms 8282 filed during the year 9d If Yes, indicate the number of Forms 8282 filed during the year 1d If Yes, indicate the number of Forms 8282 filed during the yea	b		1	Х	
b If "Yes," has it field a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O A It 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)? **Yes," enter the name of the foreign country **See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) **See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) **See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) **See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) **See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) **See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) **See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) **See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF) **See instructions for filing requirements for Financial Accounts (FBAF) **See instructions for filing requirements for Financial Accounts (FBAF) **See instructions for filing requirements for Financial Accounts (FBAF) **See instructions for filing requirements for Financial Accounts (FBAF) **See instructions for filing requirements for filing filing requirements for filing filing requirements for filing filing requirements for form seed a contribution on the value of the goods or services provided? **To organization see, exchange, or otherwise dispose of tangible personal property for which it was required to the foreign filing f		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any tune during the calendar year, dot 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 accounts? 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 (FBAR) 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b If Yes, "to line 5a or 5b, did the organization file Form 8886-T? a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chartable contributions? b If Yes, "to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). a Did the organization receive apyment in excess of \$75 made party as a contribution and party for goods and services provided to the party of the foreign and party for goods and services provided to the post of the foreign and party of goods and services provided to 10 Form 8282? If If Yes," indicate the number of Forms 8282 filed during the year D did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 to 10 Form 8282? If If the organization quality the year and the provided party of the prograzation file organization may any through the year? Sponsoring organization may be year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual proper	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	X	
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	<u>_b</u>	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	(0040)

Form 990 (2016) GREATER RIVERSIDE CHAMBERS OF COMMERCE 95-1154480 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 92 Ph or 10b 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		_	X
<u>Sec</u>	tion A. Governing Body and Management		r	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 56			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 56			
2	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?	2		Х
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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	23	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			43
<u> </u>	tion D. I onotes (This dection b requests information about policies not required by the internal nevertice code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	X	140
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	- 11	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	21	
С	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		22	
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	- 47	Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	IOD		
46-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ioa	taxable entity during the year?	160		Х
_		16a		<u> </u>
Đ	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		
500		100		
	Let the states with which a copy of this Form 900 is required to be filed CA			
17	List the states with which a copy of this Form 990 is required to be filed CA	wadat	lo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvallaD	ie	
	for public inspection. Indicate how you made these available Check all that apply.			
46	Own website Another's website X Upon request Other (explain in Schedule O)	1 4 5 m = :	!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	CINDY ROTH - (951) 683-7100			
	3985 UNIVERSITY AVENUE, RIVERSIDE, CA 92501			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

. Employees, and Independent Contractors

Check if Schedule O contains a response of	r note to an	y iine in this i	Part VII
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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	(do box		((Pos heck ss pe	C) ition more rson	l than	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) HOWARD SANER	5.00									
CHAIRMAN OF THE BOARD		X		X				0.	0.	0.
(2) ANDREW WALCKER	2.00									
VICE CHAIR - CHAIR ELECT/ED	_	Х		X	_			0.	0.	0.
(3) GEORGE HOANZL	2.00	Į								
VICE-CHAIR - MEMBERSHIP/MA		X		X	<u> </u>			0.	0.	0.
(4) BOB MENDEZ	2.00	1								
VICE CHAIR - COMMUNITY DEV.		X	_	X		<u> </u>		0.	0.	0.
(5) KATHY MICHALAK	2.00			1				_	_	_
VICE CHAIR - BUS. COUNCILS		X	ļ	X		<u> </u>		0.	0.	0.
(6) SANDY AUSTELL	2.00	-	}		l				_	_
VICE CHAIR - BUS. COUNCILS		X	ļ	X		ļ .		0,	0.	0.
(7) BRIAN HAWLEY	2.00					ļ			_	
VICE-CHAIR - FINANCE		X	 	X		ļ		0.	0.	0.
(8) GARY MONTGOMERY	2.00									
VICE CHAIR - BUS. COUNCILS		X	<u> </u>	X	-		<u> </u>	0.	0.	0.
(9) BOB STOCKTON	2.00				l]				
PAST CHARIMAN OF THE BOARD	1 20	X	ļ	X		<u> </u>		0.	0.	0.
(10) AL ARGUELLO	1.00							_		
MEMBER - 1 YEAR TO SERVE	1 00	X	├-	-	_	├	<u> </u>	0.	0.	0.
(11) JUDY CARPENTER	1.00	 								_
MEMBER - 1 YEAR TO SERVE	1 00	X				-	-	0.	0.	0.
(12) JULIO FIGUEROA	1.00		1	l	1	ł	1			
MEMBER - 1 YEAR TO SERVE	1 00	X	-	<u> </u>		-	<u> </u>	0.	0.	0.
(13) JIM FUSON	1.00	٠,							0	•
MEMBER - 1 YEAR TO SERVE	1 00	X	├-	<u> </u>	-	<u> </u>	<u> </u>	0.	0.	0.
(14) PATTY MOORMAN	1.00	٠,				l				0
MEMBER - 1 YEAR TO SERVE	1 00	X	 -		-		_	0.	0.	0.
(15) STEVE POPKIN	1.00	X	l		1	ł			0.	0
MEMBER - 1 YEAR TO SERVE	1.00	^	-			-		0.	0.	0.
(16) ROB STARR	1.00	x					Ì	0.	0.	^
MEMBER - 1 YEAR TO SERVE	1.00	┝≏	\vdash	\vdash	 —	 -			<u> </u>	0.
(17) RANDAL WISBEY	1.00	X					1	0.	0.	0.
MEMBER - 1 YEAR TO SERVE		1 22				Ь			0.	Form 990 (2016)

Form 990 (2016)

Name and title Average hours for related of experiments of the compensation from related organizations of related of experiments of related of experiments of related organizations of the organization (W2/1099MISC) 1	Section A. Officers, Directors, Trus		ploy	ees			ighe	st C			\neg		
Total number of independent contractors Total number of individuals (not only a proposal on in table in the individuals (not only a proposal only a proposal only a proposal only a proposal only and interest of the individuals (not only a proposal only a proposal only and interest only and inter	· (A)	(B)					2		(D)	(E)	Ι.	(F)	
Control of the companies of the properties of the programation (W2/1099-MISC)	Name and title	1	(do not check more than one							•			
Compensation Foundation									i '	•	٩		
Compensation		(list any	ctor								co		
Compensation		hours for	r dire				20		organization			•	
Compensation			stee o	rustee		İ	eusal	-	(W-2/1099-MISC)		O	rganıza	ition
(18) GREIGH PALACHANDRAN 1,00		1	altre	onal tr		loyee	S 8	:					
(18) GREIGH PALACHANDRAN 1,00			Individu	Institute	Officer	(ey emp	Highest	Former			or	ganıza	lions
(19) PATRICK BRILLIANT (20) LAR PETERSEN (20) LAR PETERSEN (21) JOS ORTZ (21) JOS ORTZ (22) MICHAEL BUREE (23) MICHAEL BUREE (24) PATRICK BUREL (23) PAUL O'ANTERI (24) PETER HUBRARD (24) PETER HUBRARD (24) PETER HUBRARD (24) PETER HUBRARD (25) TOS NIGETINGALD (26) ROW THOMPSON MEMBER - 2 YEARS TO SERVE (25) TOS NIGETINGALD (26) ROW THOMPSON MEMBER - 2 YEARS TO SERVE (26) ROW THOMPSON MEMBER - 2 YEARS TO SERVE (26) ROW THOMPSON MEMBER - 2 YEARS TO SERVE (27) NO NIGETINGALD (28) ROW THOMPSON MEMBER - 2 YEARS TO SERVE (26) ROW THOMPSON MEMBER - 2 YEARS TO SERVE (27) TOS NIGETINGALD (28) ROW THOMPSON MEMBER - 2 YEARS TO SERVE (28) ROW THOMPSON MEMBER - 2 YEARS TO SERVE (29) ROW THOMPSON MEMBER - 2 YEARS TO SERVE (20) 0. 0. 0. 0. (21) TOTAL from continuation sheets to Part VIII, Section A (20) TOTAL from continuation sheets to Part VIII, Section A (20) TOTAL from continuation sheets to Part VIII, Section A (20) Total from continuation sheets to Part VIII, Section A (20) Total mumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensation from the organization (A) Total (add ines to and to) (B) Question B. Independent Contractors (A) Name and business address (A) NONE Description of services Compensation from the organization from the organ	(18) GIRISH BALACHANDRAN	1.00											
X	MEMBER - 2 YEARS TO SERVE		X				<u> </u>	L	0.	0	•		0.
1.00	(19) PATRICK BRILLIANT	1.00	ļ										
STATE SERVE X X X X X X X X X	MEMBER - 2 YEARS TO SERVE		X	<u> </u>	ļ		_	ļ	0.	0	•		0.
21 JOE ORTIZ VICE CRAIR - GOV'T AFFIARS/LRGAL COU X X X 0. 0. 0. 0. 0.	(20) LEA PETERSEN	1.00	1										
VICE CHAIR - GOV'T AFFTARS/LEGAL COU	MEMBER - 2 YEARS TO SERVE		X	Ļ	Ļ.,	ļ		Ļ_	0.	0	•		0.
(22) MICHAEL BURKE MEMBER - 2 YEARS TO SERVE 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(21) JOE ORTIZ	2.00											
MEMBER - 2 YEARS TO SERVE			X	<u> </u>	X		<u> </u>	↓_	0.	0	•		0.
(23) PAUL D'ANIERI MEMBER - 2 YEARS TO SERVE X 0	(22) MICHAEL BURKE	1.00		1	İ				_	_			
MEMBER - 2 YEARS TO SERVE			X	<u> </u>	_	ļ _	_	-	0.	0	-↓		0.
1.00 X 0.0	. –	1.00											_
MEMBER - 2 YEARS TO SERVE		1 00	X		-	_	-	╄-	0.	0	•		<u> </u>
1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		1.00	٠,							_			•
MEMBER - 2 YEARS TO SERVE		1 00	A	-	-	-	-	├	<u> </u>	U	-		_ 0.
1.00 X	,	1.00	₹.							0			^
Sub-total Sub-total Sub-total Sub-total Sub-total Sub-total Sub-total Sub-total Sub-total Sub-total Sub-total Sub-total (add lines to and 1c) Sub-tot		1 00	Δ	├-			-	├	0.	<u>_</u>	-		
Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A 199, 3333. 0. 0. 0. 1 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$1		1.00	v							_	i		Λ
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 199, 333.		<u> </u>	ΙΔ.	I	L	<u> </u>		₩					
d Total (add lines 1b and 1c)		II Section A											
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No		ii, Section A											
Section B. Independent Contractors 1 Complete this table for your five highest compensation for the organization. Report compensation for the calendar year ending with or within the organization. Report compensation for the organization for the organization. Report compensation for the organization. Name and business address 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Secured more than \$100,000 of compensation from the organization. Some findependent contractors that received more than \$100,000 of compensation from the organization. Some findependent contractors that received more than \$100,000 of compensation from the organization. Some findependent contractors that received more than \$100,000 of compensation from the organization. Some findependent contractors that received more than \$100,000 of compensation from the organization. Some findependent contractors that received more than \$100,000 of compensation from the organization. Some findependent contractors that received more than \$100,000 of compensation from the organization. Some findependent contractors that received more than \$100,000 of compensation from the organization. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Some findependent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Some findependent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.		ot limited to th	nose	liste	ed al	bov	e) w	ho r		L	<u> </u>		
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services 7 Compensation Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$\infty\$ \text{ or more than} \$\frac{1}{2}\$ \text{ or more than} \$	· -						-,		-	,,000 0. 10001.02.0			1
Inne 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization than the organization or individual for services in the organization or individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services is a complete Schedule J for such individual for services i												Yes	
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1 Organization or individual for services is a compensation from the organization in the organization or individual for services is a compensation from the organization independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization or individual for services is a compensation individual for services is a compensation from the organization individual for services is a compensation from the organization individual for services is a compensation from the organization individual for services is a compensation from the organization individual for services is a compensation from the organization individual for services is a compensation from the organization individual for services is a compensation from the organization individual for services is a compensation from the organization individual for services is a compensation from the organization from the organization from the organization individual for such person individual for services is a compensation from the organization from the o	4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n an	d ot	her compensation from	the organization	-	1	}
rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\bigsimes\)	and related organizations greater than \$15	0,000? If "Yes,	," co	mpl	ete S	Sch	edul	e J	for such individual		4	<u> </u>	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	dual for services			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\bigsim \)		i <u>plete Schedul</u>	le <i>J 1</i>	or s	uch ,	per	son				5		<u> </u>
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation NONE Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0													
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	· · · · · · · · · · · · · · · · · · ·									•	nsation	1 from	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		the calendar y	ear	endi	ng v	vith	or w	<u>/ithii</u>		year.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \$0		address	NT/	וזאר	.					ervices			on
\$100,000 of compensation from the organization 0			TA) I 4 I	<u> </u>			7					
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632008 11-11-16

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Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	yee	s, a	nd F	lıgh	est	Compensated Employ	ees (continued)	
· (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c	heck	all 1	that	app	ly)	compensation	compensation	amount of
	per	ļ	İ					from	from related	other
	week (list any	10				oloye		the	organizations	compensation
	hours for	direct				d em		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	66 0	stee]	nsate		(11 2/1055 14/100)		and related
	organizations	trust	nal tru		oyee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	.er	Key employee	Highest compensated employee	ē			_
	line)	힐	Inst	Officer	Key	휼	Former			
(27) RONALD ELLIS	1.00		}					_		
MEMBER - 3 YEARS TO SERVE		X	<u> </u>					0.	0.	0.
(28) DAVID FISHER	1.00									
MEMBER - 3 YEARS TO SERVE		X						0.	0.	0.
(29) DEBBI GUTHRIE	1.00									
MEMBER - 3 YEARS TO SERVE		X						0.	0.	0.
(30) DAVID HANSEN	1.00									
MEMBER - 3 YEARS TO SERVE		X			<u> </u>			0.	0.	0.
(31) ROSE MAYES	1.00									
MEMBER - 3 YEARS TO SERVE	1 2 2	X						0.	0.	0.
(32) MARK RUBIN	1.00								_	:
MEMBER - 3 YEARS TO SERVE	1 00	X			<u> </u>			0.	0.	0.
(33) ZAREH SARRAFIAN	1.00	ļ							_	_
MEMBER - 3 YEARS TO SERVE		X			<u> </u>			0.	0.	0.
(34) MATT WEBB	1.00	∤								
MEMBER - 3 YEARS TO SERVE	1 00	X	<u> </u>			<u> </u>		0.	0.	0.
(35) VITA WILLET	1.00									
MEMBER - 3 YEARS TO SERVE	1 00	X						0.	0.	0.
(36) JOSEPH ZICHICHI	1.00									
PRESIDENT - ARLINGTON BUS. COUNCIL	1 00	X	-			-		0.	0.	0.
(37) SCOTT MEGNA	1.00	1								•
PRESIDENT - DOWNTOWN BUS. COUNCIL	1 00	X						0.	0.	0.
(38) BILL CHAMBERLAIN	1.00	٠,								0
PRESIDENT - EAST HILLS BUS. COUNCIL	1.00	X						0.	0.	0.
(39) J.D. FRANKLIN	1.00	X						0.	0	0
PRESIDENT - HUNTER PARK BUS. COUNCIL	1.00	Α.						<u> </u>	0.	0.
(40) BILL OAKS	1.00	x						0.	0.	0
PRESIDENT - LA SIERRA BUS. COUNCIL	1.00	Α.	_						0.	0.
(41) BETSEY HERRICK	1.00	X						0.	0.	0.
PRESIDENT - MAGNOLIA CTR. BUS. COUNC	1.00	^							0.	
(42) YUNDRA THOMAS	1.00	X						0.	0.	0.
CHAIR - AMBASSADORS	1.00	1					_			
(43) MATT FRIEDLANDER CHAIR - BUSINESS EDUCATION P/S	1.00	X						0.	0.	0.
(44) JOHN GRANDE	1.00	-	-							
CHAIR - BUSINESS IN ACTION		X						0.	0.	0.
(45) MICHAEL LEWIN	1.00	 ^					_			
CHAIR - ECONOMIC DEVELOPMENT		X						0.	0.	0.
(46) LARRY BURNS	1.00	<u> </u>							<u></u>	
CHAIR - GOLF_COMMITTEE		x						O.	0.	0.
OME OWNER THE	·	<u></u>								<u>·</u>
Total to Part VII, Section A, line 1c										
								·		

								OF COMMERCE	<u>95-115</u>	4480
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
· (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck	call t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	lecte				ешр		organization	(W-2/1099-MISC)	from the
	hours for	o d	農			sated		(W-2/1099-MISC)		organization
	related organizations	l se	tras		e e	преп				and related
	below	i i	teuna	١	l ge	stcor				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ROBERT HICKS	1.00	1		Ī		-				
CHAIR - GOVERNMENTAL AFFAIRS COUNCIL		x						0.	0.	0.
(48) CARL DAMERON	1.00			-		_	-		- 0.	
PRESIDENT - I.E. AFRICAN AMERICAN CH		x						0.	0.	0.
(49) DONNA LITTLE	1.00									
CHAIR - KRCB		x						0.	0.	0.
(50) ROGER RUPP	1.00									
CO-CHAIR - MILITARY AFFAIRS		X						0.	0.	0.
(51) JAMIL DADA	1.00									
CO-CHAIR - MILITARY AFFAIRS		X						0.	0.	0.
(52) BRIGADIER GENERAL RUSSELL MUNCY	1.00									
COMMANDER - MARCH AIR RESERVE BASE		X						0.	0.	0.
(53) DR. SUVESH CHANDIOK	1.00									
PRESIDENT - ASIAN INDIAN CHAMBER	_	Х						0.	0.	0.
(54) DINA ESQUIVEL	1.00									
PRESIDENT - G.R. HISPANIC CHAMBER		X						0.	0.	0.
(55) PEPI JACKSON	1.00									
PRESIDENT - RIVERSIDE CNTY BLACK CHA		X						0.	0.	0.
(56) JAMES PERSINGER	1.00									
PRESIDENT - PICK GROUP OF YOUNG PROF		X						0.	0.	0.
(57) CINDY ROTH	40.00									
PRESIDENT/CEO		ļ				X		199,333.	0.	0.
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	l .									
Total to Part VII, Section A, line 1c								199,333.		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns 1a 551,221 1b Membership dues 58,000. c Fundraising events 1c d Related organizations 1d 241,012 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 850,233 h Total. Add lines 1a-1f **Business Code** 182,980. 182,980. 2 a INAUGURAL CELEBRATION 900099 Program Service 541800 98,443. 98,443. ь ADVERTISING-GRB 92,945. 92,945 c ADMINISTRATION FEE 900099 77,700. 69,780. d MAYOR'S STATE OF THE C 77,700. 900099 69,780. 900099 e GOOD MORNING RIVERSIDE 250,705 541800 3,675 f All other program service revenue 254,380. 776,228. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 5,658. 5,658 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 18,701 18,701 5 Royalties (ı) Real (ii) Personal 51,157. 6 a Gross rents 29,748. **b** Less rental expenses 21,409. c Rental income or (loss) 21,409. 21,409. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 58,000 of ıncludıng \$ contributions reported on line 1c) See 23,665 Part IV, line 18 13,218 b Less direct expenses 10,447 10,447 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns <u>23,146.</u> and allowances 8,557 b Less cost of goods sold 14,589 14,589 c Net income or (loss) from sales of inventory Miscellaneous_Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 697,265. 688,699. 131,266. 27,067. Total revenue. See instructions.

Form 990 (2016)

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Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must c	omplete column (A)	
	Check if Schedule O contains a respor		this Part IX		
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				_
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign			-	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	199,333.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	473,117.			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,544.			
9	Other employee benefits	8,327.			
10	Payroll taxes	53,954.			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	12,430.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)		<u>-</u>		
12	Advertising and promotion				
13	Office expenses	12,548.			<u> </u>
14	Information technology	·			
15	Royalties	E4 E4 E			
16	Occupancy	51,515.			
17	Travel	4,771.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	02 505			
20	Interest	23,787.			
21	Payments to affiliates	22 206			
22	Depreciation, depletion, and amortization	23,286.			
23	Insurance	35,823.			
24	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.)				
а	PROGRAM SERVICE COSTS	255,298.			
b	GOVERNMENT CONTRACT EXP	216,879.			
c	MEMBERSHIP COMMISSIONS	110,602.			
d	GRB EXPENSE (COMMISSION	67,166.			
е	All other expenses	73,211.			
25	Total functional expenses. Add lines 1 through 24e	1,631,591.			
26	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 if following SOP 98-2 (ASC 958-720)				

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Form 990 (2016)
Part X Balance Sheet GREATER RIVERSIDE CHAMBERS OF COMMERCE 95-1154480 Page 11

Pa	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X	T		
	·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	223,528.	1	294,264
	2	Savings and temporary cash investments	1,111,241.	2	1,178,539
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	68,986.	4	54,797
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		1	
		Part II of Schedule L		5	
	6	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			
s c		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	250.	8	169
	9	Prepaid expenses and deferred charges	4,038.	9	13,182
	10a	Land, buildings, and equipment cost or other	1,0301		13/102
	104	basis Complete Part VI of Schedule D 10a 910, 321.		}	
	h	Less accumulated depreciation 10b 480, 457.		10c	429,864
	11	Investments - publicly traded securities	443,334.	11	425,004
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
		Intangible assets		14	
	14	Other assets See Part IV, line 11	8,958.		1 126
	15		1,862,995.	15	4,426 1,975,241
	16	Total assets. Add lines 1 through 15 (must equal line 34)	301,360.	16	352,464
	17	Accounts payable and accrued expenses	301,300.	17	334,404
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	-
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Ĭ		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L	<u> </u>	22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of	0.050		4 405
	1	Schedule D	8,958.		4,426
	26	Total liabilities. Add lines 17 through 25	310,318.	26	356,890
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es	1	complete lines 27 through 29, and lines 33 and 34.		1	
ä	27	Unrestricted net assets	1,400,601.	27	1,454,697
ga	28	Temporarily restricted net assets	152,076.	28	<u>163,654</u>
g	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	1,552,677.	33	1,618,351
	34	Total liabilities and net assets/fund balances	1,862,995.	34	1,975,241

Form **990** (2016)

Form 990 (2016)

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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.

2016
Ones to Public

Open to Public Inspection

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-B

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

	•	rate instructions), then l(c)(4), (5), or (6) organiza	tions Complete Part III			
	ne of organi		tions Complete Fait III.		E	mployer identification number
		GREATER	RIVERSIDE CHAM	BERS OF COMM		95-1154480
Pa	art I-A		janization is exempt un			
2	Political ca	description of the organia ampaign activity expendit hours for political campa		ical campaign activities		> \$
Pá	art I-B	Complete if the ord	ganization is exempt un	der section 501(c)	(3).	
1			incurred by the organization un			> \$
2		•	incurred by organization mana		5	> \$
3	If the orga	nization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a	a Was a cor	rection made?				Yes No
	o If "Yes," d	escribe in Part IV.		1 1 1 501/		
Pa	art I-C	Complete if the org	ganization is exempt un	der section 501(c)	, except section 5	
2	Enter the a	amount of the filing organ	d by the filing organization for solution is funds contributed to contributed to contributed to contributed to contribute and 2 Enter here	other organizations for s	ection 527 	> \$ > \$
	line 17b					► \$
4 5	Enter the imade pay contribution	ments For each organiza ons received that were pr	1120-POL for this year? nployer identification number (to listed, enter the amount payomptly and directly delivered to additional space is needed, pro-	aid from the filing organi o a separate political org	olitical organizations to v zation's funds Also enti anization, such as a se	which the filing organization er the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds If none, enter	s contributions received and
_						

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

Schedule C (Form 990 or 990-EZ) 2016

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632041 11-10-16

Schedule C (Form 990 or 990 EZ) 2016 GREA					
Part II-A Complete if the organizat	ion is exempt u	nder section	n 501(c)(3) and file	ed Form 5768 (e	election under
section 501(h)).					
A Check ► ☐ If the filing organization belo			Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of exc		-			
B Check ► if the filing organization che	cked box A and "limit	ed control" pro	visions apply		
Limits on Lo (The term "expenditures"	bbying Expenditure means amounts pai		;	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pu	iblic opinion (grass re	ots Johhving)			
b Total lobbying expenditures to influence a			ļ		
Takal labilities on a sanahala waa Aadal loo aa Aa		it loobying,			
d Other exempt purpose expenditures	nd rb)				-
	ace 10 and 1d)		ŀ		
e Total exempt purpose expenditures (add li	•				
f Lobbying nontaxable amount Enter the an	Υ-				
If the amount on line 1e, column (a) or (b) is:	The lobbying n	-	ount is:		
Not over \$500,000	20% of the amo				
Over \$500,000 but not over \$1,000,000			ess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus !	5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,000				
g Grassroots nontaxable amount (enter 25%	of line 1f)				
h Subtract line 1g from line 1a If zero or less	, enter -0-				<u> </u>
i Subtract line 1f from line 1c If zero or less,	enter -0-				<u> </u>
J If there is an amount other than zero on eit	her line 1h or line 1i, d	did the organiza	ation file Form 4720		
reporting section 4911 tax for this year?					Yes No
(Some organizations that mad	4-Year Averaging e a section 501(h) el ee the separate inst	ection do not	have to complete all c	of the five columns	below.
Lo	bbying Expenditures	During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
		İ			
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))		_			
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990 EZ) 2016 GREATER RIVERSIDE CHAMBERS OF COMMERCE 95-1154480 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	3)	(b	o)
of th	e lobbying activity.	Yes	No	Amo	ount
1	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		i		
	or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?	<u> </u>			
d	Mailings to members, legislators, or the public?		. <u> </u>		
е	Publications, or published or broadcast statements?		<u>-</u>		
f	Grants to other organizations for lobbying purposes?				
g		-	-		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				-
j	Total Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	-			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504(3)	(5)		
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6).			- 	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	77	X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	77
Bar	Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), sect			ction	X
<u>. u.</u>	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3, is
	answered "Yes."			• •	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical			
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
	Carryover from last year		<u>2b</u>		
С			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		-
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
_	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	rt IV Supplemental Information				
	de the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 4; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 4; Part I-C, line 5; Part II-A (affiliated ground the descriptions required for Part I-A, line 4; Part I-C, line 5; Part I-A, line 4; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Part I-C, line 5; Pa	up list); Part II	·A, lines 1 a	and 2 (see	
instr	uctions), and Part II-B, line 1. Also, complete this part for any additional information				
					
_					

SCHEDULE D

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Par		CHAMBERS OF COMMERCE	95-115448U
Гаі			ACCOUNTS. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		(L) Funda and alban a country
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's	_	└ Yes
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	
Par	impermissible private benefit?		Yes No
Ь			t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		
	Protection of natural habitat	Preservation of a certifie	d historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic sti	• •	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		_ 2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the tax
_	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n essements during the year
•	► \$	aming of violations, and officioning correct valid	ricasoments during the year
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)((4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		5
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statemer	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	·	.,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial or	
-	the following amounts required to be reported under SFAS 1		· / p · · · · · ·
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X	•	> \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2016

632051 08-29-16

		RIVERSIDE							54480	
Par										
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following t	that are a sı	gnificant	use of its	collection if	tems
	(check all that apply)		. —.							
а	Public exhibition	C		Loan or exc	change pro	grams				
b	Scholarly research	e	• — (Other	 -				.	
С	Preservation for future generations				_					
4	Provide a description of the organization's co							ose in Pari	: XIII	
5	During the year, did the organization solicit of					other similar	assets		1	
Do	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answere	ed "Yes" on	Form 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1а	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or otner	assets not	included		٦.,	
	on Form 990, Part X?							<u> </u>	Yes	∟∐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing t	able.						
	D-man halana								Amount	
	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
Ţ	Ending balance	000 David V Iv	01 6				1f		1.,	
	Did the organization include an amount on F		•				ity /		Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII To V Endowment Funds. Complete in						Δ			
1 41	Endownient i dilas. Complete i	(a) Current year		•				voore book	(a) Four vo	oro book
4	Reginning of year holonog	(a) Current year	(0) -	rior year	(C) TWO y	ears back	(a) Tillee	years back	(e) Four ye	ars Dack
1a 	Beginning of year balance				1					
b	Contributions				 					
C	Net investment earnings, gains, and losses		<u> </u>		 -		•			
d	Grants or scholarships				1					
е	Other expenditures for facilities									
	and programs									
Τ	Administrative expenses				 					
g	End of year balance	ront waar and halana	o (lino 1	a column (a)) bold so					
2	Provide the estimated percentage of the cur Board designated or quasi-endowment	rent year end baland		g, column (a)) neid as					
a	Permanent endowment	%	%							
b	Temporarily restricted endowment	% %								
C	The percentages on lines 2a, 2b, and 2c sho									
20	Are there endowment funds not in the posse	•	ation tha	ıt are beld s	and admini	etarad for th	o organi	zation		
Ja	by	sssion of the organiz	ation tha	it are rielu a	and admini	stered for ti	ie organiz	Zalion	[v	es No
	(i) unrelated organizations								3a(i)	es No
	(ii) related organizations									 -
h	If "Yes" on line 3a(ii), are the related organizations	atione lietad ae radiji	rad on S	chedule P2)				3a(ii) 3b	
4	Describe in Part XIII the intended uses of the								30	
	t VI Land, Buildings, and Equipm		JANII IGIIL I	urius						
	Complete if the organization answere		n Part IV	/ line 11a 9	See Form S	990 Part X	line 10			
	Description of property	(a) Cost or o			t or other		cumulate	ed	(d) Book v	alue
	becomplient of property	basis (investr			(other)	1 ' '	reciation	I .	(u) Dook v	alue
10	Land				3,980	<u>-</u>			112	980.
	Buildings				26,949		21,1	70		779.
0	Leasehold improvements				1,661		19,0			637.
d	Equipment				8,180		83,2			918.
	Other				$\frac{70,100}{59,551}$		$\frac{57,2}{57,0}$			550.
	. Add lines 1a through 1e. (Column (d) must e	aual Form 990, Part	X. colun			-1	<u> </u>	<u> </u>		864.

Schedule D (Form 990) 2016

16079__1

(1) Federal income taxes
(2) INTERFUND PAYABLES 4,426.
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

4,426.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2016

	IVERSIDE CHAN			95-	1154480	Page 4
Part XI Reconciliation of Revenue per A			Vith Revenue per	Returr	۱.	
Complete if the organization answered "Ye		, line 12a		Т. Т	1 740	700
1 Total revenue, gains, and other support per audit2 Amounts included on line 1 but not on Form 990,				1	1,748	, 789.
a Net unrealized gains (losses) on investments	Tart viii, iiilo 12	2a				
b Donated services and use of facilities		2b				
c Recoveries of prior year grants		2c				
d Other (Describe in Part XIII)		2d				
e Add lines 2a through 2d				2e		0.
3 Subtract line 2e from line 1				3	1,748	<u>,789.</u>
4 Amounts included on Form 990, Part VIII, line 12,		1	I			
a Investment expenses not included on Form 990,	Part VIII, line 7b	_4a_	F1 F04	-		
b Other (Describe in Part XIII.)		4b	-51,524		- 1	E 2.4
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equ	ual Form 900 Port I lino :	12)		4c		,524. ,265.
Part XII Reconciliation of Expenses per			With Expenses pe	r Retu		<u>. 203.</u>
Complete if the organization answered "Ye			THE EXPONENT		••••	
Total expenses and losses per audited financial s				1	1,683	115.
2 Amounts included on line 1 but not on Form 990,						
a Donated services and use of facilities	·	2a		1 1		
b Prior year adjustments		2b		7		
c Other losses		2c				
d Other (Describe in Part XIII)		2d	51,524			
e Add lines 2a through 2d				2e		<u>,524.</u>
3 Subtract line 2e from line 1				3	1,631,	<u>,591.</u>
4 Amounts included on Form 990, Part IX, line 25, b		1	ı			
a Investment expenses not included on Form 990,	Part VIII, line 7b	4a		_		
b Other (Describe in Part XIII)		4b		4		_
c Add lines 4a and 4b				4c		0.
5 Total expenses Add lines 3 and 4c. (This must expense Part XIII Supplemental Information.	<u>jual Form 990, Part I, line</u>	: 18)		5	1,631,	<u>,591.</u>
Provide the descriptions required for Part II, lines 3, 5, a lines 2d and 4b, and Part XII, lines 2d and 4b Also com						
PART XI, LINE 4B - OTHER ADD		<u> </u>				
RENTAL EXPENSES NETTED AGAIN	IST REVENUES	PER FORM	1 990		-29,	749.
FUNDRAISING EVENT EXPENSE NE	ETTED AGAINST	REVENUE	ES PER FORM			
990					-13.	218.
	TATNOM CALDO	DED EODN	. 000			
COST OF GOODS SOLD NETTED AC						_
TOTAL TO SCHEDULE D, PART XI	I, LINE 4B			.	<u>-51</u> ,	<u>524.</u>
PART XII, LINE 2D - OTHER AI	OJUSTMENTS:					
RENTAL EXPENSES NETTED AGAIN	IST REVENUES	PER FORM	1 990		29,	749.
FUNDRAISING EVENT EXPENSE NE	ETTED AGAINST	REVENUE	S PER FORM			
990					13,	218.
632054 08-29-16				Sched	ule D (Form 9	
430509 701224 16079	2016.05070 GI	37 R <mark>EATER R</mark> I	IVERSIDE CHA	MBER	S 1607	91
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Schedu Part)	le D (F XIII)	orm 990) 2 Supplem	₀₁₆ ental In	form	GREAT! ation (co	ER RI ontinued)	VERS	SIDE C	HAMBI	ERS OI	F COMME	RCE	95-11	54480 Page 5
<u>COST</u>	OF	GOOD:	S SOL	D N	ETTED	<u>AGAI</u>	NST	SALES	PER	FORM	990	·		8,557.
<u>TO</u> TA	L I	O SCH	EDULE	D,	PART	XII,	LII	NE 2D			<u> </u>			51,524.
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								· · ·				_	Schedule	D (Form 990) 2016

SCHEDULE G (Form 990 or 990-EZ)

::.:

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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization						Employer ide	ntification number
GREATER	RIVERSIDE CHAMBE	RS O	F C	OMMERCE		95-1154	480
Part I Fundraising Activities. required to complete this part	Complete if the organization answ	ered "Ye	es" o	n Form 990, Part IV,	line 1	7 Form 990-E2	filers are not
1 Indicate whether the organization raise							
a Mail solicitations			_	overnment grants			
b Internet and email solicitations			_	nment grants			
c Phone solicitations d n-person solicitations	g Specia	al fundrai	sing	events			
2 a Did the organization have a written or	oral agreement with any individua	al (includ	ing o	fficers, directors, trus	stees	. or	
key employees listed in Form 990, Pa		-	_			Yes	☐ No
b If "Yes," list the 10 highest paid indivi	duals or entities (fundraisers) purs	suant to	agree	ements under which	the fu	ındraiser is to b	e
compensated at least \$5,000 by the							
		/iii)	Did		(v)	Amount paid	
(i) Name and address of individual	(II) Activity	(iii) (fundra have cu	user	(iv) Gross receipts	to (c	or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(, · · · · · · · · · · · · · · · · · ·	or contribu	rol of tions?	from activity		fundraiser ted in col. (i)	organization
		Yes	No				
							
							-
							
		-					
Total							
Total 3 List all states in which the organization	ı ıs registered or licensed to solicit	contribu	ution	s or has been notified	d it is	exempt from re	egistration
or licensing.			_			<u>-</u>	
LHA For Paperwork Reduction Act Notice	e, see the Instructions for Form	1990 or	990-1	E Z . 9	Sche	dule G (Form 9	90 or 990-EZ) 2016

632081 09-12-16

Schedule G (Form 990 or 990-EZ) 2016 GREATER RIVERSIDE CHAMBERS OF COMMERCE Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events SILENT NONE (add col (a) through GOLF TOURN. AUCTION col (c)) (event type) (event type) (total number) Revenue 67,776. 81,665. 13,889. 1 Gross receipts 58,000. 58,000 2 Less: Contributions 9,776. 13,889 23,665. Gross income (line 1 minus line 2) Cash prizes 243. 243. Noncash prizes Direct Expenses 5,100 5,100. Rent/facility costs 4,432 4,432. Food and beverages Entertainment 3,443 3,443. Other direct expenses 13,218. 10 Direct expense summary Add lines 4 through 9 in column (d) 10,447 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 4 5 Other direct expenses % Yes Yes Yes Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes **b** If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2016 632082 09-12-16

: : : :

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2016 GREATER RIVERSIDE CHAMBERS OF COMMERCE 95-	<u> 1154480</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐☐ Yes	☐ No
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
13	Indicate the percentage of gaming activity conducted in.	1 1	
	The organization's facility	13a	%
	An outside facility	13b	%
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	☐ No
L	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
ĸ.	of gaming revenue retained by the third party >\$		
	: If "Yes," enter name and address of the third party.		
	, in 165, effect that to and address of the time party.		
	Name ▶		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	December of common arranded by		
	Description of services provided		
	Director/officer Employee Independent contractor		
47	Mandaton distributions		
	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to		
č	retain the state gaming license?	Yes	No
ŀ	• 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 > \$		
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9, 9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
_			
_			

2:22

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	GREATER	RIVERSIDE	CHAMBERS	OF	COMMERCE	95-1154480	Page 4
Part IV	Supplemental Infor	mation (contin	ued)					
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		-						
								
								
								
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						Scl	hedule G (Form 990 or	990-EZ)

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SCHEDULE J (Form 990)

3 1 3 2

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

GREATER RIVERSIDE CHAMBERS OF COMMERCE

Employer identification number 95-1154480

Pa	irt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	į	ļ	
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	_2	 	ļ
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization			
_	Receive a severance payment or change-of-control payment?	42		X
a h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
D	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	<u> </u>	X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			1
	The to any of lines are provide and provide the applicable amounts to out from the artificial			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		L
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			1
а	The organization?	6a		
b	Any related organization?	6b		<u> </u>
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments]		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			1
	ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8_		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	1	1

632111 09-09-16

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

95-1154480 GREATER RIVERSIDE CHAMBERS OF COMMERCE

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2016

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(Q)-(i)(B)	in column (B) reported as deferred on prior Form 990
(1) CINDY ROTH	Ξ	199,333.	0	0.	0.	0	199,333.	0
PRESIDENT/CEO	Ξ	0	0	0	0	0	0	0
	Θ							
	(ii)							
	Θ							
	(E)			ì				
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Schedule J (Form 990) 2016

632112 09-09-16

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SCHEDULE O

33 32

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

GREATER RIVERSIDE CHAMBERS OF COMMERCE 95-1154480
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 WAS PRESENTED TO AND REVIEWED BY THE BOARD AT THE GENERAL BOARD
MEETING HELD ON APRIL 26, 2018, PRIOR TO THE EXTENDED FILING DEADLINE OF
MAY 15, 2018.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION ANNUALLY MONITORS ITS CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15A:
EMPLOYEES ARE EVALUATED ANNUALLY BY THE PRESIDENT/CEO. THE ORGANIZATION'S
PRESIDENT/CEO IS EVALUATED ANNUALLY BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:
ALL OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS ARE AVAIALBLE UPON WRITTEN REQUEST.
FORM 990, PART XII, LINE 1, OTHER ACCOUNTING METHOD:
MODIFIED ACCRUAL

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

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