[80	799] (2								
•	00		Between of Organization Evenuet From Income	. Tax		OMB No 1545-0047				
Forr	, 9:	3U/	Return of Organization Exempt From Income Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except priv	1 ~ 1	10	2017				
Dep	årtment o	of the Treasury	▶ Do not enter social security numbers on this form as it may be made	public.	, ,	Open to Public Inspection				
Δ			ndar year, or tax year beginning $0.7 - 0.1$, 2017, and ending		16-30	, 20 18				
<u>~</u> B		f applicable	C Name of organization SPRING VALLEY CHAMBER OF COMMERCE			identification number				
ň		s cha.ige	Doing business as	\neg	95-30	18966				
ī	Name c	•	Number and street (or P O box if mail is not delivered to street address) Room/suite			ne number				
	Initial re	•	PO BOX 1211	1 6	51967	6709902				
	Final retu	urrvterminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amende	ed return	SPRING VALLEY CA 91979	G	Gross rec	eipts \$ 70, <u>110</u>				
	Applica	tion pending				bordinates ⁷ Yes No				
_						ncluded? L Yes L No				
<u> </u>		empt status	□ 501(c)(3)			st (see instructions)				
J					emption n					
			Corporation ☐ Trust ☐ Association ☐ Other ►	35	M State o	f legal domicile CA				
Р	art I	Summ	·········	-						
45	1		escribe the organization's mission or most significant activities:	T (T)37 (
Activities & Governance			OMOTE GOOD BUSINESS ECONOMICS IN THE COMMUN	T.T.A.	<u>) F</u>					
Ē		SPRIN	G VALLEY CA							
ove.		Chapleth	is box ▶ ☐ if the organization discontinued its operations or disposed of more		50/ of it					
Ğ	3			s triari 2	3 % OF 10	5 1161 455615.				
Se	4		of voting members of the governing body (Part VI, line 1a)	•	4					
ξį	5		nber of individuals employed in calendar year 2017 (Part V, line 2a)	•	5	1				
Ç	6		nber of individuals employed in calendar year 2017 (Fatt V, line 2a)	•	6					
•	7a	Total unr	elated business revenue from Part VIII, column (C) the	•	7a					
	l /a	Net unrel	ated business taxable income from Form 990 FC 34VED.		7b					
_	T	1401 01110		nor Year		Current Year				
•	8	Contribu	tions and grants (Part VIII, line 1h) . service revenue (Part VIII, line 2g)	65	, 360	70,110				
ž	9		service revenue (Part VIII, line 2g)							
Revenue	10	Investme	int income (Part VIII, column (A), lines 3, 4, and (Q)							
Ě	11	Other rev	venue (Part VIII, column (A), lines 5, 60, 8c, 90 Grid (and 11e)							
	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,	, 360	70,110				
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)							
	14	Benefits	paid to or for members (Part IX, column (A), line 4)							
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	_ 37	,268	38,842				
JSC.	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)							
Expenses	b	Total fun	draising expenses (Part IX, column (D), line 25) ▶							
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		, 567	27,196				
	18	•	penses Add lines 13-17 (must equal Part IX, column (A), line 25)		, 835	66,038				
	19	Revenue	less expenses Subtract line 18 from line 12		, 525	4,072				
Net Assets or Fund Balances			\ \frac{1}{2}	g of Curre		End of Year				
sset 3alar	20		ets (Part X, line 16)	15	,132	19,204				
a et	21		ulities (Part X, line 26)							
_			ts or fund balances. Subtract line 21 from line 20	15	,132	19,204				
	art II		ture Block							
Un tru	der pena e, correc	alties of perju ct, and comp	ry, I declare that I have examined this return, including accompanying schedules and statements, a ete. Declaration of preparer (other than officer) is based on all information of which preparer has any	nd to the knowled	best of my ge	knowledge and belief, it is				
			CXI KULL		_///	6/18				
Sig		1:	ature of officer	Date	,	, -				
He	re		NA CARLSON EXECUTIVE DIRECTOR							
		Type	or print name and title			PTIN				

Check X if self-employed Paid **Preparer** LUKEHART Firm's EIN ▶ **Use Only** Phone no 619-440-3800 address ►535 BROADWAY SUITE 107 CAJON CA 92021 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes 🗌 No Form **990** (2017)

For Paperwork Reduction Act Notice, see the separate instructions.



Part IV **Checklist of Required Schedules** No 1 - Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or 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 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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 X 11b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E..... 13 **14 a** Did the organization maintain an office, employees, or agents outside of the United States? . b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	-	X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		X
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	200		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):		-	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
Ŭ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
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? <i>If "Yes," complete Schedule M</i>	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		Х
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		Х
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		Х
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		X
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,	55		
	Part VI	37		Х
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 Form	X n 990	(2017)

art	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	-		
20		1c		_
2a				
_	Statements, filed for the calendar year ending with or within the year covered by this return [2a] If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	$\overline{\mathbf{x}}$	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		^
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
ь	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 a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	 7a		V
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
Ū	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u>X</u>
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them)		•	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	<u> </u>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		X

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons.
Casti	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	
Secu	on A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year 1a		163	
ıa		-		- 1
	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.			ļ
	· · · · · · · · · · · · · · · · · · ·			ı
b	Enter the number of voting members included in line 1a, above, who are independent . Del any officer director trustee, or less ampleses bases a family relationship or a business relationship with			
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		<u>X</u>
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		X
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,	, a		
D	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:			
а	The governing body?	8a	$\overline{\mathbf{x}}$	
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Ī
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		$\frac{\hat{\mathbf{X}}}{\mathbf{X}}$
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a	$\overline{\mathbf{x}}$	
b	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure	1)		
17	List the states with which a copy of this Form 990 is required to be filed ► CA	-		
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)
	available for public inspection. Indicate how you made these available. Check all that apply.	,		••
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest i	policy	, and
	financial 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 re-	cords	.	
	JA CARLSON 3322 SWEETWATER SPRINGS 202 91977 6196709902			

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Dago	•

Form 990 (2017) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

•										_
Check if Schedule O contains a response or note to any line in this Part VII										
Check if Schedule O contains a response of note to any line in this Fart vii			•	•	•	•		•	•	\Box
	 	 				-	-	 		

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.

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Unleck this box in heither the organization no	arry relate	u org	ailiz	and	110	Silibe	1134	ited arry currer	it officer, director	, or tradice.
		(C)								
(A)	(B)	Position (do not check more than on						(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for					than o		Reportable	Reportable	Estimated
		office	fficer and a					compensation	compensation from	amount of
		Individual trustee or director	Ing	2	₩ 6	em	Б	from the	related organizations	other compensation
	related	dre	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ctal	Į Š		g	ee co	`	(W-2/1099-MISC)		organization and related
	line)	rust	7		yee	mpe				organizations
	}	ee	ste			nsa		}		
			Ψ			E.				
(1) TINA CARLSON										
EXECUTIVE DIRECTOR	25				X	X		32,500		
(2)										
										·
(3)										
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(13)							ļ			
(4.4)										
(14)										

Part	Section A. Officers, Directors, Trus	tees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (continue	ed)	
		(5)			•	C) ition			(5)	/ES		-	
•	(A) Name and title	(B) Average	(do not check more than of				(D) Reportable	(E) Reportab	to	(F) Estimated			
-	ivanie and title	hours per					is both or/trust		compensation	compensation	I		
		week (list any hours for	-	1 _ 3		Key		ı –	from the	related organization	ns	other compensation	
		related	Individual trustee or director	Institutional	Officer	y er	ghes	Former	organization	(W-2/1099-N		from the	
		organizations below dotted	ctor	tiona	'	employee	t co	-	(W-2/1099-MISC)			organization and related	
		line)	trust	al tr		yee	mpe					organizations	
			8	l trustee			Highest compensated employee						
				L			8						
15)													
(16)								<u> </u>	-				
10)													
(17)											<u> </u>		
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23)													
24)										·			
								ļ					
(25)													
46	Sub-total				l	L		Ļ	22 500				
1b c	Total from continuation sheets to Part	 VII Sectio	 n Δ		•	•			32,500		-		
d		· · · · ·		•	•	• •	•		32,500				
2	Total number of individuals (including but						above	2) w			00.000		
	reportable compensation from the organ							,			,	•	
			•									Yes No	
3	Did the organization list any former of							emp	oloyee, or high	est compe	nsated		
	employee on line 1a? If "Yes," complete										•	3 X	
4	For any individual listed on line 1a, is the												
	organization and related organizations	greater tha	an \$1	150,	UUU	17 11	"Ye	s,"	complete Sch	eaule J to	r sucn		
5	Did any person listed on line 1a receive of	r accrue co	· ·	neat	·	fror	n anv	nın	related organia	· · · · ration or ind	 lividual	4 X	
3	for services rendered to the organization											5 X	
Section	on B. Independent Contractors								,,				
1	Complete this table for your five highest	compensate	ed inc	depe	ende	ent	contr	acto	ors that receive	ed more tha	n \$100,	000 of	
	compensation from the organization. Rep												
	year.												
	(A)								(B)		_	(C)	
	Name and business add	iress							Description of s	ervices	C	ompensation	
													
							-						
	····								<u> </u>				
2	Total number of independent contractor	rs (includir	na hi	ıt ne	ot I	imıt	ed to	th	nse listed abo	ove) who		· · · · · · · · · · · · · · · · · · ·	
-	received more than \$100,000 of compens								oso iistou abt	240, WIIO	se en e		

Part	VIII	Statement of Revenue				
	· -	Check if Schedule O contains a response or not	e to any line in this (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
nts Its	1a	Federated campaigns 1a		function revenue	revenue	under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 5,1	10			
ts, (Am	С	Fundraising events 1c				
Giff	d	Related organizations 1d				
JS,	е	Government grants (contributions) 1e 65,0	<u>00</u>			
er S	f	All other contributions, gifts, grants,				
ē ¥		and similar amounts not included above 1f	_			
on to	g	Noncash contributions included in lines 1a-1f: \$				
	h	10441114411144114	<u>→ 70,110</u>		1	
Program Service Revenue	_	Business Cod				
eve	2a					
ě	b					
Σ̈́	C					-
Š	d					
Tal	e f	All other program service revenue .				
Š	g		-		1	
=	3	Investment income (including dividends, interes		-	1	
		and other similar amounts)	>			
	4	Income from investment of tax-exempt bond proceeds	•			
	5	Royalties	>			
		(i) Real (ii) Personal				
	ъа	Gross rents .				
	b	Less: rental expenses	.51	a	t	
	С	Rental income or (loss)				ļ <u> </u>
	d	Net rental income or (loss)	>			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses	_			
	С	Cain or (loss)				
	d	Net gain or (loss)	•			
Cther Revenue	8a	Gross income from fundraising events (not including \$				
er Re		of contributions reported on line 1c). See Part IV, line 18 a				
5		Less direct expenses b				
			>	_		
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
		Less: direct expenses b			<u></u>	
		Net income or (loss) from gaming activities I Gross sales of inventory, less		<u>-</u> .		
	IVa	returns and allowances a				
	b	Less: cost of goods sold b				
		Miscellaneous Revenue Business Cor				
	11a					
	b					
	С				_	
	d	All other revenue				
	е	Total. Add lines 11a–11d	>			
	12	Total revenue See instructions	70 110			

	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organizations	s must complete colu	ımn (A).
-	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , 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		СКРОПОСО	general expenses	CAPCINGS
2	Grants and other assistance to domestic individuals 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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	32,500		32,500	
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 8	Other salaries and wages				
9 10 11	Other employee benefits	6,342		6,342	
a b	Management	10	10		
c d	Accounting	400	400		
e f	Professional fundraising services. See Part IV, line 17 Investment management fees		, a .		,
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0.15	0.48		
12	Advertising and promotion	4,840	347 4,840		
13 14	Office expenses	4,840	4,840		
15	Royalties				
16	Occupancy	12,228	12,228		
17 18	Travel	12,220	12,220		
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	0.5.0	0.5.0		
23	Insurance	859	859		
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	UTILITIES	5,167	5,167		<u> </u>
b	POSTAGE	382	382		
С	SAFETY OFFICERS DINNER	2,963	2,963		
d				_	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	66,038	27,196	38,842	
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)				

Р	art X	Balance Sheet			
	-	Check if Schedule O contains a response or note to any line in this Par	t X		<u> </u>
	•		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	15,132	1	19,204
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete 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			
ts		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	-		
		other basis. Complete Part VI of Schedule D 10a	_		
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	•	11	,
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11	-	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	·
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,132	16	19,204
	17	Accounts payable and accrued expenses	•	17	•
	18	Grants payable		18	
	19	Deferred revenue		19	<u> </u>
	20	Tax-exempt bond liabilities		20	<u> </u>
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			1
ĕ		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ë	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 Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ζ.		Organizations that follow SFAS 117 (ASC 958), check here ► 🔯 and	ř •		
ë		complete lines 27 through 29, and lines 33 and 34.			<u> </u>
a	27	Unrestricted net assets	15 <u>,13</u> 2	27	19,204
Ba	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
5		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
Ţ	32	Retained earnings, endowment, accumulated income, or other funds.		32	_
Se	33	Total net assets or fund balances	15,132		<u> 19,204</u>
	34	Total liabilities and net assets/fund balances	15,132	34	19,204

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>	<u>. 🗆</u>
1.	Total revenue (must equal Part VIII, column (A), line 12)	1			,110
2	Total expenses (must equal Part IX, column (A), line 25)	2		_66	,038
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>,072</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15	,132
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_
	33, column (B))	10		19	,204
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		_ [
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın		
	Schedule O.			_	
2a				1	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	oiled	or		1, 1
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ <u></u>	_	_
b	Were the organization's financial statements audited by an independent accountant?		. 2t	•	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a		
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			_	_
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or]
	of the audit, review, or compilation of its financial statements and selection of an independent account			;	X
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın ,		
	Schedule O.			_	_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth			
	the Single Audit Act and OMB Circular A-133?	٠	· 3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo such a second describe any stopp to undergo such a				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.			X 0 (2017)
				~~ ~~	S II /2017\

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

● Attach to Form 990 or 990-EZ.

2017

OMB No. 1545-0047

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Name of the organization SPRING VALLEY CHAMBER OF COMMERCE	Employer identification number 95–3018966
	, , , , , , , , , , , , , , , , , , , ,
FORM 990, PART VI, SECTION B, QUESTION 11A:	
FORM AVAILABLE AT CHAMBER OFFICE	
FORM 990, PART VI, SECTION C, QUESTION 19:	
UPON REQUEST	
	· · · · · · · · · · · · · · · · · · ·