

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization: GREATER MENIFEE VALLEY CHAMBER OF COMMERCE
Number and street (or P O box, if mail is not delivered to street address): 29737 NEW HUB DR
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: MENIFEE, CA 92586

D Employer identification number: 95-3029259
E Telephone number: (951) 672-1991
F Group Exemption Number:

G Accounting Method: [X] Cash [] Accrual Other (specify)
I Website: www.menifeevalleychamber.com
J Tax-exempt status (check only one) - [] 501(c)(3) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

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

K Form of organization: [X] Corporation [] Trust [] Association [] Other
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 167,605

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 2 columns. Rows 1-9 are Revenue, rows 10-17 are Expenses, and rows 18-21 are Net Assets. Total revenue is 167,605 and total expenses is 176,400. Net assets at end of year are 7,215.

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	16,136	22 7,215
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	16,136	25 7,215
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	16,136	27 7,215

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 THE ORGANIZATION'S PRIMARY MISSION IS THE PROMOTION OF COMMERCE WITHIN THE GREATER MENIFEE VALLEY AREA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

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

Table with columns for question number, question text, Yes, and No. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 No

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here ***** Signature of officer 2017-08-08 Date
RICK RIEGLER DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Jack T Ferguson CPA Preparer's signature Date Check if self-employed PTIN P00747076
Firm's name JACK T FERGUSON CPA INC Firm's EIN
Firm's address 31569 Canyon Estates Dr Ste 112 LAKE ELSINORE, CA 92532 Phone no (951) 471-2700

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

Additional Data

Software ID: 16000303

Software Version: 2016v3.0

EIN: 95-3029259

Name: GREATER MENIFEE VALLEY CHAMBER OF
COMMERCE

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 THE ORGANIZATION PROVIDED SUPPORT FOR THE COMMUNITY THROUGH JOB FAIRS, PROVIDING GUIDANCE FOR NEW BUSINESSES, AND PROVIDING PUBLIC EVENTS TO ENCOURAGE THE DEVELOPMENT OF PROGRESS IN THE MENIFEE VALLEY THE CHAMBER ALSO PARTICIPATED IN ENCOURAGING POSITIVE LEGISLATION TO FURTHER BUSINESS DEVELOPMENT IN THE AREA</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KAREN NOLAN 1ST VICE CHAIR	0	0		
VICKI CARPENTER 2ND VICE CHAIR	0	0		
DARCI CASTILLEJOS TREASURER	0	0		
ADAM EVENTOV SECRETARY	0	0		
RICK RIEGLER DIRECTOR	0	0		
DEE COZART DIRECTOR	0	0		
STU BLAZE DIRECTOR	0	0		
MIKE CASTILLEJOS DIRECTOR	0	0		
PAUL EVENSON DIRECTOR	0	0		
KARLA GONZALEZ DIRECTOR	0	0		
YANIK GOZLAN DIRECTOR	0	0		
JEREMIAH RAXTER DIRECTOR	0	0		
NEISHA WESTON DIRECTOR	0	0		

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**2016****Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceName of the organization
GREATER MENIFEE VALLEY CHAMBER OF
COMMERCE

Employer identification number

95-3029259

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$6497

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$4984

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$2296

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	EVENT EXPENSES \$41640

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	PROFESSIONAL SERVICES \$5185

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	MERCHANT FEES \$3006

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	DUES/SUBSCRIPTIONS \$2046

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	MILEAGE REIMBURSEMENT \$1132

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	PAYROLL PROCESSING \$1132

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	TAXES \$769

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	REPAIRS \$577

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	PROFESSIONAL DEVELOPMENT \$489

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	BANK FEES \$308

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	ED BUSINESS EXPENSE \$308

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	STRATEGIC PLANNING \$297

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 15	CHAMBERMASTERS \$238

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 16	MEMBERSHIP EXPENSES \$157

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 17	STUDENT OF THE MONTH \$149

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 18	MISC BUSINESS EXPENSE \$96

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 19	VOLUNTEER APPRECIATION \$40

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 20	LICENSE PERMITS \$36