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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization: COPPER CORRIDOR ECONOMIC DEVELOPMENT COALITION. Address: PO Box 5115, Oracle, AZ 85623.

D Employer identification number: 20-1228531. Telephone number: (520) 896-9311. F Group Exemption Number.

G Accounting Method: [x] Cash [] Accrual Other (specify)

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

I Website: www.discovercoppercorridor.org

J Tax-exempt status (check only one): [] 501(c)(3) [x] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

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. Total: \$ 62,851

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 for Revenue, Expenses, and Net Assets. Revenue total: 62,851. Expenses total: 72,952. Net Assets total: 56,112.

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	44,106	22 39,859
23 Land and buildings		23
24 Other assets (describe in Schedule O)	29,103	24 23,550
25 Total assets	73,209	25 63,409
26 Total liabilities (describe in Schedule O)	6,996	26 7,297
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	66,213	27 56,112

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

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

What is the organization's primary exempt purpose?
The Copper Corridor Economic Development Coalition fosters sustainable economic development which maintains the quality of life throughout the Copper Corridor region

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
-BSC CONTINUES TO OFFER WORKSHOPS THROUGHOUT THE COPPER CORRIDOR -WORKSHOP TOPICS INCLUDE STARTING YOUR OWN BUSINESS, USING SOCIAL MEDIA TO MARKET YOUR BUSINESS, MARKETING, CUSTOMER SERVICE, STARTUP BUSINESS CHECKLIST -CONSULTED WITH 10 INDIVIDUALS THIS QUARTER TOPICS INCLUDED MARKETING A NON-PROFIT, STARTING A NEW BUSINESS, SECURING FUNDING -MADE PRESENTATIONS TO THE FOLLOWING ORGANIZATIONS TO PUBLICIZE OUR SERVICES SUPERIOR CHAMBER OF COMMERCE, ORACLE WOMENS NETWORK, GLOBE CHAMBER OF COMMERCE, Town of Kearny THE MVC WAS PRESENT AT THE SUPERIOR HOME AND BUILDING TOURS, LEGENDS OF SUPERIOR ECO-TOURISM FEST AND THE 24TH ANNUAL APACHE LEAP MINING FESTIVAL AND WAS REQUESTED BY GLOBE- MIAMI CHAMBER FOR SEVERAL OF THEIR EVENTS -CCEDC HAS TAKEN THE LEAD OF ORGANIZING AND PROMOTING THE RIVER FESTIVAL IN WINKELMAN, AZ ON APRIL 30, 2016 CCEDC IS MAKING SOME CHANGES TO THIS EVENT TO ATTRACT LOCAL RESIDENTS AND OTHER GROUPS -CCEDC IS ALSO HELD A GOLF TOURNAMENT ON October 24, 2015 THIS EVENT IS ONE OF MANY FUNDRAISING EVENTS TO ASSIST ANY EXPENDITURES OF THE MVC -CCEDC HAS ESTABLISHED A WORKING RELATIONSHIP WITH THE ARIZONA TRAIL ASSOCIATION THE ARIZONA TRAIL AND CCEDC MVC ARE LOOKING AT WAYS TO PARTNER TO PROMOTE THE AZTRAIL AS WELL AS THE COMMUNITIES OF THE COPPER CORRIDOR -CCEDC was awarded a USDA RBDG grant to assist with the broadband study, tourism, and Business Success Center Funding is to be applied for preparing the broadband study for the Copper Corridor Communities and promotion of tourism and initiation of small businesses THE INFORMATION COMPILED THE KNOWLEDGE BASE (BUSINESSES AND OCCUPATIONS) HAS CONTINUED TO BE UPDATED AND ENHANCED BY THE PROJECT CONSULTANT INCLUDED NOW ARE LINKS TO SOCIO-ECONOMIC DATA PER COMMUNITY, CAAG 2010 CENSUS PER COMMUNITY, SALES TAX STATE, COUNTY, CITY AND TOTAL, AND THE START OF BROADBAND STATUS IN THE COUNTY AND COMMUNITIES THE UPDATES ARE MADE AVAILABLE TO COUNTY ECONOMIC DEVELOPMENT PROFESSIONAL TIM KANAVEL AS WELL AS OTHER INTERESTED PARTIES SEEKING TO AID THE COPPER CORRIDOR LINKS ARE OFFERED THROUGH THE BSC WEBSITE THE KNOWLEDGE BASE WILL BE A VALUED INSTRUMENT DURING THE LAUNCH OF THE ARIZONA RURAL BROADBAND PROJECT, KNOWN AS DIGITAL ARIZONA PROJECT
(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

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
Elizabeth Magallanez President	10 00	0		
Michael Carnes Vice President	10 00	0		
Maria Munoz Treasurer	10 00	0		
Melissa Rabago Director	1 00	0		
Jake Jacobson Director	1 00	0		
Lillian Martinez Director	1 00	0		
Frances Wickham Director	1 00	0		
Sam Hosler Director	1 00	0		
Debbie Foster Director	1 00	0		
Celeste Andresen Director	1 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9 0
39b Gross receipts, included on line 9, for public use of club facilities 0
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed AZ
42a The organization's books are in care of Maria Munoz Telephone no (520) 357-2801 Located at 80440 E Aravaipa Rd Winkelman, AZ ZIP +4 85192
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes No

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

Table with 3 columns: Question, Yes, No. Row 46: Yes (46), No (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

Yes No

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

Table with 3 columns: Question, Yes, No. Row 47: Yes (47), No ()

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (48), No ()

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (49a), No ()

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (49b), No ()

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

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 (Michael Carnes President), Date (2016-05-11)

Paid Preparer Use Only: Preparer's name (MICHAEL J DEVRIES), Signature, Date, Check self-employed, PTIN (P00748581), Firm's name (HBL CPAs PC), Firm's EIN, Firm's address (5656 E Grant Rd Ste 200 Tucson, AZ 85712), Phone no ((520) 886-3181)

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
COPPER CORRIDOR ECONOMIC DEVELOPMENT
COALITION

Employer identification number

20-1228531

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$550
Other Expenses 1002	Office Expenses \$42
Other Expenses 1005	Travel \$3131
Other Expenses 1009	Depreciation \$5553
Other Expenses 1012	Insurance \$2074
Other Expenses 1	Project management \$40025
Other Expenses 2	MEETINGS AND SEMINARS \$2208
Other Expenses 4	BANK / CREDIT CARD FEES \$152
Other Expenses 5	INTERNET \$98
Other Expenses 6	Miscellaneous \$54
Other Assets 1002	Furniture and Fixtures - Beginning \$1603 Furniture and Fixtures - Ending \$1050
Other Assets 1003	Machinery and Equipment - Beginning \$27500 Machinery and Equipment - Ending \$22500
Total Liabilities 1	Funds held for Others - Beginning \$6996 Funds held for Others - Ending \$7297