DLN: 93493044027237

OMB No 1545-0047

Open to Public

201

Department of the Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at <u>www IRS qov/form990</u>

Inspection

For the 2015 calendar year, or tax year beginning 09-01-2015 and ending 08-31-2016 C Name of organization D Employer identification number B Check if applicable RAPID CITY AREA CHAMBER OF COMMERCE Address change 46-0118545 Name change Doing business as Initial return -Fınal E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite return/terminated PO BOX 747 (605) 343-1744 Amended return City or town, state or province, country, and ZIP or foreign postal code RAPID CITY, SD $\,$ 57709 $\,$ Application pending G Gross receipts \$ 3,615,852 Name and address of principal officer **H(a)** Is this a group return for LINDA RABE subordinates? PO BOX 747 Νo RAPID CITY, SD 57709 H(b) Are all subordinates Tax-exempt status included? 501(c)(3) **✓** 501(c) (6) **◄** (insert no) If "No," attach a list (see instructions) Website: ► WWW RAPIDCITYCHAMBER COM Group exemption number **>** L Year of formation 1885 M State of legal domicile SD ✓ Corporation Trust Association K Form of organization Summary 1 Briefly describe the organization's mission or most significant activities COMMON BUSINESS INTEREST OF THE COMMUNITY Activities & Governance 2 Check this box ▶ ┌─ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) 4 23 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 42 700 Total number of volunteers (estimate if necessary) . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7,312 **b** Net unrelated business taxable income from Form 990-T, line 34 7b 5,581 **Current Year** 1,066,408 1,098,981 8 Contributions and grants (Part VIII, line 1h) . Ravenue 2,427,186 2,488,533 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 519 561 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 19,210 16,214 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 3,513,323 3,604,289 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 Benefits paid to or for members (Part IX, column (A), line 4) . 0 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 1,233,636 1,266,696 Expenses 5 - 10)0 Professional fundraising fees (Part IX, column (A), line 11e) . 16a b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 0 17 2,265,246 2,436,275 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,498,882 3,702,971 18 -98,682 19 Revenue less expenses Subtract line 18 from line 12 14,441 Assets or d Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 1,975,714 1,834,147 21 276,259 233,374 Total liabilities (Part X, line 26) . Net assets or fund balances Subtract line 21 from line 20 1,699,455 1,600,773 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of

my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

	*****		2017-02-13					
Sign Here Paid Preparer Use Only	Signature of officer	Date						
	LINDA RABE PRES/CEO Type or print name and title							
	<u> </u>							
Paid	Print/Type preparer's name NINA BRAUN CPA	Preparer's signature NINA BRAUN CPA	Date 2017-02-13	Check If self-employed	PTIN P01245137			
	, Firm's name ► KETEL THORSTE	Firm's name ► KETEL THORSTENSON LLP						
-	I Firm's address ► PO BOX 3140			Phone no (605) 342-5630			
	RAPID CITY, SD	577093140						
May the IRS	discuss this return with the prepa	rer shown above? (see instructio	ns)		✓Yes No			

	990 (2015)			Page 3
Par	t 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III **	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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		No
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	Yes	
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		No
	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	11 c		No
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 3	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12 a	Yes	
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	12 b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Nο

Νo

Nο

Nο

Νo

Νo

Νo

Nο

	•	•					
: IV	CI	hecklist	of Rec	uired	Schedules	(continued))

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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? 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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part 22

23

24a

24h

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

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Yes

Form 990 (2015)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance		.,			_
		Check if Schedule O contains a response or note to any line in this I	Part	<u>v</u>	· ·	Yes	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	20		res	NO
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments to					
-		g (gambling) winnings to prize winners?		· · · · · ·	1 c		No
2a		the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered is return	2a	42			
b		east one is reported on line 2a, did the organization file all required federal emp			2b	Yes	
		f the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more during	the y	year [,]	3a	Yes	
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation			3b	Yes	
4a		r time during the calendar year, did the organization have an interest in, or a sig a financial account in a foreign country (such as a bank account, securities acc					
		nt)?	.ounc,	or other imalicial	4a		No
b	If"Ye	s," enter the name of the foreign country 🕨					
		structions for filing requirements for FinCEN Form 114, Report of Foreign Bank	and	Financial Accounts			
	(FBAR		_ 44	h2			N
		he organization a party to a prohibited tax shelter transaction at any time durin ny taxable party notify the organization that it was or is a party to a prohibited t			5a		No No
			un 311	ereer dansaction!	5b		110
С	TI YE	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
h	_	zation solicit any contributions that were not tax deductible as charitable conti s," did the organization include with every solicitation an express statement th					
U		not tax deductible?		· · · ·	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution es provided to the payor?		d partly for goods and	7a		
b		s," did the organization notify the donor of the value of the goods or services pr		ed?	7b		
c		e organization sell, exchange, or otherwise dispose of tangible personal proper		which it was required to	_		
а		rm 8282?	7d		7 c		
u	11 16	s, maleate the number of Forms 0202 med during the year	/u				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal b	enefit contract?	7f		
g	Ifthe	organization received a contribution of qualified intellectual property, did the oi	rganız	ation file Form 8899 as			
	requir			hl	7 g		
n		organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C7	, ala 1	the organization file a	7h		
8	-	oring organizations maintaining donor advised funds.		- It all discount of the second of the secon			
		donor advised fund maintained by the sponsoring organization have excess bus the year?	iness.	· · · · ·	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?			9a		
		e sponsoring organization make a distribution to a donor, donor advisor, or rela		erson ⁷	9b		
10	Section	n 501(c)(7) organizations. Enter					
а	Initiat	ion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club es	10b				
11		n 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources	441				
	agains	st amounts due or received from them)........... L	11b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		
b	If "Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	•	n 501(c)(29) qualified nonprofit health insurance issuers.					
	.						
а		organization licensed to issue qualified health plans in more than one state? N o onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b	Enter	the amount of reserves the organization is required to maintain by the states					
		the organization is licensed to issue qualified health plans	13b				
		the amount of reserves on hand	13c		44	 	N
		e organization receive any payments for indoor tanning services during the tax s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i> t	•		14a 14b		No
U	11 16	s, has removed from 720 to report these payments of 100, provide all explanati	.1011 111	John Caure U	T40		

	.2010)			
Part VI	Governance,	Management,	and	Disclosur

rui eacii	165	response	to illies a	z unougi.	I /U DEIOV	v, anu ioi	a r	VO 16	sponse	to illes	oa, o	וט , טו	100	Delon
describe t	the cu	rcumstanc	es, proce	esses, or	changes	ın Schedi	ule O	. See	instruc	tions.				
Check if Sc	hedul	e O contain	c a recnor	nce or note	to any lin	e in this D:	art VI							

-	Check in Schiedule O contains a response of note to any line in this rait v1	•	<u>· · · </u>	· · ~
эе	ection A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year 24			
	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 23			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	Did the organization have members or stockholders?	6	Yes	
	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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ue Cod	e.)
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16 b		
	ction C. Disclosure			
7	List the States with which a copy of this Form 990 is required to be filed▶			
8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Vupon request Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

►LINDA RABE 444 MT RUSHMORE ROAD NORTH RAPID CITY, SD 57701 (605) 343-1744

State the name, address, and telephone number of the person who possesses the organization's books and records

interest policy, and financial statements available to the public during the tax year

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unle	ore t ss pe	han erso cer tor/t	not one n is and	tee)	an	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	organization and related organizations
(1) LINDA RABE	40 00	, , ,						115 120		22.000
PRES/CEO		X		X				116,138	0	22,000
(2) HUGH BOYLE VICE CHAIR	1 00	х		×				0	0	C
(3) TOM HELLAND CHAIR ELECT	1 00	х		x				0	0	C
(4) MARNIE HERMANN PAST CHAIR	1 00	х		х				0	0	C
(5) WILLIAM MAY BOARD CHAIR	1 00	х		×				0	0	C
(6) JIM WHITE TREASURER	1 00	х		×				0	0	C
(7) DOUG THEEL VICE CHAIR	1 00	х		×				0	0	C
(8) DAVE DAVIS DIRECTOR	1 00	х						0	0	C
(9) SUSAN WEBER VICE CHAIR	1 00	x		×				0	0	C
(10) SCOTT BARBOUR VICE CHAIR	1 00	х		×				0	0	C
(11) TONY DEMARO DIRECTOR	1 00	х						0	0	C
(12) JIM HAAR DIRECTOR	1 00	х						0	0	C
(13) RICK MESSER DIRECTOR	1 00	х						0	0	С
(14) SUSAN JOHNSON DIRECTOR	1 00	Х						0	0	C

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	unle	ore t ss pe offi	han erso cer tor/t	o not check none box, on is both an and a trustee)			(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization	
	below dotted line)	Individual trustee or director	Institutional Trustee	Officer	ey employee	Highest compensated employee	Former	,	,	and related organizations	
(15) LIZ HAMBURG	1 00	×						0	0	0	
DIRECTOR									<u> </u>		
(16) DAVE GUSTAFSON	1 00	×						0	0	0	
DIRECTOR									,		
(17) STACY PHELPS DIRECTOR	1 00	×						0	0	0	
(18) STEWART WEVIK VICE CHAIR	1 00	х		х				0	0	0	
(19) SHANNON BRINKER	1 00										
DIRECTOR		Х						0	0	0	
(20) TALBOT WIECZOREK	1 00										
DIRECTOR		Х						0	0	0	
(21) JOHN WAY DIRECTOR	1 00	х						0	0	0	
(22) TOD KENNER	1 00										
DIRECTOR		Х						0	0	0	
(23) LAURA SCHAD DIRECTOR	1 00	х						0	0	0	
(24) DR HELEN USERA DIRECTOR	1 00	х						0	0	0	
(25) JULIE JENSEN	40 00										
SENIOR VP/EX				×				99,060	0	15,219	
1b Sub-Total											
c Total from continuation sheets to Part VII	•		•	!				15 109		27 240	
d Total (add lines 1b and 1c)	<u></u>	•		>			2:	15,198		37,219	
2 Total number of individuals (including but n \$100,000 of reportable compensation from			ed al	ove	e) wl	no red	ceiv	ed more than			

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual	3		No
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 I for such individual	4		No
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 1 for such person	_		

Section B. Independent Contractors

L 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.

Name and business address	Description of services	Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Form 99	0 (20	15)							Page S
Part V	***	Statement o	f Revenue						
		Check if Schedu	ule O contains a res	spons	e or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated camp	paigns	1a					
iributions, Gifts, Grants Other Similar Amounts	ь	Membership du	es	1b					
Gr.	c	Fundraising eve	ents	1 c					
ţš.	١.	J	ations	1d					
E E	d	_			1,006,351				
ns, Sim	e	Government grants	s (contributions)	1e	1,086,351				
er S	f	All other contribution similar amounts no	ons, gifts, grants, and ot included above	1 f	12,630				
혈	g		ons included in lines						
Program Service Revenue Contributions, Giffs. Grants Amounts		1a-1f \$				1 009 091			
<u>5 F</u>	h	Total. Add lines	s 1a-1f	• •		1,098,981			
<u> 1</u>					Business Code				
۲۰	2a	PROJECTS			900099	1,946,852	1,946,852		
å	b	MEMBERSHIP DUES	<u> </u>		900099	541,681	541,681		
٦ ٦	C								
(F)	d								
Ē	e			L					
ogra	f	All other progra	ım service revenue						
Δ	g	Total. Add lines	s 2a-2f		>	2,488,533			
	3		ome (ıncludıng dıvı			561			561
	4		ar amounts) tment of tax-exempt b		<u> </u>				
	5	Royalties			▶				
		·	(ı) Real		(II) Personal				
	6a	Gross rents							
	ь	Less rental							
		expenses Rental income							
	°	or (loss)							
	d	Net rental incor		•					
	7a	Gross amount from sales of assets other than inventory	(I) Securities		(II) Other				
	b c	Less cost or other basis and sales expenses Gain or (loss)							
	d		s)						
Other Revenue	8a	Gross Income fi events (not Incl \$ of contributions See Part IV, lin	luding reported on line 10	c)					
her				a	18,875				
ŏ			penses loss) from fundrais	b [11,563	7,312		7,312	
	9a		rom gamıng actıvıtı	es	vents •	,,012		,,612	
	ь	Less direction	penses	a b					
	l		loss) from gaming a		ties				
				г	•				
	10a	Gross sales of returns and allo	wances .	a					
	l		loss) from sales of	b Inver					
	11a	Miscellaneous		_	Business Code 900099	6,550	6,550		
	١.	ADMINISTRAT		-	900099	2,352	2,352		
	b c	MISCELLANEC	DOSINCOME	-	300033	2,332	2,332		
	d	All other revenu	ue	-					
	e e	Total. Add lines		. L	•				
				•		8,902			
	12	rotal revenue.	See Instructions	• •	· · · •	3,604,289	2,497,435	7,312	561

Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete colur	organizations must complete all columns. All other organizations must complete colum	umn (complete col	organizations must	All other	all columns	t complete.	s must	organizations	c)(4)	and 501(c	1(3)	501(c	ection
--	--	-------	--------------	--------------------	-----------	-------------	-------------	--------	---------------	-------	-----------	------	-------	--------

Check if Schedule O contains a response or note to any line in this Part IX								

		T	(B)	(c)	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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 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	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	258,078	221,885	36,193	
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	797,668	498,295	299,373	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,659	25,590	12,069	
9	Other employee benefits	95,755	63,783	31,972	
10	Payroll taxes				
		77,536	47,289	30,247	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,418	510	908	
С	Accounting	6,917	2,490	4,427	
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 Schedule O)	40,794	40,794		
12	Advertising and promotion	71,210	71,210		
13	Office expenses	150,186	98,260	51,926	
14	Information technology	5,401	4,591	810	
15	Royalties				
16	Occupancy	58,046	30,143	27,903	
17	Travel	10,030	3,611	6,419	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	68,361	41,686	26,675	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	40,317	252	40,065	
23	Insurance	8,861	3,190	5,671	
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	PRO JECT-CVB	1,749,917	1,749,917		
b	PROJECT-DIPLOMATS	79,171	79,171		
c	PROJECT-MEMBER SERVICES	49,720	49,720		
d	PROJECT-AGRI BUSINESS	29,993	29,993		
е	All other expenses	65,933	65,392	541	
25	Total functional expenses. Add lines 1 through 24e	3,702,971	3,127,772	575,199	0
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)				

34

Total liabilities and net assets/fund balances

Par	t X	Balance Sheet								
		Check if Schedule O contains a response or note to any lin	e in thi	s Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash-non-interest-bearing			368,161	1	193,491			
	2	Savings and temporary cash investments			522,162	2	500,887			
	3	Pledges and grants receivable, net				3				
	4	Accounts receivable, net	ıvable, net							
	5	Loans and other receivables from current and former offic	ers, dıı	ectors, trustees,						
		, , , , , , , , , , , , , , , , , , , ,	ployees, and highest compensated employees Complete Part II of le L							
						5				
Assets	6	section 4958(f)(1)), persons described in section 4958(contributing employers and sponsoring organizations of s	oans and other receivables from other disqualified persons (as defined under ection 4958(f)(1)), persons described in section 4958(c)(3)(B), and ontributing employers and sponsoring organizations of section 501(c)(9) coluntary employees' beneficiary organizations (see instructions) Complete P I of Schedule L							
\$\$ (6				
Ÿ	7	Notes and loans receivable, net				7				
	8	Inventories for sale or use				8				
	9	Prepaid expenses and deferred charges			35,416	9	75,736			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10 a	933,283						
	b	Less accumulated depreciation	10b	794,147	176,842	10 c	139,136			
	11	Investments—publicly traded securities			1,650	11	1,650			
	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)			1,975,714	16	1,834,147			
	17	Accounts payable and accrued expenses			172,167	17	151,939			
	18	Grants payable				18				
	19	Deferred revenue			104,092	19	81,435			
	20	Tax-exempt bond liabilities				20				
	21	Escrow or custodial account liability Complete Part IV o	f Sched	lule D		21				
abilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and dis								
Ē		persons Complete Part II of Schedule L				22				
Lia Lia	23	Secured mortgages and notes payable to unrelated third	parties			23				
	24	Unsecured notes and loans payable to unrelated third pai	rties			24				
	25	Other liabilities (including federal income tax, payables t and other liabilities not included on lines 17-24) Complete Part X of Schedule D		ed third parties,		25				
	36	Total liabilities Add lines 17 through 25			276,259	25 26	233,374			
	26	Total liabilities. Add lines 17 through 25			210,239	20	233,374			
nces		lines 27 through 29, and lines 33 and 34.	,	•						
ala	27	Unrestricted net assets			1,699,455	27	1,600,773			
<u></u>	28	Temporarily restricted net assets				28				
Ĕ	29	Permanently restricted net assets				29				
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34.	eck he	re ▶ and						
ets.	30	Capital stock or trust principal, or current funds				30				
\$\$(31	Paid-in or capital surplus, or land, building or equipment (fund .			31				
t A	32	Retained earnings, endowment, accumulated income, or o	other fu	nds		32				
$\stackrel{e}{s}$	33	Total net assets or fund balances			1,699,455	33	1,600,773			

1,834,147

1,975,714

34

Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Prior period adjustments .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

column (B))

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Other changes in net assets or fund balances (explain in Schedule O) .

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

8

9

10

Page 12

-98,682

1,600,773

No

Νo

Nο

Form 990 (2015)

Yes

Yes

Yes

2a

2b

2c

3a

3b

DLN: 93493044027237

Employer identification number

46-0118545

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

2

RAPID CITY AREA CHAMBER OF COMMERCE

Political expenditures

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

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

Service

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization un	der section 495!	5 ▶	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectio	n 4955 ►	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	20 for this year?		☐ Yes ☐ No
4 a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ol	her organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	20-POL, line 17b ►	\$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	organization made payments l amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	e amount paid fro Irectly delivered	om the filing organization's f I to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, se	ee the instructions for Form 990 or 990)-EZ.	Cat No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Subtract line 1g from line 1a $\,$ If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0-

10	nedule (, (F	orm 990 or 990-E2) 2015			Page 2
P	art II-	Α	Complete if the organization is exempt under section $501(c)(3)$ and under section $501(h)$.	file	ed Form 5768	(election
١.	Check	>	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures)	l gro	up member's nar	ne, address, EIN
3	Check	•	If the filing organization checked box A and "limited control" provisions apply			
			Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	lobby	ng)	oying expenditures to influence public opinion (grass roots			

		oying Expenditures means amounts paid or incurred.)	organization's totals	group totals
a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots		•
b	Total lobbying expenditures to influence a legi	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines $1a$ and	1b)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines	1c and 1d)		
f	Lobbying nontaxable amount Enter the amoun			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		

If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)										
Lobbying Expe	nditures During	4-Year Avera	ging Period							
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total					
Lobbying nontaxable amount										
Lobbying ceiling amount (150% of line 2a, column(e))										
Total lobbying expenditures										
Grassroots nontaxable amount										
Grassroots ceiling amount (150% of line 2d, column (e))										
Grassroots lobbying expenditures										
	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e))	Calendar year (or fiscal year beginning in) Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e)) Grassroots lobbying expenditures	Calendar year (or fiscal year beginning in) (a)2012 (b)2013 (c)2014 (d)2015 Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount (150% of line 2d, column (e))					

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)).	ТОГ				
For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ		Yes	No	A	moun	it
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 or referendum, through the use of	163				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c)(5),	or se	ctio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" (t III-	-А,
1	Dues, assessments and similar amounts from members	1			54	1,681
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				2.6	0.006
а	Current year	2a			31	8,936
b	Carryover from last year	2b				
C	Total	2c				8,936
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			3 8	8,936
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information	1				

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and

Explanation

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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DLN: 93493044027237

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

	me of the organization PID CITY AREA CHAMBER OF COMMERCE			Empl	oyer identificat	ion numb	er
KAI	TID CITT AREA CHAMBER OF COMMERCE			46-0	118545		
Pa	rt I Organizations Maintaining Donor	Advised Funds or Oth	er Similar Fu				
	Complete if the organization answere	ed "Yes" on Form 990, Pa	rt IV, line 6.				
		(a) Donor advised funds		(b)	Funds and othe	r account	s
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 a funds are the organization's property, subject to the			or advis	sed	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the		_		purpose		,
	conferring impermissible private benefit?					Yes	☐ No
Pa	rt II Conservation Easements. Comple			n Form	<u>1 990, Part IV</u>	<u>, line 7.</u>	
1	Purpose(s) of conservation easements held by th	,	apply)				
	Preservation of land for public use (e g , recreducation)		reservation of ar	n histori	ıcally ımportant	land area	a
	Protection of natural habitat	ΓP	reservation of a	certifie	d historic struc	ture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization	held a qualified conservation	contribution in tl	he form	of a conservati	on	
	easement on the last day of the tax year						
а	Total number of conservation easements			2a	Held at the	Ena or tn	e Year
a b	Total acreage restricted by conservation easeme	ents		2a 2b			
С	Number of conservation easements on a certified		n (a)	2c			
d	Number of conservation easements included in (o		` ′	2d			
3	Number of conservation easements modified, trai	nsferred, released, extinguish	ned, or terminate	d by the	e organization d	uring the	
	tax year ▶						
4	Number of states where property subject to cons	ervation easement is located	_				
5	Does the organization have a written policy regar violations, and enforcement of the conservation e	ding the periodic monitoring,		— Iling of	-		_
6	Staff and volunteer hours devoted to monitoring,		ons, and enforci	ng cons	Ye ervation easem	•	lo ng the
	year •						
_	A mount of expenses incurred in monitoring, inspe	ecting handling of violations	and enforcing co	nserva	tion easements	during th	ne vear
7	►\$	seeing, namaning or violations,	and emorening ee)	crom cus crimentes	aum g c	ic year
8	Does each conservation easement reported on III (B)(I) and section 170(h)(4)(B)(II)?	ne 2(d) above satisfy the requ	uirements of sec	tion 17	0(h)(4)	s 「N	Jo.
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text				se statement, a	nd .	
	the organization's accounting for conservation ea						
Par	t III Organizations Maintaining Collect Complete if the organization answere			or Oth	er Similar A	ssets.	
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar	AS 116 (ASC 958), not to re	eport in its reven				
L	service, provide, in Part XIII, the text of the footi If the organization elected, as permitted under SI	note to its financial statemen	ts that describes	s these	ıtems		
b	works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibit					olic
((i) Revenue included on Form 990, Part VIII, line :	L		> \$			
(i	ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, he following amounts required to be reported under S	•	sımılar assets fo				
а	Revenue included on Form 990, Part VIII, line 1				▶ \$		

Assets included in Form 990, Part X

Palri	(continued)	Collections of A	Art, H	istorio	caiire	easures,	or Oti	ner Similar A	ssets	
3	Using the organization's acquisition, acce collection items (check all that apply)	ession, and other re	cords,	check a	ın y of th	e following	that are	e a significant us	e of its	
а	Public exhibition		d	Г	Loan	or exchange	e progra	ms		
b	Scholarly research		е	Г	Other					
c	Preservation for future generations									
4	Provide a description of the organization's	collections and ex	nlaın b	ow they	further	the organi	zation's	evemnt nurnoce	ın	
•	Part XIII	conections and ex	.ріані п	ow they	Turtifier	the organiz	Zacion s	exempt purpose	""	
5	During the year, did the organization solic assets to be sold to raise funds rather tha							imilar Ye s		- No
Par	rt IV Escrow and Custodial Arra		us pur	c or circ	organiz	acion's con-		res	•	140
	Complete if the organization a Part X, line 21.	nswered "Yes" or	n Form	n 990,	Part I\	/, line 9, c	r repo	rted an amoun	it on F	orm 990,
1a	Is the organization an agent, trustee, cus- included on Form 990, Part X?	todian or other intei	rmediai	ry for co	ontribut	ions or othe	erasset	s not	s	No
b	If "Yes," explain the arrangement in Pa	ort XIII and complet	te the f	ollowing	g table		. [Am	ount	
c	Beginning balance						1 c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1 f			
2 a	Did the organization include an amount or	n Form 990, Part X,	line 21	., for es	crow or	custodial a	account	liability? Tes	s	No
b	If "Yes," explain the arrangement in Part									<u>. </u>
Pa	rt V Endowment Funds. Complet							art IV, line 10. I)Three years back		
	Beginning of year balance	(a)Current year	(B)	Prior yea	r D	(c) I wo years	Dack (C	I)Inree years back	(e)Fou	ır years back
b	Contributions				+					
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the c	current year end bal	lance (I	ine 1g,	column	(a)) held a	S			
а	Board designated or quasi-endowment >									
b	Permanent endowment ▶									
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c s	should equal 100%								
3 a	Are there endowment funds not in the pos	session of the orga	nızatıoı	n that a	re held	and admını	stered f	or the	_	
	organization by (i) unrelated organizations							20	(i) Y	es No
	(ii) related organizations								(ii)	
b	If "Yes" on 3a(II), are the related organiza							 	b	
4	Describe in Part XIII the intended uses o	f the organization's	endow	ment fu	nds					
Par	rt VI Land, Buildings, and Equip									
	Complete if the organization a Description of property	nswered 'Yes' to	Form		art IV, (a)	line 11a.		rm 990, Part X Accumulated		10.)Book value
	Description of property			Cost or o	other bas stment)		ther basis		'')book value
1a	Land			,	- 3 3()	(36)	,			
	Buildings						226,469	177,7	72	48,697
c	Leasehold improvements		.							
d	Equipment		. [706,814	616,3	75	90,439
	Other									
Tota	II. Add lines 1a through 1e (Column (d) mus	t equal Form 990, Pai	rt X, col	umn (B,), line 10	O(c))		>		139,136

(Including name of security) (2)Closely-held equity interests (3)Other Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form (a) Description of investment (b) Book value	form 990, Part IV, line 11b
(2)Closely-held equity interests (2)Closely-held equity interests (3)Other Total, (Column (b) must equit from 990, Part X, cat (8) line 12.) Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form (a) Description of investment (b) Book value Cost Total, (Column (b) must equit from 990, Part X, cat (8) line 13.) Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c See I (a) Description Total, (Column (b) must equit from 990, Part X, cat (8) line 13.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c See I (a) Description (b) must equit from 990, Part X, cat (8) line 15.)	(c)Method of valuation st or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (6) line 12) Part VII Total. (Column (b) must equal Form 990, Part X, col (6) line 12) Total. (Column (b) must equal Form 990, Part X, col (6) line 13) Part XI Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See I (a) Description (b) Book value Cost Total. (Column (b) must equal Form 990, Part X, col (6) line 13) Part XI Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See I (a) Description Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, See Form 990, Part X, Jine 25. (a) Description of Inabilities.	se of end of year market value
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Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See In the organization answered 'Yes' on Form 990, Part IV, See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value	st or end-of-year market value
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See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value	-
	, line lie or lif.
Federal Income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote	

Schedule D (Form 990) 2015

1

2

d

3

3,615,852

11,563

3,702,971

3,702,971

а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
c	Recoveries of prior year grants	2 c				
d	Other (Describe in Part XIII)	2d		11,563	1	
e	Add lines 2a through 2d				2e	11,563
3	Subtract line 2e from line 1				3	3,604,289
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	1			
b	Other (Describe in Part XIII)	4b			1	
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line	12)			5	3,604,289
Part	Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered 'Yes' on Form 990, P			•	s pe	Return.
1	Total expenses and losses per audited financial statements				1	3,714,534
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
ь	Prior year adjustments	2b				

Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) . . Add lines 4a and 4b . . c

Other (Describe in Part XIII)

Subtract line 2e from line 1 .

Add lines 2a through 2d .

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

Part XIII **Supplemental Information**

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Explanation

UNDER INTERNAL REVENUE CODE SECTION 501(C)(6) AT AUGUST 31, 2016, THE CHAMBER BELIEVES THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS OR LIABILITIES, OR INTEREST AND PENALTIES ASSOCIATED WITH MATERIAL UNCERTAIN TAX POSITIONS

2c

2d

11,563

4c

2e

3

Schedule D (Form 990) 2015

information Return Reference SCHEDULE D, PAGE 3, PART X THE CHAMBER IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX

Schedule D (Form 990) 2015	Page 5					
Part XIII Supplemental Information (continued)						
Return Reference	Explanation					
SCHEDULE D, PAGE 4, PART XII, LINE 2D	DIRECT FUNDRAISING EXPENSES 11,563					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493044027237

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

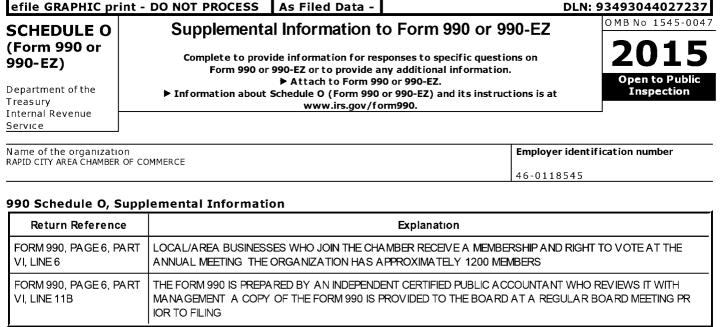
2015

Open to Public Inspection

ame of the organization	OF COMMEDCE					Employer ide	ntification number
APID CITY AREA CHAMBER	OF COMMERCE					46-0118545	5
Part I Fundraising Ac Form 990-EZ file	•		_	ation answered "Yes" his part.	on Form	990, Part IV	/, line 17.
Indicate whether the orga	nization raised fund	ds throug	n any of tl	ne following activities C	heck all t	hat apply	
a Mail solicitations				e Solicitation of n	on-goverr	nment grants	
b Internet and email so	licitations			f Solicitation of g	overnmen	t grants	
c Phone solicitations				g	ing event	S	
d	is						
Did the organization have or key employees listed in services? b If "Yes," list the ten high to be compensated at lea	n Form 990, Part $\sqrt{2}$	II) or ent	ity in con es (fundra	nection with professiona	l fundrais	ing Y	es No undraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais cust	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) ser listed in col (i)	(vi) Amount paid to (or retained by) organization
4		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
. 0							
otal		1					
List all states in which the or registration or licensing	organization is regi	stered or	licensed	to solicit contributions o	r has bee	n notified it is e	exempt from

Schedule G (Form 990 or 990-EZ) 2015					
Part II	Fundraising Events.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported mo				
	fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List ever				

	Complete if the organization fundraising event contribution receipts greater than \$5,000	ns and gross income			
		(a)Event #1 INFORMATION SER (event type)	(b)Event #2 (event type)	(c)O ther events (total number)	(d) Total events (add col (a) through col (c))
Reversie	1 Gross receipts	18,875			18,875
Seg	Inne 2)	18,875			18,875
Direct Expenses	7 Food and beverages	-			11,563 11,563
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	· · · · · · · · · · · · · · · · · · ·	·	19, or reported mor	7,312 re than \$15,000 on
Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	6 Volunteer labor	,	,	Yes	
9 a b	Enter the state(s) in which the organiza Is the organization licensed to conduct If "No," explain	tion conducts gaming ac	tivities h of these states?		Yes
.0a	Were any of the organization's gaming l				Yes No



990 Schedule O, Supplemental Information

VI. LINE 12C

VI. LINE 15A

FORM 990. PAGE 6. PART

Return Reference Explanation FORM 990, PAGE 6, PART THE PRESIDENT IS RESPONSIBLE FOR MONITORING CONFLICT OF INTEREST SITUATIONS AT EACH BOARD. MEETING IN A CCORDANCE WITH THE PROCEDURES SET FORTH IN THE BY LAWS.

PERFORMANCE CRITERIA. AS WELL AS THE AMERICAN CHAMBER OF COMMERCE EXECUTIVES' CHAMBER PRO

FESSIONAL SALARY AND BENEFITS REPORT FOR COMPARISONS.

THE PRESIDENT OF THE CHAMBER HAS AN ANNUAL REVIEW PERFORMED BY THE PRESENT AND PAST CHAIRM AN OF THE BOARD OF DIRECTORS. THIS REVIEW CONSISTS OF A PERSONAL MEETING WITH THE PRESIDEN T AND A FOLLOW-UP MEETING BETWEEN THE PRESENT AND PAST CHAIRMAN. THIS REVIEW IS DONE USING

990 Schedule O, Supplemental Information

Return Reference Explanation

CAME DEDOON AC 15A

FCTORS FOR CONSIDERATION

ECOMIGO DA CE E DA DT VI LINE

15B	CAMET BOOK ACTOR
FORM 990, PAGE 6, PART VI, LINE 19	GENERALLY, ONLY A COPY OF THE 990 IS MADE AVAILABLE TO THE GENERAL PUBLIC SPECIFIC REQUES

REQUES
TS FOR OTHER INFORMATION ARE REVIEWED BY THE PRESIDENT AND DISCUSSED WITH THE BOARD
OF DIR

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Return Reference Explanation