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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

NOGALES CHAMBER OF COMMERCE INC

Number and street (or P O box, if mail is not delivered to street address)Room/suite

123 W KINO PARK WAY

City or town, state or province, country, and ZIP or foreign postal code

NOGALES, AZ 85621

D Employer identification number

86-0042095

E Telephone number

F Group Exemption Number

G Accounting Method

☐ 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: ▶

INFO@NOGALESCHAMBER.COM

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization

☒ 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. ▶ \$ 104,121

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. ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	51,759
	3	Membership dues and assessments	3	45,755
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	4,943
c	Less direct expenses from gaming and fundraising events	6c	3,273	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,670	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	1,664	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	100,848	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	18,722
	13	Professional fees and other payments to independent contractors	13	47,826
	14	Occupancy, rent, utilities, and maintenance	14	5,774
	15	Printing, publications, postage, and shipping	15	650
	16	Other expenses (describe in Schedule O)	16	29,803
	17	Total expenses. Add lines 10 through 16	17	102,775
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,927
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	46,083
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	44,156

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2016)

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	803	22	7,396
23 Land and buildings	42,369	23	42,138
24 Other assets (describe in Schedule O)	11,908	24	9,505
25 Total assets	55,080	25	59,039
26 Total liabilities (describe in Schedule O).	8,997	26	14,883
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,083	27	44,156

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?
 SEE SCHEDULE O

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		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
(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	91,540

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
OLIVIA AINZA-KRAMER	2 00	20,578	0	0
PRESIDENT CEO				
ARNOLD QUIADA	1 00	0	0	0
CHAIRMAN OF THE BOARD				
JORGE L LEON	1 00	0	0	0
VICE-PRESIDENT				
ABELARDO DURAN	2 00	0	0	0
SECRETARY				
SUZETTE MORENO	2 00	0	0	0
TREASURER				
ABRAHAM SNEED	1 00	0	0	0
BOARD MEMBER				

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 ☐

		Yes	No
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	33		No
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. Otherwise, explain the change on Schedule O (see instructions)	34		No
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)?	35a		No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c 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	35c		No
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	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b Did the organization file Form 1120-POL for this year?	37b		
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?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b 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	40b		
c 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 ▶ _____			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e 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	40e		
41 List the states with which a copy of this return is filed ▶ _____			
42a The organization's books are in care of ▶ <u>OLIVIA AINZA-KRAMER</u> Telephone no ▶ <u>(520) 287-3685</u> Located at ▶ <u>123 W KINO PARK WAY NOGALES, AZ</u> ZIP + 4 ▶ <u>85621</u>			
b 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)?	42b		
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)			
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		
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 ▶ 43			
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c Did the organization receive any payments for indoor tanning services during the year?	44c		No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
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)	45b		No

		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	46	

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	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	
49b	If "Yes," was the related organization a section 527 organization?	49b	

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 "				
(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

f	Total number of other employees paid over \$100,000	▶	
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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 "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	▶	☐ Yes ☒ No
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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		2017-09-14 Date		
	OLIVIA AINZA-KRAMER CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Aleatha Moyer EA MSA	Preparer's signature	Date 2017-09-15	Check ☐ if self-employed	PTIN P00756268
	Firm's name ▶ AM Tax & Accounting LLC			Firm's EIN ▶ 27-0820460	
	Firm's address ▶ 1147 W Frontage Rd Suite 2 Rio Rico, AZ 85648			Phone no. (520) 281-2829	

	May the IRS discuss this return with the preparer shown above? See instructions	▶	☒ Yes ☐ No
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Additional Data

Software ID:
Software Version:
EIN: 86-0042095
Name: NOGALES CHAMBER OF COMMERCE INC

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.)	
28 SEE SCHEDULE O (Grants \$) If this amount includes foreign grants, check here . . . ☐		28a	33,784

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.)	
29 SEE SCHEDULE O (Grants \$) If this amount includes foreign grants, check here . . . ☐	29a	57,756

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SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .				OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization NOGALES CHAMBER OF COMMERCE INC				Employer identification number 86-0042095

990 Schedule O, Supplemental Information

Return Reference	Explanation
General explanation attachment	PART III PRIMARY EXEMPT PURPOSE THE CHAMBER OF COMMERCE IS A MEMBERSHIP ORGANIZATION WHOSE PURPOSE IS THE ADVANCEMENT OF ECONOMIC, INDUSTRIAL, PROFESSIONAL, CULTURAL AND CIVIC WELFARE OF THE NOGALES AND SANTA CRUZ COUNTY AREAS PART III LINE 28 ACCOMPLISHMENTS THE NOGALES SCC CHAMBER OF COMMERCE ENCOURAGES THE GROWTH OF EXISTING BUSINESS AND INDUSTRIES THROUGH ITS DIVERSE BUSINESS PROGRAMS AND GLOBAL RESOURCES BUSINESS PROGRAMS INCLUDE INTERNSHIP AT THE CHAMBER, MONTHLY GOVERNMENT AFFAIR MEETINGS, AND BUSINESS MIXERS THE CHAMBER IS VERY ACTIVE IN PROMOTING MEMBERS AND COMMUNITY EVENTS THROUGH SOCIAL MEDIA EXAMPLES OF PROGRAMS FOR 2016 INCLUDE LETS PUT NOGALES ON THE MAP, ARIZONA AT WORK, THE AGRICULTURAL TRADE FARE, SMALL BUSINESS WEEK AND NONPROFIT TRAINING WORKSHOPS THE CHAMBER RECOGNIZES THE VALUE OF LONG-TERM INVESTMENT IN EDUCATION, AND SUPPORTS EDUCATION REFORM AT THE LOCAL, STATE AND FEDERAL LEVEL THE CHAMBER WORKS TO IMPROVE PERSISTENCE ATTRIBUTES, SCHOOL OUTCOMES, AND CAREER ATTAINMENT PART III LINE 29 THE CHAMBER IS ACTIVELY ENGAGED IN THE DEVELOPMENT OF INCOMING CORPORATIONS, INNOVATIVE START-UPS, AND CREATIVE INDIVIDUALS SEEKING TO RELOCATE IN THE SANTA CRUZ COUNTY AREA THE CHAMBER HOSTS THE NOGALES TOURISM CENTER CHAMBER MEMBERS PROMOTE COMMUNITY EVENTS SUCH AS THE CHILDRENS HEALTH FAIR, PARKS AND RECREATION YOUTH SUMMER PROGRAMS, AND DIA DE LOS MUERTOS THE CHAMBER RESPONDS TO QUESTIONS ABOUT NOGALES AND SANTA CRUZ THROUGH SOCIAL MEDIA, PHONE AND MAILING KITS THE CHAMBER MEMBERSHIP IS BI-NATIONAL AND INCLUDES 350 MEMBERS OF SMALL BUSINESSES, ENTREPRENEURS, AND BILLION DOLLAR MAQUILADORAS IN SANTA CRUZ COUNTY, AND NOGALES, SONORA

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	DESCRIPTION AMOUNTREFUNDS AND ALLOWANCES 509REFUND OF PRIOR YEAR STATE TAX 225RENTAL OF CONFERENCE ROOM 900MISC REVENUE 30

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	DESCRIPTION AMOUNT DEPRECIATION FROM 4562 472 ADVERTISING & PROMOTION 5,016 OFFICE EXPENSE 1,843 SOCIAL MEDIA SERVICES 567 AUTOMOBILE EXPENSE 1,592 MEETING EXPENSES 235 INTEREST EXPENSE 487 INSURANCE 739 TELEPHONE 1,080 MEMBERSHIP FEES & DUES 895 PROFESSIONAL DEVELOPMENT 492 VOLUNT EER MEALS 809 TOURISM CENTER EXPENSES 15,068 BANK CHARGES 510 ROUNDING (2)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other assets Part II line 24	CATEGORY BEGINNING OF YEAR END OF YEARACCOUNTS RECEIVABLE 11,599 9,313EQUIPMENT AND FIXTURES 312 772ROUNDING (3) 0PRIOR PERIOD ADJUSTMENT 0 (580)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of total liabilities Part II line 26	CATEGORY BEGINNING OF YEAR END OF YEARNOTE PAYABLE 8,997 6,396ACCOUNTS PAYABLE 0 7,148PAYROLL PAYABLE 0 1,339