

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/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 5115

City or town, state or province, country, and ZIP or foreign postal code
Oracle, AZ 85623

D Employer identification number
20-1228531

E Telephone number
(520) 896-9311

F Group Exemption Number

G Accounting Method Cash Accrual Other (specify) _____

I Website: www.discovercoppercorridor.org

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

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

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. **\$ 56,660**

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 56,660
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b 0
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 0
c	Less direct expenses from gaming and fundraising events 6c 0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b 0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 56,660
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
13	Professional fees and other payments to independent contractors 13 5,557
14	Occupancy, rent, utilities, and maintenance 14
15	Printing, publications, postage, and shipping 15 36
16	Other expenses (describe in Schedule O) 16 42,792
17	Total expenses. Add lines 10 through 16 17 48,385
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 8,275
Net Assets	
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 67,439
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 75,714

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	54,289	22 71,319
23 Land and buildings		23
24 Other assets (describe in Schedule O)	18,102	24 12,654
25 Total assets	72,391	25 83,973
26 Total liabilities (describe in Schedule O).	4,952	26 8,259
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67,439	27 75,714

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

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

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

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	48,385

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
Celestino Flores President	20 00	0		
Maria Munoz Treasurer	15 00	0		
Melissa Rabago Vice President	15 00	0		
Jake Jacobson Director	2 00	0		
Lillian Martinez Director	2 00	0		
Cathy Melvin Secretary	15 00	0		
Michael Carnes Director	2 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

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

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

Part VI Section 501(c)(3) organizations only

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

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

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 contains '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 contains '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: ***** Date: 2018-11-12
Celestino Flores President
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: MICHAEL J DEVRIES Preparer's signature Date Check if self-employed PTIN: P00748581
Firm's name: HBL CPAs PC Firm's EIN: 86-0360084
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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 20-1228531
Name: COPPER CORRIDOR ECONOMIC DEVELOPMENT COALITION

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28</p> <p>- CCEDC has partnered with Southern Gila County EDC to complete the Food Hub Sustainability Grant through USDA Events pertaining to this grant that were scheduled in the throughout the year - Gathering data gathering along with members with Local First Arizona to assist with a Regional Food Hub Mapping The focus on this project for the first half is to reach out to the stake holder groups to give them an update on the project and invite them to our closeout event on August 30th The Closeout event will be an interactive event where everyone will be given a role to play and learn how they can benefit from a Food Hub and how they can participate The promotion and organization of the event will be one of my primary responsibilities as we closeout this project - CCEDC has implemented the action plan for 17/18 fiscal year The strategic goals that were approved are now being implemented to meet the needs of the Copper Corridor Communities</p> <ul style="list-style-type: none">o Increase non-mining employment by 5%o Make the Copper Corridor a place people will want to visito Retain the rural quality of life and the rural culture and ecology of the region <p>- CCEDC has continued with one paid contractor to oversee all projects in Tourism, Small Business Center, and fundraising events - CCEDC also agreed to pursue and improve housing development- Display of Mobile Visitor Center</p> <ul style="list-style-type: none">o Prickly Pear Festivalo Apache Leap Dayso Mining Day (Phoenix, Az)o Legends of Superior <p>(Grants \$ 48,385)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
COPPER CORRIDOR ECONOMIC DEVELOPMENT
COALITION**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

2017**Open to Public
Inspection**

Employer identification number

20-1228531

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$1413

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$45

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$362

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$5448

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$2061

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Project management \$31238

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	MEETINGS AND SEMINARS \$2075

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	LICENSES AND FEES \$150

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1002	Furniture and Fixtures - Beginning \$594 Furniture and Fixtures - Ending \$138

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$17508 Machinery and Equipment - Ending \$12516

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	Funds held for Others - Beginning \$4952 Funds held for Others - Ending \$8259