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)

OMB No. 1545-1150 2016

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

D Chame of organization	Α	For the	2016 calend	ar year, or tax year beginning	JULY 1	, 2016, and en	ding	JUNE 30	, 20	17	
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Part	unstructions for Part V) Check if the organization used Schedule O to respond to any question in this			_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	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	res	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	!	~
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		•
ь	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		~
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		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		3 %	* .
b	Did the organization file Form 1120-POL for this year?	37b		V
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		V
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		,	\$ 3.
39	Section 501(c)(7) organizations. Enter:		0.3	4
a	Initiation fees and capital contributions included on line 9			
40a	Gross receipts, included on line 9, for public use of club facilities		3	E.,
40a	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	<u> </u>	i.
С	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			
е	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 ▶ Telephone no. ▶			
	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over			
þ	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b	84 No. 1.	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).		12. Y	
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year	—-т	Yes	No
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	13 X	V
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	1	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	i.J	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u>, </u>
b	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		~

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	Yes	No
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	Yes	No
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		e organization engage, directly or indidates for public office? If "Yes," o						tion	46	ئىڭ ئىگ	
Part V	A S	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	only s must answer que	stions	47-49b and	52, and co		e tab		or lin	es
	(Check if the organization used Sch	nedule O to respond	to an	y question in t	his Part VI					
		e organization engage in lobbying					-			Yes	No
	-	If "Yes," complete Schedule C, Part						•	47		
		organization a school as described in e organization make any transfers to						•	48		
		e organization make any transiers to s," was the related organization a se			· · · · · ·			•	49a 49b		
		lete this table for the organization's								es, an	d ke
		yees) who each received more than									
	(a) l	Name and title of each employee	(b) Average hours per week devoted to position	Ì	c) Reportable ompensation s W-2/1099-MISC)	(d) Health contributions benefit plans, comper	to employee and deferred		stimate ier com		
			 -	ļ. ——		 					
	(a)	Name and business address of each independ	lent contractor		(b) Type of serv	rice	(c)) Comp	ensatio	on	
				 							
				+							
		number of other independent contra he organization complete Schedi				►_ nizations m	nust attacl	n a			
_	<u> </u>	leted Schedule A	<u> </u>			· · · ·			Yes		
Under po true, cor	enalties rect, and	of perjury, I declare that I have examined this domplete. Declaration of preparer (other that	return, including accompar n officer) is based on all info	nying sch ormation	nedules and stateme of which preparer l	ents, and to the has any knowle	best of my kidge.	nowled	lge and	belief,	ıt ıs
		A head Herho									
Sign Here		Signature of officer Chuck Hughes Type or print name and title	Executive	DI	redur	Dat	10-3	-/	7		
Paid Prepa	arer	Print/Type preparer's name VIRGIL MOORE JR	Preparer's signature	-01	2 Q	ite -19-17	Check v	1 # }	PΠN P01	49488	9_
Use (Firm's name ► VIRGIL MOORE JR 0			4	Firn	n's EIN ▶		5-161		
		Firm's address ▶ PO BOX 64593 GAR			ations.	Pho	one no.		9)882-		
May th	e IRS	discuss this return with the prepare	r snown above? See	instruc	uons			_	Yes		10
								For	rm 99 ()-EZ	(201

Form 990-EZ (2016)

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.

2016

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

OMB No 1545-0047

Employer identification number Name of the organization **GARY CHAMBER OF COMMERCE** 35-0329470 OTHER EXPENSES: ANNUAL MEETINGS EXPENSE \$500 DIRECTORS/OFFICERS LIABILITY INSURANCE \$2,107 OFFICE EXPENSE \$656 MOBILE PHONE/FAX/INTERNET \$2,377 \$5,640 TOTAL