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.

OMB No 1545-1150

2016

Open to Public Inspection

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nded re ication countil	eturn City or town, state or province country and ZIP or foreign postal code					
cation ountil	Statility .			(6	18)546-	1557
ounti	pending ROBINSON, IL 62454				Exemption	
				Numbe		
bsite.	ng Method X Cash			H Check ▶	X If the	organization is not
	. •			required to		=
-exer	mpt status (check only one) - 🗵 501(c)(3) ☐ 501(c)() ◀ (insert no)	4947(a)(1)	or 527	(Form 990	990-EZ, c	or 990-PF)
	organization Corporation Trust Association	Other				
	s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are	\$200,000 or	more, or if to	otal assets		
	ımn (B) below) are \$500,000 or more, file Form 990 ınstead of Form 990-				▶ \$	37,351
Ĭ I			ances(se	e the instruction	ons for Pa	art I)
	· · · · · · · · · · · · · · · · · · ·					·
1	Contributions, gifts, grants, and similar amounts received			-	1	
2	Program service revenue including government fees and contracts				2	
	Membership dues and assessments				3	13,013
4	Investment income				4	185
5a	Gross amount from sale of assets other than inventory	5	ia			
b	Less cost or other basis and sales expenses	5	ib		1	
С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b	rom line 5a)		-	5c	
6	Gaming and fundraising events					
а	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)	E	ib	16,803		
C	Less direct expenses from gaming and fundraising events	E	Sc	4,452]	
d	Net income or (loss) from gaming and fundraising events (add lines 6a a	nd 6b and sul	otract			
	line 6c)				6d	12,351
7a	Gross sales of inventory, less returns and allowances	_ 7	'a]	
b	Less cost of goods sold	_ 7	'b			
C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7	a)			7c	
8	Other revenue (describe in Schedule O)			•	8	7,350
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	32,899
10	Grants and similar amounts paid (list in Schedule O)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, ., / za.d		10	
11	Benefits paid to or for members	-	ماريم مي مار	<u>,</u>	11	
12	Salaries, other compensation, and employee benefits				12	11,803
13	Professional fees and other payments to independent contractors	3 M	AY 2 3	2017 약급	13	
14	Occupancy, rent, utilities, and maintenance	[6]	23 0	2	14	10,240
15	Printing, publications, postage, and shipping		601 1 mm .		15	895
16	Other expenses (describe in Schedule O) .	ر ا	٣.٨.٠.	, U	16	14,854
17	Total expenses. Add lines 10 through 16				17	37,792
18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	(4,893
19		A)) (must agre	e with			
	end-of-year figure reported on prior year's return)				19	205,496
	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	200,603
	1 2 3 4 5a b c 6 a b c d 7a b c 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Revenue, Expenses, and Changes in Net Assets or Check if the organization used Schedule O to respond to and Contributions, giffs, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Investment income Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b file Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a a line 6c) Gross sales of inventory, less returns and allowances Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7 Other revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (inend-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O)	Revenue, Expenses, and Changes in Net Assets or Fund Bal Check if the organization used Schedule O to respond to any question in Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Investment income Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) Gross income from fundraising events (not including from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Cless direct expenses from gaming and fundraising events At income or (loss) from gaming and fundraising events Inte 6c) Ta Gross sales of inventory, less returns and allowances Less cost of goods sold Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Cher revenue (describe in Schedule O) Total revenue. 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Membership dues and assessments 4. Investment income 5a. Gross amount from sale of assets other than inventory 5a. Less cost or other basis and sales expenses 5b. Cain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6. Gaming and fundraising events a. Gross income from gaming (attach Schedule G if greater than \$15,000) b. Gross income from fundraising events (not including \$ of contrib from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) c. Less direct expenses from gaming and fundraising events d. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a. Gross sales of inventory, less returns and allowances b. Less cost of goods sold c. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8. Other revenue (describe in Schedule O) 7 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Offers and similar amounts paid (list in Schedule O) 9. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Offers and similar amounts paid (list in Schedule O) 10. Benefits paid to or for members 11. Salaries, other compensation, and employee benefits 12. Salaries, other compensation, and employee benefits 13. Professional fees and other payments to independent contractors 14. Occupancy, rent, utilities, and maintenance 15. Printing, publications, postage, and shipping 16. Other expenses (describe in Schedule O) 7b. Total expenses. Add lines 10 through 16 8 Excess or (deficit) for the year (Subtract line 17 from line 9) 16. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure report	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction Check if the organization used Schedule O to respond to any question in this Part 1 Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Investment income Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 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) c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O) Total revenue. 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Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Oral gross, other compensation, and employee benefits Printing, publications, postage, and shipping Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Occupancy, rent, utilities, and maintenance Printing publications, postage, and shipping Occupancy, rent, utilities, and maintenance Printing publications, postage, and shipping Occupancy, rent, utilities, and maintenance Printing publications, postage, and shipping O

Form 990-EZ (2016)

Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to res	spond to any questic	n in this Part II			<u> </u>
		(A) Be	ginning of year	<u> </u>	(B) End of year
22 Cash, savings, and investments			157,116	22	170,418
23 Land and buildings			103,070	23	88,660
24 Other assets (describe in Schedule O)			0_	24	0
25 Total assets			260,186	25	259,078
26 Total liabilities (describe in Schedule O)			54,690	26	58,475
27 Net assets or fund balances (line 27 of column (B) must agree w			205,496	27	200,603
Part III Statement of Program Service Accomplishm	•	•	_		Expenses
Check if the organization used Schedule O to re	· <u>···</u>			(Red	guired for section
What is the organization's primary exempt purpose? ADVANCE IN	TEREST IN LOCAL	ARE		' -	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each	h of its three largest pro	gram services.		1	anizations, optional for
as measured by expenses In a clear and concise manner, describe th	• •	•		othe	•
persons benefited, and other relevant information for each program title	9			0	
28 THE CHAMBER WAS ORGANIZED FOR THE PURPOSE	OF ADVANC-		 		
ING COMMERCIAL, INDUSTRIAL & CIVIC INTERES	T IN THE				
CITY & COUNTY					
(Grants \$) If this amount inc	cludes foreign grants, c	heck here	▶ □	28a	
29 HOME FUNDS COMMITTEE - SOLICITS TAX DEDUCT	TIBLE CON-			1	
TRIB. FROM EMPLOYERS & EMPLOYEES WITHIN C	COUNTY FOR				
PURPOSE OF RAISING FUNDS TO PROVIDE JOBS	 -				
(Grants \$) If this amount in	cludes foreign grants, c	heck here	▶□_	29a	
30 RETAIL DEVELOPMENT - TO SUPPORT & ASSIST I	LOCAL			1	
RETAIL ASSOCIATION					
	·			1	
(Grants \$) If this amount inc	cludes foreign grants, c	heck here	<u> </u>	30a	
31 Other program services (describe in Schedule O)				}	
(Grants \$) If this amount inc	cludes foreign grants, c	heck here	▶ 🗍	31a	
32 Total program service expenses (add lines 28a through 31a)			<u> </u>	32	
Part IV List of Officers, Directors, Trustees, and Key Employ	yees (list each one eve	n if not compensated	l - see the instruc	ctions	for Part IV)
Check if the organization used Schedule O to respond to	o any question in this P	art IV			
	(b) Average	(c) Reportable	(d) Health benefits		(e) Estimated amount of
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to emp benefit plans, and		other compensation
	devoted to position	(if not paid, enter -0-)	deferred compensa		·
MICHAEL PIERCE				i	
PRESIDENT	0.00			d	0
DON WEBB					
SEC TREAS	0.00			q	0
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Form 9	90-EZ (2016) ROBINSON CHAMBER OF COMMERCE	37-0489	463	F	age 3
Pa	tV Other Information (Note the Schedule A and personal benefit contract statement	nt requirements in the			
	instructions for Part V) Check if the organization used Schedule O to respond to an	y 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	de a			
	detailed description of each activity in Schedule O		33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a confo	rmed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain	the		l	
	change on Schedule O (see instructions)		34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	ness			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a		X
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation	ın Schedule O	35b	İ	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)				
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	·	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net asset	S			
	during the year? If "Yes," complete applicable parts of Schedule N		36	-	Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			
	Did the organization file Form 1120-POL for this year?	L	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee o	r were		<u> </u>	
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return		38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b			
39	Section 501(c)(7) organizations Enter		1		
а	Initiation fees and capital contributions included on line 9	39a		•	1
b	Gross receipts, included on line 9, for public use of club facilities	39b	1		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		7	1	
	section 4911 ▶, section 4912 ▶, section 4955 ▶			İ	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4				
	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	1	40b	}	Х
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,		1	1	
	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	<u> </u>	X
41	List the states with which a copy of this return is filed IL				
42 a	The organization's books are in care of ▶ DON WEBB	Telephone no ► 618-5	<u> 46-1</u>	557	
	Located at ▶ 109 COURT ST, ROBINSON, IL	ZIP + 4 ▶ 62454	1		
b	At any time during the calendar year, did the organization have an interest in or a signature or other auth	ority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)? .	42b		<u>X</u>
	If "Yes," enter the name of the foreign country			1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Ban	k and		1	
	Financial Accounts (FBAR)				
С	At any time during the calendar year, did the organization maintain an office outside the United States?		42c	1	<u>X</u>
	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	1	1	•	
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
				Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1		.,
_	completed instead of Form 990-EZ		44a	<u></u>	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			ŀ	7.
	completed instead of Form 990-EZ		44b	 	X
	Did the organization receive any payments for indoor tanning services during the year?		44c	ļ	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	}	
	explanation in Schedule O		44d	 -	1,,
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a	 	X
ь	Did the organization receive any payment from or engage in any transaction with a controlled entity with			1	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	To the state of th	1	}	,
	Form 990-EZ (see instructions)	_ 	45b	<u></u>	<u> X</u>

Form 9	90-EZ (2016) ROBINSON CHAMBE	R OF COMMERCE		37-0	489463	F	age 4
	,					Yes	No
.46	Did the organization engage, directly or indirectly, in		ties on behalf of or in opp	osition			
	to candidates for public office? If "Yes," complete S				46	<u> </u>	<u> X</u>
Par	t VI Section 501(c)(3) organizations		47 40b 4 50		-6161		
	All section 501(c)(3) organizations 50 and 51	must answer questi	ons 47-490 and 52,	and complete the t	ables for II	nes	
	Check if the organization used Sch	nedule O to respond	to any question in t	this Part \/I			\Box
	Check if the organization used Sci	ledule O to respond	to any question in	IIIS FAIL VI		Yes	No
47	Did the organization engage in lobbying activities or	have a section 501(h) el	ection in effect during the	tax			
	year? If "Yes," complete Schedule C, Part II	, .			47		Х
48	Is the organization a school as described in section	170(b)(1)(A)(II)? If "Yes,"	complete Schedule E		48		X
49a	Did the organization make any transfers to an exem				49a		X
b	If "Yes," was the related organization a section 527	organization?			49b		
50	Complete this table for the organization's five highe	st compensated employe	es (other than officers, di	rectors, trustees and key	<u></u>		
	employees) who each received more than \$100,000	of compensation from the	e organization If there is	s none, enter "None "			
		(b) Average	(c) Reportable	(d) Health benefits.	(e) Estimate	d amou	nt of
	(a) Name and title of each employee	hours per week	compensation	contributions to employee benefit plans, and deferred	other co		
		devoted to position	(Forms W-2/1099-MISC)	compensation			
NON	<u> </u>						
		 			<u> </u>		
				İ			
		<u> </u>			ļ		
f	Total number of other employees paid over \$100,00	10	1	<u> </u>	L—		
51	Complete this table for the organization's five highe	_	lent contractors who each	- h received more than			
•	\$100,000 of compensation from the organization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(a) Name and business address of each independent contri	actor	(b) Type of service	е	c) Compensatio	n	
						_	
							
	T-4-1						
	Total number of other independent contractors each Did the organization complete Schedule A? Note: A	•					
52	completed Schedule A	di section 50 f(c)(5) organ	iizations must attach a		▶ 🏻 Yes		No
Llada	r penalties of perjury, I declare that I have examined this ret	ura maludua accampanuna	ashedulas and statements	and to the heat of my knowl		_=_	140
	correct, and complete Declaration of preparer (other than a			-	eage and belief	, 11.15	
tiue, t	C L C C L C C L C C C C C C C C C C C C	onicer) is based on an inform	ation of which preparer has	S/IC/r	7		
Sig	Signature of officer	, perme		Date			
Her		6 TREAS	. D.c. a				
1101	Type or pnnt name and title	0 (76 117	OKEIL				-
	Pnnt/Type preparer's name	Preparer's signature	Date	Check X if	PTIN		
Paid	Lois E Ulrey	Lie to Polio	(A 05-11-20	l	P000389	152	
Prep		xService	J 11-20	Firm's EIN ▶	F 000003		
•	Only Firm's address ► 10187 E 775th A			COM S ENV			
J 36	Robinson IL 624			Phane no 618	-544-7437		
May	the IRS discuss this return with the preparer shown a				▶ X Yes	\Box	No
EEA					Form 99	0-EZ	

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Open to Public

 Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection

ROBINSON CHAMBER OF COMMERCE 37-0489463 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 support (see other support (see listed in your governing instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

37-0489463 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,400	12,863	13,650	12,863	13,01	.3 66,789
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	14,400	12,863	13,650	12,863	13,01	.3 66,789
5	The portion of total contributions by						
	each person (other than a	f		†			
	governmental unit or publicly		Į.				1
	supported organization) included on						1
	line 1 that exceeds 2% of the amount		1				
	shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4						66,789
	tion B. Total Support		(1) 2010	() 2211	(I) 0045	(-) 0040	(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends,	14,400	12,863	13,650	12,863	13,01	.3 66,789
0	payments received on securities loans,		į				
	rents, royalties and income from similar	474	488	382	194	18] 35 1,723
	sources	474	400	364	134	16	1,723
9	Net income from unrelated business activities, whether or not the business is regularly carried on	16,153	13,873	16,343	13,596	12,35	72,315
	•	10,133	13,073	10,313	13,330	12,33	72,525
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)				İ		
11	Total support. Add lines 7 through 10						140,827
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganızatıon's first, s 	econd, third, fourth	, or fifth tax year as	a section 501(c)(3)	▶ 🗌
Sec	tion C. Computation of Public Si	upport Percent	tage				
14	Public support percentage for 2016 (line 6,))		14	47.43 %
15	Public support percentage from 2015 Scheo	dule A, Part II, line 1	4			15	45.62 %
16a	33 1/3% support test - 2016 If the organization	ation did not check t	the box on line 13,	and line 14 is 33 1/	3% or more, chec	k this	_
	box and stop here. The organization qualification	es as a publicly sup	ported organization	ı			▶ X
b	33 1/3% support test - 2015. If the organize	ation did not check a	a box on line 13 or	16a, and line 15 is	33 1/3% or more,	check	
	this box and stop here. The organization qu						. ▶ ⊔
17a	10%-facts-and-circumstances test - 2016	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac	ed					
	organization		▶ ⊔				
b	10%-facts-and-circumstances test - 2015	ie					
	15 is 10% or more, and if the organization n						
	Explain in Part VI how the organization mee	cly					
	supported organization		,		d - 1 ·	•	. ▶ ⊔
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	1/a, or 1/b, check f	this box and see		
	instructions						rm 990 or 990-FZ) 2016

37-0489463

Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (d) 2015 Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either hald to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources b Unrelated husiness taxable income (less) section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 % % 16 Public support percentage from 2015 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % 17 Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 of Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

2 3a b c	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1	Yes	No
2 3a b c	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status.	1		
2 3a b c	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status.	1		
2 3a 5 5 6 6 6 6 6 6 6 6	Did the organization have any supported organization that does not have an IRS determination of status			
3a b c c				
3a b c c	under Section 309(a)(1) or (2): It if es, explain in Fart vi now the organization determined that the supported	F		
3a b c	organization was described in section 509(a)(1) or (2)	2		
b :	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
b :	(b) and (c) below.	3a		
c	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
c	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
c	organization made the determination.	3b		
1	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	35		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	ĺ	
44	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b	. }	
С	Did the organization support any foreign supported organization that does not have an IRS determination			
1	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
i	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
,	purposes	4c		
	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		 -
	Type I or Type II only. Was any added or substituted supported organization part of a class already	- E-		
	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	30		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			

- disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Page 4

Par	IV Supporting Organizations (continued)			
	, !!		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	Ī		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ا مه	- 1	
		11a		
		11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c	1	
	ion b. Type I dupporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ł		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ł		
	controlled the organization's activities. If the organization had more than one supported organization,	i	1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ĺ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ŀ		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	[
	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Į		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	1	
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Ī		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ĺ		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	t		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	[
2	By reason of the relationship described in (2), did the erganization's supported erganizations have a			
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's	Į	-	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	l		
	supported organizations played in this regard.	3		
	ion E. Type III Functionally-Integrated Supporting Organizations	1		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	ıstru	ction	s)
	The organization satisfied the Activities Test. Complete line 2 below			•
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	nstru	ction
2	Activities Test. Answer (a) and (b) below.	[Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	,		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ļ	- 1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ł		
	how the organization was responsive to those supported organizations, and how the organization determined	Ì		
	· · · · · · · · · · · · · · · · · · ·	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Į.		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	ł		
	· · · · · · · · · · · · · · · · · · ·	2b		
	Parent of Supported Organizations Answer (a) and (b) below.	I		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_ }		
	∤	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b_	1	

1 Check here if the organization satisfied the Integral Part Test as a qualifying			olain in Part VI) See
instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	T		
collection of gross income or for management, conservation, or	1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	1		
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	······································	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1	·	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7	- 	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	/-inte	grated Type III support	ling organization (see
instructions)		O 7F 2	3 3 (

Sched	ule A (Form 990 or 990-EZ) 2016 ROBINSON CHAMBER OF COMM		37-048	9463 Page 7				
Pa	rt V Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)					
. Sec	ction D - Distributions			Current Year				
_1	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp							
2								
	organizations, in excess of income from activity							
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions					
	Amounts paid to acquire exempt-use assets							
	Qualified set-aside amounts (prior IRS approval required)							
6_	Other distributions (describe in Part VI) See instructions.							
7								
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2016							
	(reasonable cause required - explain in Part VI). See							
	instructions							
3	Excess distributions carryover, if any, to 2016							
a								
b								
c	From 2013		L					
d	From 2014		, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,					
	From 2015							
	Total of lines 3a through e		<u></u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Applied to underdistributions of prior years	-						
	Applied to 2016 distributable amount							
i	Carryover from 2011 not applied (see instructions)							
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.	<u> </u>						
4	Distributions for 2016 from							
	Section D, line 7 \$, , , , , , , , , , , , , , , , , , , 				
	Applied to underdistributions of prior years							
	Applied to 2016 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2016, if							
	any Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI See instructions	· · · · · · · · · · · · · · · · · · ·						
6	Remaining underdistributions for 2016 Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI See instructions.							
7	Excess distributions carryover to 2017 Add lines 3j							
	and 4c.							
8	Breakdown of line 7							
a								
	Excess from 2013							
	Excess from 2014							
	Excess from 2015							
•	Excess from 2016							

SCHEDULE G (Form 990 or 990-EZ)

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.

2016

 Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization						Employer ide	ntification number		
ROBINSON CHAMBER OF COMMERCI			_			37-04			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part									
				ities Chark all that an	nlv				
a Mail solicitations	The state of the s								
b Internet and email solicitations				of government grants	11165				
c Phone solicitations				fraising events					
d In-person solicitations		9 📖	Special fund	iraising events					
	aral aaraamaat.	والمصار والمصاطلان							
2a Did the organization have a written or						П ∨.			
or key employees listed in Form 990, b If "Yes," list the 10 highest paid individe				_		Y [_]	_		
= :	· ·	unoraisers) j	oursuant to a	igreements under which	on the fund	graiser is to b	е		
compensated at least \$5,000 by the c	irganization								
		т			(14) A m	aunt and to			
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(or re	ount paid to tained by) ser listed in	(vi) Amount paid to (or retained by) organization		
		Yes	No		c	ol (ı)			
1									
2									
3									
4		-				<u> </u>			
5					 -				
6									
7				·					
8									
9									
0									
	<u> </u>	J							
Cotal			<u> </u>						
3 List all states in which the organization registration or licensing	is registered or li	censed to so	olicit contribu	tions or has been notif	ied it is ex	empt from			
									
									
							·		
									
									
									

EEA

			SINSON CHAMBER OF			-0489463 Page 2
Pa	art I					
	•	than \$15,000 of fundraising		nd gross income on Fori	m 990-EZ, lines 1 and θ	3b List events with
		gross receipts greater than				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BANQUET	GOLF SCRAMBL	3	(add col (a) through col (c))
a)]		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	5,825	8,300	2,678	16,803
щ	2	Less Contributions				
	3	Gross income (line 1 minus			<u> </u>	
	,	line 2)	5,825	8,300	2,678	16,803
_	 	1110 2)	3,023	0,300	2,070	10,003
	4	Cash prizes .				
	5	Noncash prizes .				
suses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	2,205	2,247		4,452
	10	Direct expense summary Add lines	s 4 through 9 in column (d)		•	4,452
	11	Net income summary Subtract line	= :::		•	12,351
Pa	art I				rt IV, line 19, or reporte	
		than \$15,000 on Form 99	0-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Re	1	Gross revenue				
S.	2	Cash prizes				
xpenses	3	Noncash prizes				
Direct Exp	4	Rent/facility costs				
ب	_	Others describ				
	5	Other direct expenses			☐ Yes %	
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary Add lines	s 2 through 5 in column (d)			
	8	Net gaming income summary Sub-	tract line 7 from line 1, colu	mn (d)	<u> </u>	
9		nter the state(s) in which the organiza				
ā		the organization licensed to conduct	gaming activities in each o	f these states?	•	☐ Yes ☐ No
ŧ	o If'	"No," explain				
			·			
4.0		loro pay of the accessoration in the	boonene rovoked	lad or terminated division 45 -	tay year?	☐ Yes ☐ No
10a		ere any of the organization's gaming		_	tax year?	∐ Yes ∐ No
	b If	"Yes," explain				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number ROBINSON CHAMBER OF COMMERCE 37-0489463 01. Description of other revenue (Part I, line 8) DESCRIPTION AMOUNT FARM INCOME 7,350 02. List of grants and similar amounts paid (Part I, line 10) ACTIVITY NONE 03. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT MISC 5,884 PAYROLL TAXES 903 DONATIONS 2,100 OFFICE SUPPLIES 194 ADVERTISING 2,274 EQUIPMENT LEASE 3,183 ACCOUNTING 100 MEALS 216 04. Description of total liabilities (Part II, line 26) CATEGORY BEGINNING OF YEAR END OF YEAR LIABILITIES 54,690 58,475