efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492135052778 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 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. Open to Public Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 01-01-2017 and ending 12-31-2017 B Check if applicable C Name of organization D Employer identification number LAKE CITY CHAMBER OF COMMERCE \square Address change 57-0363390 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 144 S ACLINE STREET ☐ Final return/terminated (843) 374-8611 City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return LAKE CITY, SC 29560 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►www.lakecitysc.org **J Tax-exempt status**(check only one) - □ 501(c)(3) ☑ 501(c)(6) ◀(insert no) □ 4947(a)(1) or □ 527 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 58.465 2 2 Program service revenue including government fees and contracts 30,080 3 Membership dues and assessments 3 4 4 5a Gross amount from sale of assets other than inventory b 5b 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 Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 20,800 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) 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) 6d20.800 7a Gross sales of inventory, less returns and allowances . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 109.345 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 40,963 12 Salaries, other compensation, and employee benefits . 12 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 21,415 15 15 Printing, publications, postage, and shipping 1,216 16 Other expenses (describe in Schedule O) 16 67,503 17 Total expenses. Add lines 10 through 16 17 131,097 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -21,752 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) 19 141,227 20 Other changes in net assets or fund balances (explain in Schedule O) 20 -203 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 119,272 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		uestion in this	Part II			
					eginning of year		(B) End of year
22 Cash, sa	vings, and investments		1	<u> </u>	35,669	22	20,270
	d buildings				·	23	·
24 Other as	sets (describe in Schedule O)				105,792	24	100,232
25 Total as	ssets				141,461	25	120,502
26 Total lia	abilities (describe in Schedule O)				234	26	1,230
27 Net ass	ets or fund balances (line 27 of column	(B) must agree with	line 21)		141,227	27	119,272
Part III	Statement of Program Service	Accomplishments	(see the instructi	ons for Pa	rt III)	T	Expenses
	Check if the organization used Schedule	O to respond to any o	question in this	Part III	🗵		equired for section 501(c) and 501(c)(4)
What is the	organization's primary exempt purpose? ECIVIC SERVICES IN THE GREATER LAKE	CITY SC AREA					ganizations, optional for
Describe the	e organization's program service accompli- y expenses In a clear and concise manne nd other relevant information for each pro	shments for each of its er, describe the service				oth	ners)
	nal Data Table						
(Grants \$)	If this amoun	t includes foreign gran	ts shock horo		▶ □	20-	
<u> </u>	tional Data Table	t includes foreign gran	its, check here	• •	. •	28a 29a	
29 See Addi	tional Data Table					294	
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ □		
30 See Addı	tional Data Table					30a	
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ □		
31 Other pr	ogram services (describe in Schedule O)						
(Grants \$)		t includes foreign gran	its. check here		. ▶ □	31a	
. , ,	ogram service expenses (add lines 28a		•		<u></u> ▶	+	76,418
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one ev	en if not c	ompensated — see the	ınstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to any q	juestion in this	Part IV.			🗆
	(-) No		l (-> p	.	l (45 11166 1	- C -1	14-3 5-4
	(a) Name and title	(b) Average hours per week	(c) Report		(d) Health bene contributions to en		(e) Estimated amount of other compensation
		devoted to position	(Forms W-2,	/1099-	benefit plans,	and	, i
			MISC) (if no enter -0		deferred compen	sation	h.
			enter -	- ,			
See Addition	nal Data Table						
							- 222 (

Did the organization engage in any significant activity in Schedule Q to respond to any question in this 24rt V. Ves. No. 33 Did the organization engage in any significant activity in Schedule Q and activity in Schedule Q activity (Such as those reported on hims 2, 40, and 7x, among chiers)? If I'ves, I and 153, has the organization large activity (Such as those reported on hims 2, 40, and 7x, among chiers)? If I'ves, I and 153, has the organization large activity (Such as those reported on hims 2, 40, and 7x, among chiers)? If I'ves, I and 153, has the organization large activity (Such as those reported on hims 2, 40, and 7x, among chiers)? If I'ves, I and 153, has the organization large activity (Such as those reported on hims 2, 40, and 7x, among chiers). If I'ves, I and 153, has the organization large activity (Such as those reported on hims 2, 40, and 7x, among chiers). If I'ves, I and 154, and 15	Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
33 but the organization engage in any apprinciant activity not previously reported to the IRS1 If "Yes," should be detailed description of each activity in Scredule 0 growing documents? If "Yes," attach a conformed copy of the amended document of they reflect a change on Schedule 0 (see instructions) 34 No Schedule 0 (see instructions) 35 but 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)? 35 but the organization is activities (such as those reported on lines 2, 6a, and 7a, among others)? 46 Was the organization as eacher \$01(c)(4), \$31(c)(5), or \$50(c)(4) organization subset to section \$603(c) or observed to probe, reporting, and provity are reported on the year? If "No," provide an explanation in Schedule 0 or observed to the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule P. and the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete Schedule P. and the organization of problems of the organization of the section \$303(c) or \$30 but the organization berow from organization of the section \$303(c) organizations. Either any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 36 If "Yes," complete Schedule L. Part II and enter the total amount mivolved 37 If "Yes," and the solid contributions included on line 9 38 Schon \$302(c)(3), \$301(c)(4), and \$501(c)(2)0 organizations therefore the organization during the year under received by the organization and graph to a problem to a proper part that has not been reported on any of its prior forms \$90 or \$990-52" if Yes," complete Schedule L. Part II and entering the calculations of the organization and party to a problem to a schedule persons during the year under the tax because the first particulati		instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		<u> </u>	
detailed description of each activity in Schedule O. 33 No. 34 Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organizations name Otherwise, explain the change on Schedule O (see instructions). 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (which as those reported on Inea 2, 6, and 79, among others?). 35 No. 36 No. 37 No. 38 No. 37 No. 38 No. 38 No. 38 No. 39 No. 30 No. 30 No. 31 No. 31 No. 32 No. 35 No. 36 No. 37 No. 38 No. 39 No. 30 No. 31 No. 31 No. 32 No. 35 No. 36 No. 37 No. 38 No. 39 No. 39 No. 39 No. 39 No. 39 No. 30 No. 31 No. 31 No. 32 No. 35 No. 36 No. 37 No. 38 No. 39 No. 39 No. 39 No. 30 No. 31 No. 32 No. 35 No. 36 No. 37 No. 38 No. 39 No. 39 No. 39 No. 30 No. 31 No. 32 No. 35 No. 36 No. 37 No. 38 No. 39 No. 39 No. 39 No. 30 No. 31 No. 32 No. 35 No. 36 No. 37 No. 38 No. 39 No. 39 No. 30 No. 31 No. 32 No. 38 No. 39 No. 39 No. 30 No. 31 No. 32 No. 33 No. 34 No. 35 No. 36 No. 37 No. 38 No. 39 No. 39 No. 30 No. 31 No. 30 No. 31 No. 32 No. 33 No. 34 No. 35 No. 36 No. 37 No. 38 No. 39 No. 39 No. 30 No. 31 No. 31 No. 32 No. 33 No. 34 No. 35 No. 36 No. 37 No. 38 No. 39 No. 39 No. 30 No. 31 No. 32 No. 33 No. 34 No. 35 No. 36 No. 37 No. 38 No. 39 No. 30 No. 31 No. 31 No. 32 No. 33 No. 34 No. 35 No. 36 No. 37 No. 38 No. 39 No. 39 No. 30 No. 31 No. 31 No. 32 No. 33 No. 34 No. 35 No. 36 No. 37 No. 38 No. 39 No. 30 No. 31 No. 32 No. 33 No. 34 No. 35 No. 36 No. 37 No. 38 No. 39 No.				Yes	No
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sectivates (such as those reported on lines 2, 6a, and 7a, among others)? 5 if 1''es, 1' on in 35a, has the organization field a form 990-Tr for year? If 1'tho, provide an explanation on Schedule 0 6 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to action 5033(e) indice, reporting, and proxy tax requirements during the year? If "yes," complete Schedule C, Part III 7 ibid but the organization undergo a liquidation, classification, or significant disposition of net assets during the year? If "yes," complete applicable part of Schedule R) 8 but the organization of foreign and subject to account of the section 501(c)(7) organizations, described in the instructions P 8 but the organization brown from, or make any ones 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? 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule L, Part II and enter the total amount involved 9 if "Yes," complete Schedule I and the organization involved involved involved involved invo	34	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change	34		No
to West the organization a section 5012(s)4, 5012(s) 50 organization subject to exection 6032(s) 36	35a		35a		No
notice, reporting, and proxy tex requirements during the year? If "Yes," complete Schedule C, Part III 35c No Did the organization undergo a higulation, circulation, or significant disposition of the sested during the year? If "Yes," complete applicable parts of Schedule N 37a 36 Enter amount of solitoid expenditures, develor indirect, as described in the instructions ▶ 37a 37b No 37b No 37b No Did the organization file Form 1120-PDL for this year? b Did the organization obrrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans make an in proy year and still clustrating at the end of the tax year covered by this return? 38a No 16 "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(?) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 39a 39b No 39b N	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	\vdash		
the year 2 if "Yes," complete applicable parts of Schedule N 37a	c		35c		No
b Did the organization file Form 1120-POL for this year? 38a Did the organization berrow from, or make any loans to, any efficer, director, trustee, or key employee or were any such loans made in a pror year and still outstanding at the end of the tax year covered by this return? 38b No b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Instaton Fees and capital contributions included on line 9 39a Instaton Fees and capital contributions included on line 9 39a Instaton Fees and capital contributions included on line 9 39b Gross recepts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations Enter amount of tax imposed on the organization druing the year under section 4912 ▶ section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schadule L, Part I 40b	36		36		No
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? 38b No 16 If "Yes," complete Schedule, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 9 b Gross recepts, included on line 9, for public use of club facilities 39b Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 sectio	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
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b If "Yes," complete Schedule L, Part II and enter the total amount involved 38	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 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 491		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
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transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ 12a The organization's books are in care of ▶ HICKS GUERRY GROUP PA Located at ▶ 119 S ACLINE STREET LAKE CITY, SC DATE P 4 ▶ 29560 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)? 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 ? 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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 b Did the organization receive any payments for indoor tanning services during the year? 44b No 45b Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45c No 45d Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45d Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 45d Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?	d				
Telephone no		transaction? If "Yes," complete Form 8886-T	40e		No
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)? 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 No 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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			(843) 3	74-3200)
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 No 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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 No 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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	L		-		
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 No 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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? c Did the organization receive any payments for indoor tanning services during the year? d4de 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 Aba Did the organization have 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	D		425	Yes	
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 No 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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 44c No 45a No 45b Did the organization have a controlled entity within the meaning of section 512(b)(13)? 5 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		If "Yes." enter the name of the foreign country	420		INO
Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the U S? 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 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 44c No 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		11 res, enter the name of the foreign country P			
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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					
A3 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 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 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 c Did the organization receive any payments for indoor tanning services during the year? 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	С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
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		If "Yes," enter the name of the foreign country			
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	43 9	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □	
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? 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			[Yes	No
Instead of Form 990-EZ		of Form 990-EZ	44a		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	b		44b		No
explanation in Schedule O	C	Did the organization receive any payments for indoor tanning services during the year?	44c		No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	d		44d		
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	45a	·	45a		No
of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45b				
		of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			No

								Yes	No
	organization engage, directly or indirectes for public office? If "Yes," complete								
	Section 501(c)(3) organization						46		No
	All section $501(c)(3)$ organizations	must answer quest	ons 47-49b and 52	2, and o	complete the t	ables	for lır	nes 50	and 5
	Check if the organization used Schedule	O to respond to any q	uestion in this Part V	·			· · ·	Yes	□ No
			24(1)			Г			
	organization engage in lobbying activiti ' complete Schedule C, Part II		or(n) election in effect				47		
18 Is the o	rganization a school as described in sec	tion 170(b)(1)(A)(ii)?	If "Yes," complete Sci	nedule E		. [48		
19a Did the	organization make any transfers to an o	exempt non-charitable	related organization?			. [49a		
b If "Yes,"	was the related organization a section	527 organization? .				. [49b		
	te this table for the organization's five h					tees ar	nd key	employ	ees)
	th received more than \$100,000 of com ame and title of each employee	pensation from the org	ganization If there is (c) Reportable		nter "None " I) Health benefit	ts. I	(e) Est	tımated	amour
(a) N	arrie and dide or each employee	hours per week devoted to position	compensation (Forms W-2/1099-	contr	ibutions to emp enefit plans, an	loyee			
		devoted to position	MISC)		erred compensa				
		<u> </u>							
1 Complet	number of other employees paid over \$ se this table for the organization's five h	ighest compensated in	dependent contractor	rs who e	ach received m	ore tha	n \$10	0,000 oi	
compen	sation from the organization. If there is								
<u> </u>		<u> </u>	actor	(b) T	une of service		Compe	neation	
<u> </u>	(a) Name and business address of e	<u> </u>	actor	(b) T	ype of service		Compe	ensation	_
<u>'</u>		<u> </u>	actor	(b) T	ype of service		Compe	ensation	_
		<u> </u>	actor	(b) T	ype of service		Compe	ensation	_
		<u> </u>	actor	(b) T	ype of service		Compe	ensation	_
		<u> </u>	actor	(b) T	ype of service		Compe	ensation	_ _ _
		<u> </u>	actor	(b) T	ype of service		Compe	ensation	
		<u> </u>	actor	(b) T	ype of service		Compe	ensation	
		<u> </u>	actor	(b) T	ype of service		Compe	ensation	
		<u> </u>	actor	(b) T	ype of service		Compe	ensation	
d Total r		ach independent contr		(b) T	ype of service		Compe	ensation	
	(a) Name and business address of e	s each receiving over	\$100,000		•		Compe	ensation	
52 Did th	(a) Name and business address of e	s each receiving over	\$100,000 c)(3) organizations m	· · · ·	▶	(c)		ensation	— — —
52 Did the composition of the co	(a) Name and business address of ending in the contractor of the c	s each receiving over	\$100,000 c)(3) organizations m	ust atta	ch a	(c) ·	□ Ye to the	s □ N best of	
Did the composition	(a) Name and business address of ending in the contractor of the c	s each receiving over	\$100,000 c)(3) organizations m	ust atta	ch a and statements	(c) ·	□ Ye to the	s □ N best of	
Did the composition of the compo	(a) Name and business address of ending in the contractor of the c	s each receiving over	\$100,000 c)(3) organizations m	ust atta	ch a	(c) ·	□ Ye to the	s □ N best of	
Did the composition of the compo	(a) Name and business address of enumber of other independent contractor the organization complete Schedule A? Note that I have example the schedule A	s each receiving over	\$100,000 c)(3) organizations m	ust atta	ch a and statementsed on all informations 2018-05-14	(c) ·	□ Ye to the	s □ N best of	
Did the composition of the compo	(a) Name and business address of enumber of other independent contractor the organization complete Schedule A? Note that I have examed belief, it is true, correct, and complete edge ****** Signature of officer WILL TARTE PRESIDENT Type or print name and title Print/Type preparer's name	s each receiving over	\$100,000 c)(3) organizations m	ust atta	and statements ed on all informations 2018-05-14 Date	(c)	Ye to the f which	s □ N best of	
2 Did the composition of the com	(a) Name and business address of enumber of other independent contractor the organization complete Schedule A? Note that I have example the sof perjury, I declare that I have example the sof perjury, I declare that I have example the soft perjury, I declare that I have example the soft perjury, I declare that I have example the soft perjury, I declare that I have example the soft perjury, I declare that I have example the soft perjury, I declare that I have example the soft perjury, I declare that I have example the soft perjury in the soft	s each receiving over OTE. All Section 501(\$100,000 c)(3) organizations m	ust atta	ch a and statementsed on all informations 2018-05-14 Date Check if self-employed	s, and to ation of	Ye to the f which	s □ N best of	
nder penaltie nowledge and as any knowl ign ere	(a) Name and business address of enumber of other independent contractor the organization complete Schedule A? Note that I have examed belief, it is true, correct, and complete edge ****** Signature of officer WILL TARTE PRESIDENT Type or print name and title Print/Type preparer's name	s each receiving over OTE. All Section 501(\$100,000 c)(3) organizations m	ust atta	ch a and statements ed on all informations. 2018-05-14 Date	s, and to ation of	Ye to the f which	s □ N best of	
nder penaltie nowledge and as any knowl ign ere	(a) Name and business address of enumber of other independent contractor the organization complete Schedule A? Note that I have examed the schedule A	s each receiving over OTE. All Section 501(Inned this return, incluing Declaration of preparer's signature	\$100,000 c)(3) organizations m	ust atta	ch a and statementsed on all informations 2018-05-14 Date Check if self-employed		Tye to the f which	s □ N best of	
Did the composition of the compo	(a) Name and business address of ending and personal contractor of the organization complete Schedule A? Note that I have examed being a schedule A	s each receiving over OTE. All Section 501(Inned this return, incluing Declaration of preparer's signature	\$100,000 c)(3) organizations m	ust atta	ch a and statements ed on all inform 2018-05-14 Date Check ☐ if self-employed Firm's EIN ▶ 20-		Tye to the f which	s □ N best of	

Additional Data

Software ID: Software Version:

EIN: 57-0363390

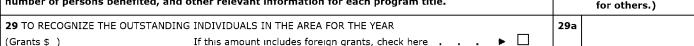
Name: LAKE CITY CHAMBER OF COMMERCE

Expenses

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

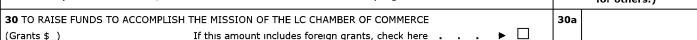
services, as measured I	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.					
28 ORGANIZES THE ANNU	JAL SC TOBACCO FESTIVAL TO PROMOTE THE AGRICULTURAL HERITAGE OF THE AREA	28a				
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ lacktriangle$					

Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4)services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.)



Expenses (Required for section 501 Describe the organization's program service accomplishments for each of its three largest program (c)(3) and 501(c)(4)services, as measured by expenses. In a clear and concise manner, describe the services provided, the organizations; optional number of persons benefited, and other relevant information for each program title. for others.)

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



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

services, as measured	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.			
VARIOUS			76,418	
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \square$			

Expenses

(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								
. ,	hours per week devoted to position	compensation (Forms W-2/1099- MISC) (If not paid, enter -0-)	contributions to employee benefit plans, and deferred compensation	amount of other compensation				
ROBERT PHILLIPS TREASURER	000 00	0						
ANNA BURROWS BOARD MEMBER	000 00	0						
PHIL GRIMSLEY BOARD MEMBER	000 00	0						
FRAN SPRINGS BOARD MEMBER	000 00	0						
KARON EPPS BOARD MEMBER	000 00	0						
SETH KINES BOARD MEMBER	000 00	0						
JONATHAN DICKSON BOARD MEMBER	000 00	0						
TIMMY LYNCH BOARD MEMBER	000 00	0						
LEE NETTLES PARLIAMENTAR	000 00	0						
KATE KIRBY BOARD MEMBER	000 00	0						
CHRIS MISHOE VICE PRESIDE	000 00	0						
MAC MATTHEWS BOARD MEMBER	000 00	0						
WILL TARTE PRESIDENT	000 00	0						
JESSI GRIMSLEY BOARD MEMBER	000 00	0						

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492135052778 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **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 Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization LAKE CITY CHAMBER OF COMMERCE 57-0363390 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

	than \$15,000 of fundraising e gross receipts greater than \$1	event contributions and			
	g. cos , cos,pes g. caree, s. care	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
ne					
Revenue					
~	1 Gross receipts				
	2 Less Contributions				
	4 Cash prizes				
တွ	5 Noncash prizes				
Expenses	6 Rent/facility costs				
ភ្នំ	7 Food and beverages				
Direct	8 Entertainment				
ă	9 Other direct expenses				
	10 Direct expense summary Add lines 4 t	through 9 in column (d)			
	11 Net income summary Subtract line 10				
Par	t III Gaming. Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	IV, line 19, or reported	more than \$15,000
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			20,800	20,800
Expenses	2 Cash prizes				
	3 Noncash prizes				
Direct	4 Rent/facility costs				
<u>ā</u>	5 Other direct expenses				
		☐ Yes%	☐ Yes%	☐ Yes %	
	6 Volunteer labor	☑ No	☑ No	✓ No	
	7 Direct expense summary Add lines 2 t	through 5 in column (d)			
	8 Net gaming income summary Subtrac	t line 7 from line 1, colum	nn (d)	•	20,800
9	Enter the state(s) in which the organization	on conducts gaming activ	rities		
a	Is the organization licensed to conduct g	aming activities in each of	f these states?		☑ Yes ☐ No
b	If "No," explain				
10a	Were any of the organization's gaming lic	censes revoked, suspende		e tax year?	☐ Yes ☑ No
b	If "Yes," explain				

che	dule G (Form 990 or 990-EZ) 2017					P	age 3
1	Does the organization conduct gaming	activities with nonmemb	ers?		Yes	✓ No	
2	Is the organization a grantor, beneficial formed to administer charitable gaming		r a member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming acti	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the per	son who prepares the org	ganization's gaming/special events books and r	ecords			
	Name HICKS GUERRY GROUP	PA					
	Address ► 119 S ACLINE STREET LAKE CITY, SC 29560						
5а	Does the organization have a contract revenue?				Yes		
b	If "Yes," enter the amount of gaming re	evenue received by the o	rganization ▶ \$ and tl	ne			
	amount of gaming revenue retained by	the third party 🟲 \$					
С	If "Yes," enter name and address of the	e third party					
	Name •						
	Address ►						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ► \$		······				
	Description of services provided ►						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under stat retain the state gaming license?	e law to make charitable	distributions from the gaming proceeds to		☐Yes	√ No	
b	Enter the amount of distributions requi	red under state law distri	ibuted to other exempt organizations or spent				
	in the organization's own exempt activ		•				
Pai			ations required by Part I, line 2b, column oplicable. Also provide any additional info				s).
	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS			DLN:	93492135052778	
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.			ons on n.	OMB No 1545-0047 2017 Open to Public Inspection	
	anization ER OF COMMERCE O, Supplemental Informatio	n		Employer ident 57-0363390	fication number
Return Reference			Explanation		
FORM 990- EZ, PART I, LINE 16	TOBACCO FESTIVAL COST OF GOEN'S LUNCHEON COST OF GOOD INESS PLANNING WORKSHOP COBANK CHARGES 614 LICENSES 1 PPLIES 2,383 FLOWERS & GIFTS 3 PROPERTY INSURANCE 7,354 N	OS SOLD 700 LAKE C DST OF GOODS SOL 00 MICELLANEOUS 2,895 BOARD MEETI	ITY CHRISTMAS PARADE COS D 92 EXPENSES ADVERTISIN 593 ACCOUNTING 2,352 CONT NGS/LUNCHEONS 1,083 TRAN	ST OF GOODS SO G 345 OTHER 17 RACT SERVICES /EL 94 CONFERE	DLD 231 BUS 1 DUES 413 S 2,726 SU

990 Schedule O, Supplemental Information Return Explanation Reference PY RECONCILIATION OF NET ASSETS -203

FORM 990-EZ, PART I,

LINE 20

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 24

FORM 990- EQUIPMENT 225,601 228,401 LESS ACCUMULATED DEPRECIATION 119,809 128,169 TOTAL 105,792 100,232 EZ, PART II,

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990-EZ, PART II, LINE 26

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990-VARIOUS EZ, PART III, LINE 31