efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492206003267 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 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/form990. Department of the Treasury Inspection Internal Revenue Service For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable C Name of organization D Employer identification number GREATER KETCHIKAN CHAMBER OF COMMERCE  $\square$  Address change 92-0028415 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 5957 ☐ Final return/terminated (907) 225-3184 City or town, state or province, country, and ZIP or foreign postal code □ Amended return KETCHIKAN, AK 99901 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 ketchikanchamber com **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 4.912 2 2 49,369 Program service revenue including government fees and contracts . . . . . . . . . . . . 3 Membership dues and assessments . . . . . . 3 95,606 4 4 1,883 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) . . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 6,061 sum of such gross income and contributions exceeds \$15,000) 3,241 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) 6d 2.820 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 . . . . . 9 154,590 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 48,554 12 Salaries, other compensation, and employee benefits . 12 13 11,949 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 16,847 15 15 5.155 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 63,511 17 Total expenses. Add lines 10 through 16 17 146,016 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 8,574 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 34,636 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 43,210 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Form 990-EZ (2016)					Page <b>2</b>
Part II Balance Sheets (see the instruction Check if the organization used Schedu		uestion in this Part II			
		·	Beginning of year	Ι	(B) End of year
22 Cash, savings, and investments			4,293	22	15,229
23 Land and buildings				23	
24 Other assets (describe in Schedule O)			32,505		32,107
25 Total assets			36,798 2,162	$\vdash$	47,336 4,126
27 Net assets or fund balances (line 27 of colum			34,636	_	43,210
Part III Statement of Program Service			<u> </u>		Expenses
Check if the organization used Schedu	ile O to respond to any o				equired for section 501(c) and 501(c)
What is the organization's primary exempt purpose TO ENCOURAGE AND ASSIST IN THE CONTINUED D KETCHIKAN	? DEVELOPMENT OF EXIST	ING BUSINESS, EDUCA	TION AND LIFE IN	org	ganizations, optional for ners )
Describe the organization's program service accomp measured by expenses In a clear and concise mani					
penefited, and other relevant information for each p 28	program title				
28 See Additional Data Table					
(Grants \$ ) If this amou	unt includes foreign gran	nts, check here	. ▶ □	28a	
29				29a	
(Grants \$ ) If this amou	unt includes foreign gran	nts, check here	. ▶ ⊔		
30				30a	
•	unt includes foreign gran	•			
<b>31</b> Other program services (describe in Schedule O	)		<u>.</u> .		
•	unt includes foreign gran	nts, check here	. ▶ ⊔	31a	
32 Total program service expenses (add lines 2 Part IV List of Officers, Directors, Trustees		(1-4			strong for Don't D()
Part IV List of Officers, Directors, Trustees Check if the organization used Schedu	le O to respond to any o	uestion in this Part IV.	ompensated — see the	: mstru	
	1 434		1 215 11 11 1	٠.	leser i i
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid,	(d) Health ben contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount of other compensation
		enter -0-)	· ·		
JASON CUSTER	2 00	0			0
PRESIDENT					
MARC GUEVARRA	2 00	0			0
VICE PRESIDENT					
RACHEL GUYSELMAN	2 00	0			0 0
SECRETARY					
KATHERINE TATSUDA	2 00	0			0 0
TREASURER					
MARY WANZER	1 00	0			0 0
DACT DRECIDENT					
PAST PRESIDENT  DOUG WARD	2 00	0			0 0
DOOG WARD	2 00	Ĭ			٥
OFFICER AT LARGE					
ANN MCKIM	2 00	0			0
DIRECTOR					
ERIC NICHOLS	2 00	0			0
DIRECTOR					
RENEE SCHOFIELD	2 00	0			0 0
DIRECTOR					
BETT UNION-JAKUBEK	2 00	0			0 0
DIRECTOR					
CHELSEA GOUCHER	2 00	0			0 0
					_
DIRECTOR LEN LAURENCE	2 00	0	1		0 0
	2 00				"
DIRECTOR					
					Farm 000 E7 (2016)

Page **3** 

Pa	other Information (Note the Schedule A and personal benefit contract statement requirements	in the	e	-		
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	☑			
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-140		
С	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a	_				
b	Did the organization file Form 1120-POL for this year?	37b				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No		
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b					
39						
	Initiation fees and capital contributions included on line 9					
	Gross receipts, included on line 9, for public use of club facilities					
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь				
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 sections4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
e 41	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		No		
	The organization's books are in care of ► RACHEL GUYSELMAN  Located at ► PO BOX 5957 KETCHIKAN, AK  ZIP + 4 ►			4		
	Eocated at Pro Box 3537 References, AR					
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)?		Yes	No		
		42b		No		
	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>					
С	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					
				NI -		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No No		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed	44b		No		
_	Instead of Form 990-EZ  Did the organization receive any payments for indoor tanning services during the year?					
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		No		
u	explanation in Schedule O	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b				
		Form	990-5	<b>7</b> (2016		

orm 9	990-EZ	(2016)							Page 4
								Yes	No
		e organization engage, directly or indirec ates for public office? If "Yes," complete					46		Na
Part		Section 501(c)(3) organization					46		No
		All section 501(c)(3) organizations	must answer quest	ions 47-49b an	d 52, and	complete the table	s for lu	nes 50	and 51
		Check if the organization used Schedule	O to respond to any o	luestion in this Pa	irt VI			Yes	⊔ No
	D. J. H.			01( -) -	- <b>6</b> 5 <b>t</b> - <b>d</b>				
		e organization engage in lobbying activiti ," complete Schedule C, Part II	les or nave a section 5	• •	errect durin	<del>-</del>	47		
48	Is the	organization a school as described in sec	tion 170(b)(1)(A)(II)?	If "Yes," complete	e Schedule	E	48		
49a	Did the	e organization make any transfers to an	exempt non-charitable	related organizat	ion?		49a		
b	If "Yes	," was the related organization a section	527 organization? .				49b		
50	Comple	ete this table for the organization's five h	nighest compensated e	mployees (other	than officer	s, directors, trustees a	and key	employ	ees)
		ach received more than \$100,000 of com Name and title of each employee	pensation from the org	ganization If ther (c) Reportab		enter "None "  d) Health benefits,	(a) Ec	tımated	amoun
	(a)	varile and title of each employee	hours per week devoted to position	compensation (Forms W-2/10	on cont	ributions to employee benefit plans, and			
			devoted to position	MISC)		ferred compensation			
			1						
f 		number of other employees paid over \$				<u> </u>		0.000	
		ete this table for the organization's five hinsation if there is		naepenaent contr	actors wno	each received more tr	ıan şıu	0,000 6	Г
		(a) Name and business address of e	ach independent contr	actor	(b) <sup>7</sup>	Type of service (c	) Comp	ensation	1
d	Total	number of other independent contractor	rs each receiving over	\$100,000		· · · · • <u> </u>			
52		the organization complete Schedule A? <b>N</b> pleted Schedule A					<b>.</b> —		
	COIII					· · · · · · · · · · · · · · ·	□Ye	s LI	No
		ies of perjury, I declare that I have exan nd belief, it is true, correct, and complete							
ias ar	y knov	vledge							
		*****				2017-07-24			
Sign		Signature of officer				Date			
lere		BILL SWIFT EXECUTIVE DIRECTOR  Type or print name and title							
		Print/Type preparer's name	Preparer's signature		Date	Chack D if parage	6770		
Paid		DIANE PALMER	Check ☐ if P01286						
	oarer		IOWARD PALMER & EDWARDS CPAS Firm's EIN ► 92-00428			388		_	
ıse	Only	THIT S dad CSS P 420 MAIN STREET				Phone no (907) 225-1	040		
		KETCHIKAN, AK 9990	01						
1ay th	ne IRS	discuss this return with the preparer sho	wn above? See instruc	ctions		► [	☑ Yes	□ No	
							Г	. AAA E	7 (201

#### **Additional Data**

#### Software ID:

**Software Version:** 

**EIN:** 92-0028415

Name: GREATER KETCHIKAN CHAMBER OF COMMERCE

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
THE CHAMBER ENCOURAGES AND ASSISTS IN THE CONTINUING DEVELOPMENT OF EXISTING BUSINESS, EDUCATION AND LIFE IN KETCHIKAN IT ALSO MONITORS ENVIRONMENTAL CONCERNS THAT AFFECT THE ECONOMY AND ISSUES ON LOCAL, STATE AND NATIONAL LEVELS & SERVES AS A LINK BETWEEN GOVERNMENTAL AGENCIES, THE CHAMBER BOARD & COMMITTEES IT ALSO HELPS FIND MUTUALLY ACCEPTABLE SOLUTIONS TO COMMUNITY PROBLEMS  (Grants \$ 0)  If this amount includes foreign grants, check here	28a	0		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93492206003267 TY 2016 Transfers Personal Benefits **Contracts Declaration** Name: GREATER KETCHIKAN CHAMBER OF COMMERCE **EIN:** 92-0028415 **Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS. DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

efile GRAPHIC print - DO NOT PROCESS			DLN:	93492206003267	
(Form 990 or 990- EZ) Complete to provide inf Form 990 or 990-E ▶ At		vide information fo or 990-EZ or to prov ▶ Attach to Forn	nformation to Form 990 or 990-EZ information for responses to specific questions on D-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. edule O (Form 990 or 990-EZ) and its instructions is at		OMB No 1545-0047  2016  Open to Public
Department of the Treasury Internal Revenue Convert Name of the Organization GREATER KETCHIKAN CHAMBER OF COMMERCE  92-0028415  990 Schedule O, Supplemental Information				Inspection ication number	
Return Reference	Explanation				
FORM 990- EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDENDS AMO EZ, LINE 4 1,883	UNT 1,882 DESCRI	PTION INTEREST AMOUNT 1	TOTAL INCLUDE	ED ON FORM 990-

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 14

FORM 990- DESCRIPTION DEPRECIATION/AMORTIZATION AMOUNT 172 DESCRIPTION OTHER EXPENSES AMOUNT 16,675 EZ, PART I, TOTAL TO FORM 990-EZ, LINE 14 16,847

Return Explanation
Reference

DESCRIPTION PROGRAM SERVICE EXPENSES AMOUNT 38 826 DESCRIPTION INSURANCE AMOUNT 4.5

990 Schedule O, Supplemental Information

FORM 990-

	BEGGIAN TIGHT THOUSENAM CERTICE EXCENTED TANGGIAN CONTROL THOUSENAM CERTIFICATION TO THE CONTROL THE CONTROL THOUSENAM CERTIFICATION TO THE CONTROL THOUSENAM CERTIFICATION THE CONTROL THOUSENAM CERTIFICATION TO THE CONTROL THOUSENAM CERTIFICATION THE CONTROL THOUSENAM CERTIFICATION TO THE CONTROL THOUSENAM CERTIFICATION THE CONTROL THOUSENAM CERTIFICATION TO THE CONTROL THOUSENAM CERTIFICATION THE CONTROL THOUSENAM CERTIFICATION TO THE CONTROL THOUSENAM CERTIFICATION TO THE CONTROL THOUSENAM CERTIFICATION TO THE CONTROL THE CONTROL THOUSENAM CERTIFICATION TO THE CONTROL THE CONTROL THE CONTROL THOUSENAM CERTIFICATION TO THE CONTROL TH
EZ, PART I,	00 DESCRIPTION TAXES AND LICENSES AMOUNT 4,144 DESCRIPTION DUES AND SUBSCRIPTIONS A
LINE 16 -	MOUNT 4,108 DESCRIPTION ADVERTISING & PROMOTION AMOUNT 3,775 DESCRIPTION SUPPLIES
OTHER	AMOUNT 3,687 DESCRIPTION TRAVEL AMOUNT 2,382 DESCRIPTION BANK CHARGES AMOUNT 1,74
EXPENSES	0 DESCRIPTION SHIPPING AMOUNT 348 DESCRIPTION INTEREST & FINANCE CHARGES AMOUNT 1
	TOTAL TO FORM 990-EZ, LINE 16 63,511

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION SCHOLARSHIP ENDOWMENT BEG OF YEAR AMOUNT 15,735 END OF YEAR AMOUNT 17,96 7 DESCRIPTION KETCHIKAN MARINE INDUSTRY COUNCIL TRUST BEG OF YEAR AMOUNT 16,059 END OF YEAR AMOUNT 12,601 DESCRIPTION PREPAID RENT BEG OF YEAR AMOUNT 0 END OF YEAR AMO UNT 1,000 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 711 END OF YEAR A MOUNT 539

# Return Explanation Reference

990 Schedule O, Supplemental Information

FORM 990-EZ, PART II, LINE 26 -OTHER LIABILITIES

DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 2,032 END OF YEAR AMOUNT 2,140 D
ESCRIPTION CREDIT CARD PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,786 DESCRI