

Form **990-EZ**  
 Department of the Treasury  
 Internal Revenue Service

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**  
 ▶ **Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-1150  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016**

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
 GREATER KETCHIKAN CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 PO BOX 5957

City or town, state or province, country, and ZIP or foreign postal code  
 KETCHIKAN, AK 99901

**D** Employer identification number  
 92-0028415

**E** Telephone number  
 (907) 225-3184

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**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

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

**K** Form of organization  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 157,831

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>11</b>	Benefits paid to or for members . . . . .	<b>19</b>	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) . . . . .
<b>3</b>	Membership dues and assessments . . . . .	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .
<b>4</b>	Investment income . . . . .	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .		
<b>5b</b>	Less cost or other basis and sales expenses . . . . .	<b>15</b>	Printing, publications, postage, and shipping . . . . .		
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>16</b>	Other expenses (describe in Schedule O) . . . . .		
<b>6</b>	Gaming and fundraising events	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .				
<b>6b</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) . . . . .				
<b>6c</b>	Less direct expenses from gaming and fundraising events . . . . .				
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .				
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .				
<b>7b</b>	Less cost of goods sold . . . . .				
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .				
<b>8</b>	Other revenue (describe in Schedule O) . . . . .				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶				

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	4,293	<b>22</b>	15,229
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	32,505	<b>24</b>	32,107
<b>25</b> Total assets . . . . .	36,798	<b>25</b>	47,336
<b>26</b> Total liabilities (describe in Schedule O). . . . .	2,162	<b>26</b>	4,126
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,636	<b>27</b>	43,210

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

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

What is the organization's primary exempt purpose?  
 TO ENCOURAGE AND ASSIST IN THE CONTINUED DEVELOPMENT OF EXISTING BUSINESS, EDUCATION AND LIFE IN KETCHIKAN

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

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

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

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JASON CUSTER	2 00	0	0	0
PRESIDENT				
MARC GUEVARRA	2 00	0	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
PAST PRESIDENT				
DOUG WARD	2 00	0	0	0
OFFICER AT LARGE				
ANN MCKIM	2 00	0	0	0
DIRECTOR				
ERIC NICHOLS	2 00	0	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	0	0
DIRECTOR				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V . . . . .

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

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

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

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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here \*\*\*\*\*
Signature of officer
Date 2017-07-24
BILL SWIFT EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name DIANE PALMER
Preparer's signature
Date
Check if self-employed
PTIN P01286778
Firm's name MILNER HOWARD PALMER & EDWARDS CPAS
Firm's EIN 92-0042888
Firm's address 426 MAIN STREET
KETCHIKAN, AK 99901
Phone no (907) 225-1040

May the IRS discuss this return with the preparer shown above? See instructions . . . . . Yes No



**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.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
GREATER KETCHIKAN CHAMBER OF COMMERCE**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****Open to Public  
Inspection**

Employer identification number

92-0028415

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION DIVIDENDS AMOUNT 1,882 DESCRIPTION INTEREST AMOUNT 1 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 1,883

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION/AMORTIZATION AMOUNT 172 DESCRIPTION OTHER EXPENSES AMOUNT 16,675 TOTAL TO FORM 990-EZ, LINE 14 16,847



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION PROGRAM SERVICE EXPENSES AMOUNT 38,826 DESCRIPTION INSURANCE AMOUNT 4,500 DESCRIPTION TAXES AND LICENSES AMOUNT 4,144 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 4,108 DESCRIPTION ADVERTISING & PROMOTION AMOUNT 3,775 DESCRIPTION SUPPLIES AMOUNT 3,687 DESCRIPTION TRAVEL AMOUNT 2,382 DESCRIPTION BANK CHARGES AMOUNT 1,740 DESCRIPTION SHIPPING AMOUNT 348 DESCRIPTION INTEREST & FINANCE CHARGES AMOUNT 1 TOTAL TO FORM 990-EZ, LINE 16 63,511

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION SCHOLARSHIP ENDOWMENT BEG OF YEAR AMOUNT 15,735 END OF YEAR AMOUNT 17,967 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 AMOUNT 1,000 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 711 END OF YEAR AMOUNT 539

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 DESCRIPTION CREDIT CARD PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 1,786 DESCR PTION PREPAID DUES BEG OF YEAR AMOUNT 130 END OF YEAR AMOUNT 200