

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/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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 ▶ \$ 195,505

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	1	Contributions, gifts, grants, and similar amounts received	1	18,205
	2	Program service revenue including government fees and contracts	2	52,982
	3	Membership dues and assessments	3	109,571
	4	Investment income	4	475
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	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)	6b	14,272	
c	Less direct expenses from gaming and fundraising events	6c	1,764	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	12,508	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	193,741	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	53,341
	13	Professional fees and other payments to independent contractors	13	12,224
	14	Occupancy, rent, utilities, and maintenance	14	16,866
	15	Printing, publications, postage, and shipping	15	3,374
	16	Other expenses (describe in Schedule O)	16	67,066
17	Total expenses. Add lines 10 through 16 ▶	17	152,871	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	40,870
	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	43,210
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	703
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	84,783

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
22 Cash, savings, and investments	15,229	22 32,431
23 Land and buildings		23
24 Other assets (describe in Schedule O)	32,107	24 53,732
25 Total assets	47,336	25 86,163
26 Total liabilities (describe in Schedule O).	4,126	26 1,380
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,210	27 84,783

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

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)

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

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
CHELSEA GOUCHER PRESIDENT	2 00	0	0	0
JACQUIE MECK FIRST VICE PRESIDENT	2 00	0	0	0
RACHEL GUYSELMAN SECOND VICE PRESIDENT	2 00	0	0	0
JASON CUSTER SECRETARY	2 00	0	0	0
SOPHIA SMITH TREASURER	2 00	0	0	0
MARY WANZER PAST PRESIDENT	1 00	0	0	0
WES ARNETT DIRECTOR	2 00	0	0	0
IRENE DUNDAS DIRECTOR	2 00	0	0	0
BETT UNION-JAKUBEK DIRECTOR	2 00	0	0	0
AFTAN LYNCH DIRECTOR	2 00	0	0	0
MICHELLE O'BRIEN DIRECTOR	2 00	0	0	0
RENEE SCHOFIELD DIRECTOR	2 00	0	0	0

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 response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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 2018-10-31 Date
CARRIE STARKEY 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

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.)	
<p>28 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)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

**TY 2017 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)**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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER KETCHIKAN CHAMBER OF COMMERCE

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 466 DESCRIPTION INTEREST AMOUNT 9 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 475

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 90 DESCRIPTION OTHER EXPENSES AMOUNT 16,776 TOTAL TO FORM 990-EZ, LINE 14 16,866

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION PROGRAM SERVICE EXPENSES AMOUNT 41,392 DESCRIPTION TAXES AND LICENSES AMOUNT 4,679 DESCRIPTION INSURANCE AMOUNT 4,576 DESCRIPTION ADVERTISING & PROMOTION AMOUNT 4,558 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 4,015 DESCRIPTION BANK CHARGES AMOUNT 3,198 DESCRIPTION TRAVEL AMOUNT 2,679 DESCRIPTION SUPPLIES AMOUNT 1,618 DESCRIPTION SHIPPING AMOUNT 351 TOTAL TO FORM 990-EZ, LINE 16 67,066

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION INCREASE IN UNREALIZED GAIN/LOSS ON SCHOLARSHIP ENDOWMENT AMOUNT 703

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION SCHOLARSHIP ENDOWMENT BEG OF YEAR AMOUNT 17,967 END OF YEAR AMOUNT 40,167 DESCRIPTION KETCHIKAN MARINE INDUSTRY COUNCIL TRUST BEG OF YEAR AMOUNT 12,601 END OF YEAR AMOUNT 12,321 DESCRIPTION PREPAID RENT BEG OF YEAR AMOUNT 1,000 END OF YEAR AMOUNT 0 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 539 END OF YEAR AMOUNT 1,244

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 2,140 END OF YEAR AMOUNT 1,380 D DESCRIPTION CREDIT CARD PAYABLE BEG OF YEAR AMOUNT 1,786 END OF YEAR AMOUNT 0 DESCR PTION PREPAID DUES BEG OF YEAR AMOUNT 200 END OF YEAR AMOUNT 0