

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	32,431	22 32,793
23 Land and buildings		23
24 Other assets (describe in Schedule O)	53,732	24 63,874
25 Total assets	86,163	25 96,667
26 Total liabilities (describe in Schedule O).	1,380	26 1,660
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	84,783	27 95,007

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	
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	29a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
30	30a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
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 18,734

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
JASON CUSTER FIRST VICE PRESIDENT	2 00	0	0	0
JACQUIE MECK 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
MICHELLE O'BRIEN DIRECTOR	2 00	0	0	0
RENEE SCHOFIELD DIRECTOR	2 00	0	0	0
DENISE OPOSCOLO DIRECTOR	2 00	0	0	0
SIERRA CALLIS DIRECTOR	2 00	0	0	0
ANDREW SPOKELY DIRECTOR	2 00	0	0	0
MARK WOODWARD 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 columns. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of RACHEL GUYSELMAN Telephone no (907) 225-3184 Located at PO BOX 5957 KETCHIKAN, AK ZIP + 4 99901

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	Yes	No
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

	Yes	No
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	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(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 "

(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.

***** Signature of officer	2019-05-13 Date
CARRIE STARKEY EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DIANE J PALMER	Preparer's signature	Date	Check <input type="checkbox"/> 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	18,734

**TY 2018 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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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 INTEREST AMOUNT 2

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 195 DESCRIPTION OTHER EXPENSES AMOUNT 16,425 TOTAL TO FORM 990-EZ, LINE 14 16,620

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION PROGRAM SERVICE EXPENSES AMOUNT 18,734 DESCRIPTION SUPPLIES AMOUNT 5,862 DESCRIPTION INSURANCE AMOUNT 4,439 DESCRIPTION TAXES AND LICENSES AMOUNT 3,612 DESCRIPTION BANK CHARGES AMOUNT 1,931 DESCRIPTION ADVERTISING & PROMOTION AMOUNT 1,404 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 1,125 DESCRIPTION SHIPPING AMOUNT 178 TOTAL TO FORM 990-EZ, LINE 16 37,285

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 148

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION SCHOLARSHIP ENDOWMENT BEG OF YEAR AMOUNT 40,167 END OF YEAR AMOUNT 50,313 DESCRIPTION KETCHIKAN MARINE INDUSTRY COUNCIL TRUST BEG OF YEAR AMOUNT 12,321 END OF YEAR AMOUNT 11,719 DESCRIPTION DEPOSIT BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 793 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,244 END OF YEAR AMOUNT 1,049

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 1,380 END OF YEAR AMOUNT 1,660