

Form **990EZ**
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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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
2417 TONGASS AVE 111-337

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) ▶

H Check if the organization is not 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

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 ▶ \$ 128,702

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	
1	Contributions, gifts, grants, and similar amounts received	1	76,818	10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2	43,344	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	43,143
4	Investment income	4	2	13	Professional fees and other payments to independent contractors	13	21,225
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	16,620
b	Less: cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	2,123
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	76,671
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16 ▶	17	159,782
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-32,822
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	8,538	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	84,783
c	Less: direct expenses from gaming and fundraising events	6c	1,742	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-7,266
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,796	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	44,695
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold	7b					
c	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	126,960				

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 3 columns: Question, Yes, No. Rows include 33-41e 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 3 columns: Question, Yes, No. Rows include 42b and 42c regarding foreign 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 3 columns: Question, Yes, No. Rows include 44a-44d regarding donor advised funds and tanning services, and 45a-45b regarding 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.

Sign Here ***** Signature of officer	2020-11-10 Date
MICHELLE O'BRIEN DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DIANE J PALMER CPA	Preparer's signature	Date 2020-11-12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01286778
	Firm's name ▶ MILNER HOWARD PALMER & EDWARDS CPA PC			Firm's EIN ▶ 92-0042888	
	Firm's address ▶ 426 MAIN ST KETCHIKAN, AK 99901			Phone no. (907) 225-1040	

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

Form 990EZ, 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		
JASON CUSTER FIRST VICE P	2.00	0		
JACQUIE MECK SECOND VICE	2.00	0		
JASON CUSTER SECRETARY	2.00	0		
SOPHIA SMITH TREASURER	2.00	0		
MICHELLE O'BRIEN DIRECTOR	2.00	0		
RENEE SCHOFIELD DIRECTOR	2.00	0		
DENISE OPOSCOLO DIRECTOR	2.00	0		
SIERRA CALLIS DIRECTOR	2.00	0		
ANDREW SPOKELY DIRECTOR	2.00	0		
MARK WOODWARD DIRECTOR	2.00	0		
JASON BUTTON DIRECTOR	2.00	0		
CARRIE STARKEY EXECUTIVE DI	40.00	0		

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, PAGE 1, ITEM B	THE ORGANIZATION IS AMENDING THE 2018 FORM 990-EZ TO REPORT A DONATION OF SCHOLARSHIP FUNDS TO THE ALASKA COMMUNITY FOUNDATION IN THE AMOUNT OF 42,898. THE ORGANIZATION DIDN'T REALIZE THE EFFECTIVE DATE OF THE DONATION UNTIL ACCOUNTING FOR THE FORM 990-EZ FOR THE PERIOD ENDING DECEMBER 31, 2019 WAS COMPLETED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 1,404 INSURANCE 4,439 SCHOLARSHIP DONATION 42,898 PROGRAM SERVICE EXPENSES 18,734 SUPPLIES 5,862 BANK CHARGES 1,931 DUES & SUBSCRIPTIONS 1,125 SHIPPING 178 LICENSES 100 TOTAL 76,671

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	ADJUSTED UNREALIZED GAIN/LOSS W/ DONATION -7,266 INCREASE IN UNREALIZED GAIN/LOSS ON SCHOLARSHIP ENDOWMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	SCHOLARSHIP ENDOWMENT 40,167 0 KETCHIKAN MARINE INDUSTRY COUNCIL TR 12,321 11,719 DEPOSIT 0 793 TOTAL 52,488 12,512

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	PAYROLL LIABILITIES 1,380 1,660

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO ENCOURAGE AND ASSIST IN THE CONTINUED DEVELOPMENT OF EXISTING BUSINESS, EDUCATION, AND LIFE IN KETCHIKAN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 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, AND COMMITTEES. IT ALSO HELPS FIND MUTUAL ACCEPTABLE SOLUTIONS TO COMMUNITY PROBLEMS.