

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 instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- 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 ▶ \$ 158,189

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	93,126
	2 Program service revenue including government fees and contracts	2	32,352
	3 Membership dues and assessments	3	
	4 Investment income	4	1
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c 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	32,710
c Less: direct expenses from gaming and fundraising events	6c	17,059	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	15,651	
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	141,130	

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	60,357
	13 Professional fees and other payments to independent contractors	13	20,956
	14 Occupancy, rent, utilities, and maintenance	14	15,284
	15 Printing, publications, postage, and shipping	15	1,594
	16 Other expenses (describe in Schedule O)	16	39,867
17 Total expenses. Add lines 10 through 16	17	138,058	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,072	
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	44,695
	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	47,767

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 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, and 41.

42a The organization's books are in care of GREATER KETCHIKAN CHAMBER OF COMMERCE Telephone no. (907) 225-3184 Located at 2417 TONGASS AVE 111-337 KETCHIKAN, AK ZIP + 4 99901

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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 44a, 44b, 44c, 44d, 45a, and 45b.

	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	2020-11-10 Date
MICHELLE O'BRIEN VICE PRESIDENT 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 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

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 ENCOURAGTES AND ASSITS IN THE CONTINUING DEVELOPMENT OF EXISTING BUSINESS, EDUCATION AND LIFE IN KETCHIKAN. IT ALSO MONITORS EVIRONMENTAL 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.</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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
BEN EDWARDS PRESIDENT	4.00	0		
MARY WANZER VICE PRESIDE	4.00	0		
MICHELLE O'BRIEN VICE PRESIDE	4.00	0		
JASON CUSTER SECRETARY	4.00	0		
JASON BUTTON TREASURER	4.00	0		
BEN THOMPSON DIRECTOR	1.00	0		
ANDREW SPOKELY DIRECTOR	1.00	0		
JACQUIE MECK DIRECTOR	1.00	0		
SOPHIA SMITH DIRECTOR	1.00	0		
MORGAN WEBER DIRECTOR	1.00	0		
JEREMY YODER DIRECTOR	1.00	0		
CAROLYN HENRY DIRECTOR	1.00	0		
CARRIE STARKEY EXECUTIVE DI	40.00	0		

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BANQUET (event type)	RAFFLE (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	16,620	13,940		30,560
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	16,620	13,940		30,560
Direct Expenses	4 Cash prizes		8,250		8,250
	5 Noncash prizes				
	6 Rent/facility costs	1,652			1,652
	7 Food and beverages	6,300			6,300
	8 Entertainment				
	9 Other direct expenses	679	178		857
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				17,059
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				13,501	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: AK

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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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

2019**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 16	CHAMBER LUNCHES LUNCH EXPENSES 14,503 LUCKY LUNCH BOX 767 4TH OF JULY ADVERTISING 238 EXPENSES ADVERTISING 121 TRAVEL 1,895 INSURANCE 4,198 SCHOLARSHIP DONATION 6,705 DUES & SUBSCRIPTIONS 3,893 SUPPLIES 3,012 DONATION 2,288 BANK CHARGES 1,952 LICENSES 20 NON-INVESTMENT DEPRECIATION 275 TOTAL 39,867

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	<p>DESK 0 572 LESS ACCUMULATED DEPRECIATION 0 572 TYPEWRITER 0 1,140 LESS ACCUMULATED DEPRECIATION 0 1,140 SHELVING 0 261 LESS ACCUMULATED DEPRECIATION 0 261 CAMERA 0 339 LESS ACCUMULATED DEPRECIATION 0 339 MITA DC 1435 COPIER 0 1,645 LESS ACCUMULATED DEPRECIATION 0 1,645 CHAIR (2) 0 436 LESS ACCUMULATED DEPRECIATION 0 436 TELEPHONES (2) 0 96 LESS ACCUMULATED DEPRECIATION 0 96 VACUUM CLEANER 0 124 LESS ACCUMULATED DEPRECIATION 0 124 DESK 0 100 LESS ACCUMULATED DEPRECIATION 0 100 SURGE PROTECTOR 0 16 LESS ACCUMULATED DEPRECIATION 0 16 COMPUTER 0 1,500 LESS ACCUMULATED DEPRECIATION 0 1,500 STANDBY POWER SYSTEM 0 331 LESS ACCUMULATED DEPRECIATION 0 331 PRINTER HP 0 602 LESS ACCUMULATED DEPRECIATION 0 602 SOFTWARE 0 127 LESS ACCUMULATED DEPRECIATION 0 127 COMPUTER & MONITOR 0 1,717 LESS ACCUMULATED DEPRECIATION 0 1,717 OFFICE FURNITURE 0 1,634 LESS ACCUMULATED DEPRECIATION 0 1,634 POSTAGE METER BASE 0 1,550 LESS ACCUMULATED DEPRECIATION 0 1,550 SOUND SYSTEM 0 1,100 LESS ACCUMULATED DEPRECIATION 0 1,100 COMPUTER 0 1,654 LESS ACCUMULATED DEPRECIATION 0 1,654 EQUIPMENT 0 909 LESS ACCUMULATED DEPRECIATION 0 909 DESK 0 158 LESS ACCUMULATED DEPRECIATION 0 158 QUICK BOOKS SOFTWARE 0 120 LESS ACCUMULATED DEPRECIATION 0 120 FAX MACHINE 0 527 LESS ACCUMULATED DEPRECIATION 0 527 KEYBOARD 0 35 LESS ACCUMULATED DEPRECIATION 0 35 COPIER 0 2,555 LESS ACCUMULATED DEPRECIATION 0 2,555 SOFTWARE 0 54 LESS ACCUMULATED DEPRECIATION 0 54 SOFTWARE 0 74 LESS ACCUMULATED DEPRECIATION 0 74 COMPUTER 0 1,550 LESS ACCUMULATED DEPRECIATION 0 1,550 SOFTWARE 0 1,081 LESS ACCUMULATED DEPRECIATION 0 1,081 COMPUTER 0 1,567 LESS ACCUMULATED DEPRECIATION 0 1,567 PORTABLE SOUND SYSTEM 0 839 LESS ACCUMULATED DEPRECIATION 0 839 COMPUTER 0 1,222 LESS ACCUMULATED DEPRECIATION 0 1,222 LAPTOP 0 2,464 LESS ACCUMULATED DEPRECIATION 0 2,464 PRINTER HP 0 530 LESS ACCUMULATED DEPRECIATION 0 530 CHAMBER MASTER SOFTWARE 0 2,508 LESS ACCUMULATED DEPRECIATION 0 2,508 QUICKBOOKS SOFTWARE 0 191 LESS ACCUMULATED DEPRECIATION 0 191 EQUIPMENT 0 630 LESS ACCUMULATED DEPRECIATION 0 608 EQUIPMENT 0 500 LESS ACCUMULATED DEPRECIATION 0 483 BROTHER PRINTER 0 795 LESS ACCUMULATED DEPRECIATION 0 237 KETCHIKAN MARINE INDUSTRY COUNCIL TR 11,719 665 DEPOSIT 793 26 TOTAL 12,512 1,288</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	PAYROLL LIABILITIES 1,660 2,913 CREDIT CARD PAYABLE 0 190

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.