ef	ile G	RAPHIC print	- DO NOT PROCESS	As Filed Data -				DLN	93492318044017
				Shor	t Form				OMB No 1545-1150
	Q	90-EZ	Return of O			rom I	ncome '	Tay	
For	m J	90-EZ	Return of Organization Exempt From Income Ta						2016
2			Under section 501(c), 527,	or 4947(a)(1) of the I	Internal Revenue	Code (ex	cept private f	oundations)	2010
			▶ Do not enter so	ocial security number	s on this form a	s it mav	be made pub	olic.	
Den	artment	t of the Treasury		ut Form 990-EZ and		_	-		Open to Public
-		venue Service							Inspection
			ar year, or tax year begin	ning 07-01-2016	, and en	nding 06	-30-2017		
		ıf applıcable s change	C Name of organization BROOKINGS-HARBOR CHAMBI	FR OF				D Employ	er identification number
_		change -	COMMERCE					93-0424	504
	Initial r	-	Number and street (or P O b PO BOX 940	ox, if mail is not delivered	d to street address)	Room/su	ııte	E Telephon	e number
	Final re	eturn/terminated	C.t t	t d 71D f				(541) 469-3181
_		ed return	City or town, state or province BROOKINGS, OR 97415	e, country, and ZIP or for	eign postai code			F Group Ex	emption
Ц	Applica	tion pending						Number	•
_							L Chask	. □ if the	organization is not
G A	ccoun	iting Method 🛚	Cash 🗹 Accrual Other (s	specify) ►				d to attach	organization is not Schedule B
							(Form 9	990, 990-EZ	, or 990-PF)
			ARBORCHAMBER COM only one) - □ 501(c)(3) ☑ 501((s)/ 6) 4 (insert no) \square /	1047(a)(1) or \square 5				
		· · · · · · · · · · · · · · · · · · ·			+947(a)(1) 01 🚨 3	127			
		-	Corporation ☐ Trust ☑ As						
LA	dd line	es 5b, 6c, and 7b	to line 9 to determine grose Form 990 instead of Form	s receipts If gross rec	ceipts are \$200,0	000 or m	ore, or if tota	l assets (Pa	rt II, column (B) below)
	art I		Expenses, and Change						
_	aiti	Check if the	organization used Schedule	O to respond to any o	question in this P	Part I	e the instruct		
	1		ufts, grants, and similar amo						
	2	Program service	revenue including governm	ent fees and contract	:s			2	7,707
	3	-	es and assessments					3	20,500
	4	Investment inco	ome					4	2
	5a	Gross amount fi	rom sale of assets other tha	n inventory	. 5a				
	b		her basis and sales expense	,	5b				
	c		om sale of assets other than		line 5b from line	5a) -			
	6	Gaming and fun		, , , , , , , , , , , , , , , , , , , ,		, -			
O.	а	_	om gaming (attach Schedul	e G if areater than \$1	5,000) 6a				
Revenue				-					
(CVI	b		om fundraising events (not hts reported on line 1) (atta		of cor	ntribution	is from		
щ		_	ess income and contributions		6ь				
	С		enses from gaming and fun-		6c				
	d	•	loss) from gaming and fund	=		d subtra	ct line 6c)		
	и 7а		nventory, less returns and a		1 1	iu subtia	ct lille ocj	Jul	
	b	Less cost of go	• •		7a			_	
		2	loss) from sales of inventor					- ,	
	c	·	•	y (Subtract line 7b irc	om ime /a)			7c 8	23,860
	8		describe in Schedule O)	7 0				9	
_	9		. Add lines 1, 2, 3, 4, 5c, 6d		· · · · ·	<u> </u>			52,069
	10		lar amounts paid (list in Sch	ledule O)				10	
	11	•	or for members					11	10 550
508	12	-	compensation, and employe					12	18,550
Expenses	13		s and other payments to inc	·				13	1,874
Exp	14		t, utilities, and maintenance					14	8,107
_	15		ations, postage, and shipping					15	941
	16	•	(describe in Schedule O)					16	25,319
	17	•	s. Add lines 10 through 16					▶ 17	54,791
Ð	18	•	it) for the year (Subtract lin	•				18	-2,722
Assets	19		nd balances at beginning of		olumn (A)) (mus	t agree v	vith		
. A.		end-of-year figu	ire reported on prior year's	return)				19	-47,104
ž	20	Other changes I	n net assets or fund balance	es (explain in Schedul	e O)			. 20	
	21	Net assets or fu	nd balances at end of year	Combine lines 18 thro	ough 20			. 21	-49,826
Foi	Pape	erwork Reduction	on Act Notice, see the ser	arate instructions.		Cat	No 10642I		Form 990-EZ (2016)

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		uestion in this	Part II			
	Check in the organization assa somedate	o to respond to any q	acotton in timo		eginning of year	Η.	(B) End of year
22 Cash, sa	vings, and investments			<u> </u>	3,340	22	882
23 Land and	d buildings					23	
24 Other as	sets (describe in Schedule O)				10,413	24	46,852
25 Total as					13,753		47,734
	ibilities (describe in Schedule O)				60,857		97,560
	ets or fund balances (line 27 of column	• •	•		-47,104	27	-49,826
Part III	Statement of Program Service A Check if the organization used Schedule	-			rt III) • • ☑	(F	Expenses Required for section 501(c)
What is the	organization's primary exempt purpose? OF THE BUSINESS CUMMUNITY IN BROC					òr	and 501(c)(4) ganizations, optional for
Describe the measured by	organization's program service accompli y expenses In a clear and concise manne nd other relevant information for each pro	shments for each of its r, describe the service	three largest	program e number	services, as of persons	- ot	hers)
28	al Data Table	· g					
					. \square		
(Grants \$)	If this amoun	t ıncludes foreign gran	ts, check here		. ▶ ⊔	28	
29						29	a
(Grants \$)	If this amoun	t ıncludes foreign gran	ts, check here		. ▶ □		
30						30	a
(Grants \$)	If this amoun	t includes foreign gran	ts, check here		. ▶ □		
31 Other pro	ogram services (describe in Schedule O)						
(Grants \$)	If this amoun	t includes foreign gran	ts, check here		. ▶ 🗆	31	a
32 Total pr	ogram service expenses (add lines 28a					32	
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule						
	Check if the organization used Schedule	O to respond to any q	descion in this	Tait IV.		•	
	(a) Name and title	(b) Average	(c) Repor		(d) Health ben		
		hours per week devoted to position	compensa (Forms W-2		benefit plans,		ee of other compensation
			MISC) (if no	t paid,	deferred comper		n
GREGG WILI	IAMS	2 00	enter -	0-) 0			
GILGG WILI	-10112	2 00		Ü			
CHAIR							
TERRY ADAN	15	2 00		0			
TREASURER							
RYAN PEREZ		1 00		0			
SECRETARY							
DAVID ALLE	N	1 00		0			
PAST-CHAIR							
VANITA ROL		1 00		0			
BOARD MEM	DED						
JERRY LAW	BER	1 00		0			
				-			
BOARD MEM		1 00		0			
CLAR DIERS		1 00		U			
BOARD MEM							
TERRE HOD	3ES	1 00		0			
BOARD MEM	BER						
RON COTTO	N	1 00		0			
BOARD MEM	BER						
ANDY MART:	IN	1 00		0			
BOARD MEM	BER						
ERIC DREMA		1 00		0			
BOARD MEM	REP						
WENDY SCH		1 00		0			
				J			
BOARD MEM	BEK						Form 000 E3 (2011)
							Form 990-EZ (2016)

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the)			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		<u></u> 🗆			
		[Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No		
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b				
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III			No No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	35c 36		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a					
b	Did the organization file Form 1120-POL for this year?	37ь		No		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39						
	Initiation fees and capital contributions included on line 9 39a					
	Gross receipts, included on line 9, for public use of club facilities 39b					
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under					
	section 4911 ▶					
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b				
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No		
41	List the states with which a sep of the retain to mea	F44\ 4	CO 210:			
42a	The organization's books are in care of ► TERRY ADAMS Located at ► PO BOX 940 BROOKINGS, OR Telephone no ► (541) 469-3181 ZIP + 4 ► 97415					
	Located at P PO BOX 940 BROOKINGS, OR	_ 5/4]				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No No		
	If "Yes," enter the name of the foreign country					
c	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the U.S.?	42 c		No		
	If "Yes," enter the name of the foreign country ▶	_				
42 '	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶ □			
73.	and enter the amount of tax-exempt interest received or accrued during the tax year	•	-			
			Yes	No		
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No		
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No		
	Did the organization receive any payments for indoor tanning services during the year?	44c		No		
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d				
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No		
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No		
	Total 220 EL (acc manded only)	750				

orm 990-EZ ((2016)							Page •
							Yes	No
	organization engage, directly or indirectes for public office? If "Yes," complete					46		No
Part VI	Section 501(c)(3) organization	s only				40		NO
	All section 501(c)(3) organizations Check if the organization used Schedule	must answer quest	ions 47-49b and	52, and o	complete the table	s for lu	าes 50	and 51
	erreak in the organization used schedule	o to respond to any q	acodon in this rai			• • •	Yes	No
47 Did the	organization engage in lobbying activiti	es or have a section 50	01(h) election in ef	fect during	the tax year?			
If "Yes,'	complete Schedule C, Part II					47		
48 Is the o	rganization a school as described in sec	tion 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	on ⁹		49a		
b If "Yes,"	' was the related organization a section	527 organization? .				49b		
	te this table for the organization's five high received more than \$100,000 of com					and key	employ	ees)
(a) N	ame and title of each employee	(b) Average hours per week	(c) Reportable compensation		l) Health benefits,		timated	
		devoted to position	(Forms W-2/109	9- b	enefit plans, and erred compensation	or othe	er compe	ensatio
			MISC)	dere	erred compensation			
f Total r	number of other employees paid over \$	100,000			-			
	te this table for the organization's five had sation from the organization. If there is		ndependent contra	ctors who e	each received more th	nan \$10	0,000 of	f
	(a) Name and business address of e	ach independent contr	actor	(b) T	ype of service (c) Comp	ensation	_
d Total r	number of other independent contractor	s each receiving over	\$100,000		· · · • _			
	ne organization complete Schedule A? N leted Schedule A					> □	П.	_
•							s UN	
nowledge and	es of perjury, I declare that I have exan d belief, it is true, correct, and complete							
ias any knowl	edge							
	Suparture of officer Date							
	Signature of officer Date							
1000	TEDDY ADAMS TREASURED							
1000	TERRY ADAMS TREASURER Type or print name and title							
lere		Preparer's signature		Date 2017-11-09	Check I if PTIN P0005	0577		
Paid	Type or print name and title Print/Type preparer's name							
Paid Preparer Use Only	Type or print name and title Print/Type preparer's name CLAR T BYERS III				Check ☐ if P0005 self-employed Firm's EIN ► 68-01946	581		
Paid Preparer	Type or print name and title Print/Type preparer's name CLAR T BYERS III Firm's name CHOLWELL BENZ & H.	ARTWICK CPA'S			Check I if P0005 self-employed	581		
Paid Preparer	Type or print name and title Print/Type preparer's name CLAR T BYERS III Firm's name ► CHOLWELL BENZ & H. Firm's address ► PO BOX 1870	ARTWICK CPA'S			Check ☐ if P0005 self-employed Firm's EIN ► 68-01946	581		

Additional Data

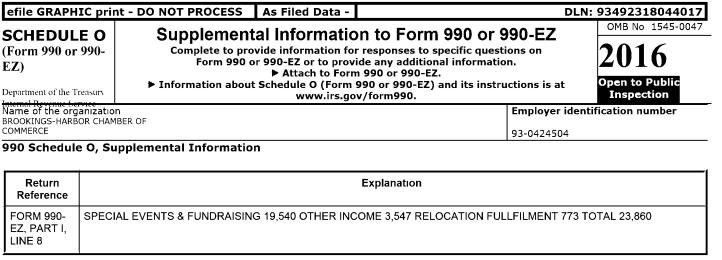
Software ID:

Software Version: EIN: 93-0424504

Name: BROOKINGS-HARBOR CHAMBER OF COMMERCE

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization services, as measured but number of persons bene	_ ` (Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
28 PROMOTION OF THE BU	SINESS COMMUNITY IN BROOKINGS AND HARBOR, OREGON	28a		
(Grants \$)	If this amount includes foreign grants, check here $\ . \ . \ . \ ightharpoonup \square$			



Reference	Explanation
	EXPENSES OFFICE SUPPLIES 147 VOLUNTER EXPENSE 1,954 TELEPHONE 101 COMPUTER MAINTENANCE 346
EZ, PART I,	INTERNET 1,429 TRAVEL 94 INTEREST 2,731 FINANCE CHARGES 13 INSURANCE 2,093 WORKERS COMP I
LINE 16	NS 150 BANK CARD FEES 209 BANK CHARGES 56 DUES 420 FUNDRAISING 1,532 LICENSES AND FEES 155
	OTHER ADMIN EXPENSES 511 OTHER EXPENSES 1,122 SPECIAL EVENTS 11,003 TOURIST/BUSINESS PROM
	OTIO 1.253 TOTAL 25.319

Return Explanation

Reference	
FORM 990- EZ, PART II,	ACCOUNTS RECEIVABLE 10,413 46,052 PREPAID EXPENSES AND DEFERRED CHARGES 0 800 TOTAL 10,413 46,852
LINE 24	

Return Explanation Reference

I FORM 990-ACCOUNTS PAYABLE AND ACCRUED EXPENSES 20.461 20.280 DEFERRED REVENUE 0 39.253 RFCU LINES O

EZ. PART II. F CREDIT 35.340 32.838 VISA CREDIT CARD 5.056 5.189 LINE 26

Return Explanation

Reference
FORM 990PROMOTION OF THE BUSINESS CUMMUNITY IN BROOKINGS AND HARBOR, OREGON
EZ. PART III