

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	3,340	22	882
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	10,413	24	46,852
25 Total assets	13,753	25	47,734
26 Total liabilities (describe in Schedule O).	60,857	26	97,560
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-47,104	27	-49,826

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

PROMOTION OF THE BUSINESS CUMMUNITY IN BROOKINGS AND HARBOR, OREGON

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 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
GREGG WILLIAMS	2 00	0		
CHAIR				
TERRY ADAMS	2 00	0		
TREASURER				
RYAN PEREZ	1 00	0		
SECRETARY				
DAVID ALLEN	1 00	0		
PAST-CHAIR				
VANITA ROLAND	1 00	0		
BOARD MEMBER				
JERRY LAW	1 00	0		
BOARD MEMBER				
CLAR BYERS	1 00	0		
BOARD MEMBER				
TERRE HODGES	1 00	0		
BOARD MEMBER				
RON COTTON	1 00	0		
BOARD MEMBER				
ANDY MARTIN	1 00	0		
BOARD MEMBER				
ERIC DREMANN	1 00	0		
BOARD MEMBER				
WENDY SCHRAG	1 00	0		
BOARD MEMBER				

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 compliance.

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 2017-11-09 Date
TERRY ADAMS TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name CLAR T BYERS III Preparer's signature Date 2017-11-09 Check if self-employed PTIN P00050577
Firm's name CHOLWELL BENZ & HARTWICK CPA'S Firm's EIN 68-0194681
Firm's address PO BOX 1870 BROOKINGS, OR 97415 Phone no (541) 469-7741

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

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'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 PROMOTION OF THE BUSINESS COMMUNITY IN BROOKINGS AND HARBOR, OREGON (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

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.

2016**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
BROOKINGS-HARBOR CHAMBER OF
COMMERCE

Employer identification number

93-0424504

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	SPECIAL EVENTS & FUNDRAISING 19,540 OTHER INCOME 3,547 RELOCATION FULLFILMENT 773 TOTAL 23,860

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES OFFICE SUPPLIES 147 VOLUNTER EXPENSE 1,954 TELEPHONE 101 COMPUTER MAINTENANCE 346 INTERNET 1,429 TRAVEL 94 INTEREST 2,731 FINANCE CHARGES 13 INSURANCE 2,093 WORKERS COMP I 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 20,461 20,280 DEFERRED REVENUE 0 39,253 RFCU LINES O F CREDIT 35,340 32,838 VISA CREDIT CARD 5,056 5,189

990 Schedule O, Supplemental Information

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