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DLN: 93493133055646

Department of the Treasury Internal Revenue Service

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 ► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

| A Fo | or the 2 | :015 ca <u>ı</u> | endar year, or tax year beginr | ning 01-01-2015 $$, and ending 12-31-20 | 15 | | |
|---|---|---|--|---|---|---|---|
| B Che | eck if app | olicable | C Name of organization HOMER CHAMBER OF COMMERCE | = INC | | D Employer | identification number |
| ┌ Add | ress char | nge | HOMER CHAMBER OF COMMERCE | - INC | | 92-0080 | 954 |
| ┌ Nar | ne chang | je | Doing business as | | | _ | |
| ┌ Inıt | ıal return | | | | | | |
| Fina | al | | | f mail is not delivered to street address) Room/s | uite | E Telephone r | number |
| | ırn/termıı | nated | 201 STERLING HWY | | | | |
| ☐ Am | ended ret | turn | | ountry, and ZIP or foreign postal code | | | |
| ☐ App | lication p | ending | HOMER, AK 99603 | | | G Gross receip | ots \$ 647,249 |
| | | | F Name and address of p | rıncıpal officer | H(a) Is | this a group ret | urn for |
| | | | TOM STROOZAS 201 STERLING HWY | | | ıbordınates? | □Yes □No |
| | | | HOMER, AK 99603 | | | re all subordinate | es [Yes [No |
| | | | | | | cluded? "No." attach a lı | st (see instructions) |
| I Tax | k-exempt | t status | 501(c)(3) 501(c)(6) | ◀ (insert no) | | roup exemption | |
| J W | ebsite: | ► ww | W HOMERALASKA ORG | | 1 | | |
| K Form | n of orga | nization | Corporation Trust Associa | tion Other In- | Year o | of formation 1948 | M State of legal domicile AK |
| | rt I | | mary | ton, one P | E rear c | Tomaton 1910 | 11 State of legal dofficile. Aid |
| Governance | TO WIN HAI | SUPPO NTER C LIBUT | ORT OUR MEMBERSHIP THR ARNIVAL, WINTER KING SA DERBY | on or most significant activities OUGH COOPERATIVE ECONOMIC DE LMON TOURNAMENT, KACHEMAK BA | AY SHOREE | BIRD FESTIVAL, | HOMER JACKPOT |
| | | | ······································ | | | | |
| Activities & | 3 Nu | ımber o | f voting members of the gover | rning body (Part VI, line 1a) | | 3 | 12 |
| Ĭ | | | | s of the governing body (Part VI, line 1b | | | 12 |
| मुद्धाः स्ट | | | | n calendar year 2015 (Part V, line 2a) | | | 11 |
| • | | | | necessary) | | 6 | 27 |
| | | | | Part VIII, column (C), line 12 | | | ' |
| | b Net | unrela | ted business taxable income i | from Form 990-T, line 34 | | | |
| | _ | | | | l l | Prior Year | Current Year |
| | | | | 1 413 | | 167030 | 100 500 |
| <u>o</u> | | | | line 1h) | | 167,930 | |
| enne | 9 | Progra | m service revenue (Part VIII, | , line 2g) | | 167,930 80,775 | 71,822 |
| Revenue | 9 10 | Progra Invest | m service revenue (Part VIII, ment income (Part VIII, colui | , line 2g) | | 80,775 | 71,822 17 |
| Revenue | 9 10 11 | Progra Invest Other | m service revenue (Part VIII, ment income (Part VIII, colur revenue (Part VIII, column (A | , line 2g) | | 80,775 78,761 | 71,822 17 108,082 |
| Revenue | 9 10 11 12 | Progra Invest Other | m service revenue (Part VIII, ment income (Part VIII, colur revenue (Part VIII, column (A | , line 2g) | | 80,775 | 71,822 17 108,082 |
| Revenue | 9 10 11 12 | Progra Invest Other Total r 12) | m service revenue (Part VIII) ment income (Part VIII, colur revenue (Part VIII, column (A revenue—add lines 8 through 1 | , line 2g) | ne | 80,775 78,761 | 71,822 17 108,082 |
| Revenue | 9 10 11 12 | Progra Invest Other Total r 12) Grants | m service revenue (Part VIII, ment income (Part VIII, colur revenue (Part VIII, column (A revenue—add lines 8 through 1 | , line 2g) | ne | 80,775 78,761 | 71,822 17 108,082 288,510 |
| | 9 10 11 12 13 14 15 | Progra Invest Other Total r 12) Grants Benefit Salarie | m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (Arevenue—add lines 8 through 1 and similar amounts paid (Parts paid to or for members (Parts, other compensation, emplo | nn (A), lines 3, 4, and 7d) | ne | 80,775 78,761 | 71,822 17 108,082 288,510 0 |
| | 9 10 11 12 13 14 15 | Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) | m service revenue (Part VIII) ment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part ts paid to or for members (Part es, other compensation, emplo | nnn (A), lines 3, 4, and 7d) | ne | 80,775 78,761 327,466 | 71,822 17 108,082 288,510 0 0 120,940 |
| | 9 10 11 12 13 14 15 | Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes | m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (Arevenue—add lines 8 through 1 and similar amounts paid (Parts paid to or for members (Parts, other compensation, emploasional fundraising fees (Part I | nn (A), lines 3, 4, and 7d) | ne | 80,775 78,761 327,466 | 71,822 17 108,082 288,510 0 |
| Expenses Revenue | 9 10 11 12 13 14 15 16a b | Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fut | m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Parts paid to or for members (Parts, other compensation, emploasional fundraising fees (Part Indiasing expenses (Part IX, column | nnn (A), lines 3, 4, and 7d) | | 80,775 78,761 327,466 117,985 | 71,822 17 108,082 288,510 0 0 120,940 |
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| Expenses | 9 10 11 12 13 14 15 16a b 17 18 19 | Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total ful Other Total e Revenu | m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (Arevenue—add lines 8 through 1 and similar amounts paid (Parts paid to or for members (Parts, other compensation, employsional fundraising fees (Part I andraising expenses (Part IX, column expenses (Part IX, column (Arexpenses Add lines 13–17 (In ue less expenses Subtract lines expenses (Part X, line 16) | nn (A), lines 3, 4, and 7d) | Beginnir | 80,775 78,761 327,466 117,985 194,623 312,608 14,858 ng of Current Year | 71,822 17 108,082 288,510 0 120,940 145,735 266,675 21,835 End of Year 766,816 |
| Net Assets or Expenses Fund Balances | 9 10 11 12 13 14 15 16a b 17 18 19 | Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fu Other Total e Revenu | m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, colum (Arevenue—add lines 8 through 1 and similar amounts paid (Part Spaid to or for members (Part es, other compensation, emploasional fundraising fees (Part I andraising expenses (Part IX, column expenses (Part IX, column (Arexpenses Add lines 13–17 (mue less expenses Subtract lines expenses (Part X, line 16) | nnn (A), lines 3, 4, and 7d) | Beginnir | 80,775 78,761 327,466 117,985 194,623 312,608 14,858 ng of Current Year | 71,822 17 108,082 288,510 0 120,940 145,735 266,675 21,835 End of Year 766,816 133,090 |
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| Signal of the Balances Expenses Expenses Expenses Expenses | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 till r penalt nowledg rer has | Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fui Other Total a Revent Total a Total I Net as Signa ies of p ie and b any kn ***** Signa KARE Type | m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part is paid to or for members (Part is, other compensation, employsional fundraising fees (Part I indraising expenses (Part IX, column expenses (Part IX, column expenses (Part IX, column (A expenses Add lines 13–17 (inductional is expenses Subtract lines (Part X, line 16) | Inne 2g) | Beginning scheethan officer | 80,775 78,761 327,466 117,985 194,623 312,608 14,858 19 of Current Year 735,117 123,226 611,891 dules and statem) is based on all is based on all is based on all is contact. | 71,822 |
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| Net Assets of Expenses Balances Fund Balances Capacitation | 9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 tIII r penalt nowledg rer has | Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fui Other Total a Revent Total a Signation Eles of pie and b any kn ***** Signation KARE Type Pie R File File File File File File File File | m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, colum revenue (Part VIII, column (A revenue—add lines 8 through 1 and similar amounts paid (Part is paid to or for members (Part is, other compensation, employsional fundraising fees (Part I indraising expenses (Part IX, column expenses (Part IX, column expenses (Part IX, column (A expenses Add lines 13–17 (inductional is expenses Subtract lines (Part X, line 16) | Inne 2g) | Beginning Inspire the second of the second | 80,775 78,761 327,466 117,985 194,623 312,608 14,858 19 of Current Year 735,117 123,226 611,891 dules and statem) is based on all is based on all is based on all is contact. | 71,822 |

SHREVEPORT, LA 71135

May the IRS discuss this return with the preparer shown above? (see instructions)

. ▼Yes 「No

| Form | 990 (2015) | | | | Page 2 |
|--------|--------------------|--|---|-------------------------|---------------|
| Par | | nt of Program Service: hedule O contains a respo | ce Accomplishments unse or note to any line in this Part | :III | · |
| 1 | | he organization's mission | • | | · |
| TO 5 | SUPPORT OUR MEN | MBERSHIP THROUGH CO | OPERATIVE ECONOMIC DEVEL | OPMENT AND COMMUNITY SE | RVICE |
| | | | | | |
| | | | | | |
| 2 | | | nt program services during the yea | | 「Yes ▼No |
| | If "Yes," describe | these new services on Sc | hedule O | | |
| 3 | | | ake significant changes in how it c | | ⊤Yes ▼No |
| | If "Yes," describe | these changes on Schedu | le O | | |
| 4 | expenses Section | n 501(c)(3) and 501(c)(4) | accomplishments for each of its t organizations are required to repo ach program service reported | | |
| 4a | (Code |) (Expenses \$ | 44,556 including grants of \$ |) (Revenue \$ | 71,822) |
| Tu | , | | RGANIZATIONS, AND LOCAL AND REGIONA | | • • |
| | | MENT ON THE LOWER KENAI PE | | | |
| 4b | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
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| | | | | | |
| 4c | (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| | See Additional D | ata | | | |
| | | | | | |
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| | | | | | |
| 4d | Other program se | ervices (Describe in Sched | tule O) | | |
| | (Expenses \$ | 27,487 incli | ıdıng grants of \$ |) (Revenue \$ |) |
| 4e | Total program se | rvice expenses 🕨 | 72,043 | | |

| art TV | Checklist | of Required | Schedule |
|--------|-----------|--------------|-------------------|
| | CHECKHISE | oi Keuuli eu | Scriedule: |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | No |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. 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 | 4 | | |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | No |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | No |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | Yes | |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20Ь | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----|----|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Νo |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | | |
| | | 28a | | Νo |
| D | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Νo |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | Yes | |

| | 990 (2015) | | | | | Page |
|-----|---|---------------|---------------------------|---------|-----|------|
| Pai | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this | | V | | | |
| | enesk ii beneddie e centaine a response of note to any iine iii tine | | <u> </u> | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable \cdot . | 1a | 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners? | vend | dors and reportable | 1c | | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 11 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal emp Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file | loym | ent tax returns? | 2b | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during | gthe | year? | За | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation of the second secon | on in S | Schedule O | 3b | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a sign over, a financial account in a foreign country (such as a bank account, securities account)? | | | 4a | | No |
| b | If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR) | c and | Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time durin | g the | tax year? | 5a | | Νo |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited t | ax sh | elter transaction? | 5b | | Νo |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable cont | | | 6a | Yes | |
| | If "Yes," did the organization include with every solicitation an express statement the were not tax deductible? | at su | ch contributions or gifts | 6b | Yes | |
| | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution services provided to the payor? | | | 7a | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services probe Did the organization sell, exchange, or otherwise dispose of tangible personal proper | | | 7b | | |
| | file Form 8282? | • | · · · · · | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year \dots | 7d | | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a p | erson | al benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a person | nal b | enefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the orequired? | | zation file Form 8899 as | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C? | s, dıd i | the organization file a | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess bus during the year? | sines | s holdings at any time | | | |
| Q2 | Did the sponsoring organization make any taxable distributions under section 49667 | , | | 8 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or rela | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | iceu p | | 95 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 | ın lıe | u of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? N additional information the organization must report on Schedule O | ote. S | ee the instructions for | 13a | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax | • | | 14a | | Νo |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana | tion in | Schedule O | 14b | | |

| Part VI | Governance. | Management. | and Disclosure |
|---------|-------------|-------------|----------------|
| | | | |

| Se | ection A. Governing Body and Management | | | · • |
|-----|---|-------|--------|------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | -110 |
| | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | H | 1 03 | |
| | more members of the governing body? | 7a | Yes | |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Νo |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Νo |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| | Other officers or key employees of the organization | 15b | Yes | |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | 100 | 1 65 | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | 100 | | NO |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| | ction C. Disclosure | | | |
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ | | | |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of | | | |

interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records ▶HOMER CHAMBER OF COMMERCE 201 STERLING HYW HOMER, AK 99603 (907) 235-7740 Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) | (B) | | | (C | | | | (D) | (E) | (F) |
|--------------------------------|--|-----------------------------------|-----------------------|--------------------|--------------|-------------------------------------|----------------|---|--|---|
| Name and Title | Average hours per week (list any hours for related | more pers and | than on is | one bot rect | bo: h ar | checler, unle n office rustee | ess er) | Reportable compensation from the organization (W- 2/1099- | Reportable compensation from related organizations (W- 2/1099- | Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| (1) MIKE BARTH TREASURER | 2 00 | x | | х | | | | 0 | 0 | |
| (2) TOM STROOZAS PRESIDENT | 2 00 | x | | x | | | | 0 | 0 | |
| (3) ROBERT LETSON VICE PRESIDE | 2 00 | х | | х | | | | 0 | 0 | |
| (4) MELANIE DUFOUR DIRECTOR | 2 00 | х | | | | | | 0 | 0 | |
| (5) CHRISTI GRIFFARD DIRECTOR | 2 00 | х | | | | | | 0 | 0 | |
| (6) ALITA MAHAN SECRETARY | 2 00 | х | | | | | | 0 | 0 | |
| (7) ADRIENNE SWEENEY DIRECTOR | 2 00 | x | | | | | | 0 | 0 | |
| (8) KERI-ANN BAKER DIRECTOR | 2 00 | х | | | | | | 0 | 0 | |
| (9) AMANDA MIOTKE DIRECTOR | 2 00 | х | | | | | | 0 | 0 | |
| (10) DAVE RUSH DIRECTOR | 2 00 | х | | | | | | 0 | 0 | |
| (11) MIKE DYE DIRECTOR | 2 00 | х | | | | | | 0 | 0 | |
| (12) NELTON PALMA DIRECTOR | 2 00 | х | | | | | | 0 | 0 | |
| (13) JENNY CARROLL DIRECTOR | 2 00 | х | | | | | | 0 | 0 | |
| (14) KAREN ZAK EXECUTIVE DI | 33 00 | | | х | | | | 46,063 | 0 | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| t VII | Section A. Officers | Directors, | Trustees, | Kev Emr | olovees | , and Highest | Compensated I | mplovees | (continued |
|-------|---------------------|------------|-----------|---------|---------|---------------|---------------|----------|------------|
|-------|---------------------|------------|-----------|---------|---------|---------------|---------------|----------|------------|

| | (A) Name and Title | (B) A verage hours per week (list any hours | more t | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | table sation the tion (W- | (E) Reportable compensation from related organizations (W- | | (F) Estima mount o compens from t | ted fother ation he |
|--------|--|---|-----------------------------------|---|---------|--------------------|------------------------------|--------|----------------------------|------------------------------------|--|-------|---|------------------------------|
| | | for related organizations below dotted line) | Individual trustie or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099 | -MISC) | 2/1099-MISC) | | rganizati relate organiza | ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b | Sub-Total | | | | | | • | | | | | | | |
| c d | Total from continuation sheet Total (add lines 1b and 1c) . | s to Part VII, S | ection A | ۱. <u></u> | ٠. | ٠. | • | | 4 | 6,063 | | | | |
| 2 | Total number of individuals (in \$100,000 of reportable compe | | | | | ıste | d abov | e) w | ho receive | d more th | an | | | |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any f oon line 1a? <i>If "Yes," complete S</i> | | | | | key • | emplo • • | yee, | or highes | t compen • • | sated employee | 3 | | Νο |
| 4 | For any individual listed on line organization and related organ | e 1a, is the sum izations greater | of repo than \$: | rtable 150,0 | e co | mpe ? <i>If</i> | nsatio "Yes," (| n and | d other cor lete Schedu | mpensation ule J for si | on from the uch | 4 | | No |
| 5 | Did any person listed on line 1 services rendered to the organ | | | | | | | | | | or individual for | 5 | | No |
| | ection B. Independent Co | ntractors | | | | | | | | | _ | | | |
| 1 | Complete this table for your five compensation from the organization from the organizati | /e highest comp | | | | | | | | | | | tay vear | |
| | | (A) lame and business | <u> </u> | 4011 | 101 | | - a i e i i u | i ye | ar enamy | | (B) cription of services | | (C Comper |) |
| | • | | | | | | | | | | | \mp | | |
| | | | | | | | | | | | | - | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright

| rt V | 100 | Statement of Revenue | | | | | _ |
|---------------------------|----------|---|-------------------------|-------------------|--|--------------------------------|--|
| | | Check if Schedule O contains a resp | onse or note to any lir | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | | | | | revenue | | 512-514 |
| and Other Similar Amounts | 1a | Federated campaigns 1 | a | | | | |
| Ĕ | b | Membership dues 1 | b 108,589 | | | | |
| Ĕ | c | Fundraising events 1 | c | | | | |
| ar 4 | d | Related organizations 1 | d | | | | |
| Ē | e | Government grants (contributions) 1 | e | | | | |
| i <u>s</u> ∣ | f | All other contributions, gifts, grants, and | | | | | |
| her | - | similar amounts not included above | | | | | |
| ੁ | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| and Other Similar Amounts | h | Total. Add lines 1a-1f | | 108,589 | | | |
| , | | | Business Code | | | | |
| <u>:</u> | 2a | COMMISSIONS & CONTRACTS | | 51,056 | 51,056 | | |
| Program Serwoe Revenue | b | WEBSITE & ADVERTISING FEES | | 7,581 | 7,581 | | |
| · | С | SPONSORS | | 5,075 | 5,075 | | |
| : | d | MEMBER EVENTS | | 3,034 | 3,034 | | |
| | e | MERCHANDISE SALES | | 2,926 | 2,926 | | |
| | f | All other program service revenue | | 2,150 | 2,150 | | |
| : | g | Total. Add lines 2a-2f | | 71,822 | | | |
| | 3 | Investment income (including divide | | 17 | 17 | | |
| | 4 | and other similar amounts) Income from investment of tax-exempt bond | | | | | |
| | 5 | Royalties | | | | | |
| | | (ı) Real | (II) Personal | | | | |
| | 6a | Gross rents | | | | | |
| | ь | Less rental | 1 | | | | |
| | c | expenses Rental income | | | | | |
| | _ | or (loss) | | | | | |
| | d | Net rental income or (loss) (i) Securities | ► (II) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | (II) Other | | | | |
| | b c | Less cost or other basis and sales expenses Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | | | | |
| | 8a | Gross income from fundraising events (not including \$ | , | | | | |
| | | of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| | _ | | 67,331 | | | | |
| | | Less direct expenses I Net income or (loss) from fundraising | 57,925 | 9,406 | | | |
| | | Gross income from gaming activities See Part IV, line 19 | | 3,.00 | | | |
| | ь | | 399,490 300.814 | | | | |
| | | Net income or (loss) from gaming ac | , | 98,676 | 95,038 | 3,638 | |
| | | Gross sales of inventory, less | | | · | | |
| | | returns and allowances . | | | | | |
| | h | less cost of goods sold b | | | | | |
| | | Less cost of goods sold b Net income or (loss) from sales of in | Lventorv ⊾ | | | | |
| | <u> </u> | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | † | | | | |
| | b | | | | | | |
| | С | | | | | | |
| | d | All other revenue | | | | | |
| | е | Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See Instructions . | 🛌 | 288,510 | 166,877 | 3,638 | |

Part IX Statement of Functional Expenses

| ectio | on 501(c)(3) and 501(c)(4) organizations must complete all columns of | | | | |
|-------|--|-----------------------|-----------------------------|---------------------------------|-------------------------|
| _ | Check if Schedule O contains a response or note to any line in th | us Part IX T | (B) | (C) | |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 111,354 | 37,040 | 51,494 | 22,820 |
| 8 | Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 9,586 | 3,492 | 3,939 | 2,155 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 29,764 | | 29,764 | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | 22,358 | 1,550 | 19,921 | 887 |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 10,600 | | 10,600 | |
| 17 | Travel | 1,398 | | 1,244 | 154 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 2,863 | | 2,863 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 23,614 | 23,614 | | |
| 23 | Insurance | 8,509 | | 8,509 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | MARKETING | 8,830 | 620 | 8,008 | 202 |
| b | EQ PUCH, LEASE, MAINT | 6,453 | | 6,453 | |
| c | EVENTS | 4,727 | 567 | 1,284 | 2,876 |
| d | SUPPLIES | 3,578 | 256 | 2,322 | 1,000 |
| e | All other expenses | 23,041 | 4,904 | 14,845 | 3,292 |
| 25 | Total functional expenses. Add lines 1 through 24e | 266,675 | 72,043 | 161,246 | 33,386 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

| art X | Bal | lan | ce | SI | he | et | |
|-------|-----|-----|----|----|----|----|--|
| | | | | | | | |

| | | Check if Schedule O contains a response or note to any line | ın thıs | Part X | <u></u> | | <u>· · ·</u> · · ┌ |
|------------------------|---------------|---|-----------------------------------|-------------------------|---------------------------------|-----|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 80,437 | 1 | 134,740 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 1,341 | 4 | |
| Assets | 5 | Loans and other receivables from current and former office key employees, and highest compensated employees Cor Schedule L | | 5 | | | |
| | 6 | Loans and other receivables from other disqualified person section 4958(f)(1)), persons described in section 4958(c employers and sponsoring organizations of section 501(c) employees' beneficiary organizations (see instructions) Coschedule L |)(3 [°])(B))(9) vol | and contributing untary | | | |
| | _ | Notes and leave accountly make | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 0.504 | 7 | 4.500 |
| | 8 | Inventories for sale or use | | | 6,531 | 8 | 4,592 |
| | 9 | Prepaid expenses and deferred charges | | 9 | | | |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 884,194 | | | |
| | b | Less accumulated depreciation | 10b | 257,110 | 646,808 | 10c | 627,084 |
| | 11 | Investments—publicly traded securities | | 11 | | | |
| | 12 | Investments—other securities See Part IV, line 11 | | 12 | | | |
| | 13 | Investments—program-related See Part IV, line 11 . | | 13 | | | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | | 15 | 400 |
| | 16 | Total assets.Add lines 1 through 15 (must equal line 34) | | | 735,117 | 16 | 766,816 |
| | 17 | Accounts payable and accrued expenses | | | 5,321 | 17 | 3,620 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 111,656 | 19 | 120,411 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of | Schedu | ıle D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, di key employees, highest compensated employees, and disc | rectors | , trustees, | | | |
| ≅ | | persons Complete Part II of Schedule L | | | | 22 | |
| <u> </u> | 23 | Secured mortgages and notes payable to unrelated third p | arties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third part | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | | | | |
| | | | | | 6,249 | 25 | 9,059 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 123,226 | 26 | 133,090 |
| n Þ | | Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34. | ¥► ▽ | and complete | | | |
| 2 | 27 | Unrestricted net assets | | | 611,891 | 27 | 633,726 |
| 5 | 28 | Temporarily restricted net assets | | | · | 28 | |
| - | 29 | Permanently restricted net assets | | | | 29 | |
| Assets of Lain Daignee | | Organizations that do not follow SFAS 117 (ASC 958), che complete lines 30 through 34. | | | | | |
| 5 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Ď | 31 | Paid-in or capital surplus, or land, building or equipment fu | | | | 31 | |
| 2 | 32 | Retained earnings, endowment, accumulated income, or ot | | | | 32 | |
| | 33 | Total net assets or fund balances | | | 611,891 | 33 | 633,726 |
| į | 34 | | | | | | 766,816 |
| | 34 | Total liabilities and net assets/fund balances | | | 735,117 | 34 | dl.g.aa/ |

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Additional Data

Software ID: Software Version:

EIN: 92-0080954

Name: HOMER CHAMBER OF COMMERCE INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 27,487 including grants of \$) (Revenue \$)
FACILITATE COMMUNICATION BETWEEN BUSINESS ORGANIZATIONS, AND LOCAL AND REGIONAL GOVERNMENTS, AND OUR
BUSINESS MEMBERS TO PROMOTE ECONOMIC DEVELOPMENT ON THE LOWER KENAI PENINSULA

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133055646

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

| | me of the organization MER CHAMBER OF COMMERCE INC | | Emp | loyer identification number |
|-----|--|---|-----------------|---------------------------------|
| 101 | TER CHAPIBER OF COMPLEXEE INC | | 92-0 | 0080954 |
| Pa | rt I Organizations Maintaining Donor Complete if the organization answere | | | or Accounts. |
| | | (a) Donor advised funds | (b) | Funds and other accounts |
| | Total number at end of year | | | |
| | Aggregate value of contributions to (during year) | | | |
| | Aggregate value of grants from (during year) | | | |
| | Aggregate value at end of year | | | |
| | Did the organization inform all donors and donor a funds are the organization's property, subject to t | | | sed Yes No |
| | Did the organization inform all grantees, donors, a used only for charitable purposes and not for the confering impermissible private benefit? | penefit of the donor or donor advisor, o | or for any othe | r purpose Yes No |
| 'a | rt II Conservation Easements. Comple | | Yes" on Forr | n 990, Part IV, line 7. |
| | Purpose(s) of conservation easements held by th Preservation of land for public use (e.g., recre | | n of an histor | cally important land area |
| | Protection of natural habitat | <u> </u> | | d historic structure |
| | Preservation of open space | , | | |
| | Complete lines 2a through 2d if the organization leasement on the last day of the tax year | neld a qualified conservation contribut | ion in the form | n of a conservation |
| | ,,, | | | Held at the End of the Year |
| a | Total number of conservation easements | | 2a | |
| b | Total acreage restricted by conservation easeme | nts | 2b | |
| C | Number of conservation easements on a certified | historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c historic structure listed in the National Register |) acquired after 8/17/06, and not on a | 2d | |
| | Number of conservation easements modified, train | sferred, released, extinguished, or ter | rminated by th | e organization during the |
| | tax year - | | | |
| | Number of states where property subject to cons | ervation easement is located 🛌 | | |
| | Does the organization have a written policy regar violations, and enforcement of the conservation e | | on, handling of | ┌ Yes |
| | Staff and volunteer hours devoted to monitoring, year | nspecting, handling of violations, and | enforcing con | servation easements during the |
| | <u> </u> | | | |
| | A mount of expenses incurred in monitoring, inspe | cting, handling of violations, and enfo | rcing conserva | ation easements during the year |
| | ▶ \$ | | | |
| | Does each conservation easement reported on lin (B)(i) and section $170(h)(4)(B)(ii)$? | e 2(d) above satisfy the requirements | of section 17 | ^{(0(h)(4)} |
| | In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea | of the footnote to the organization's fil | | |
| ar | t III Organizations Maintaining Collec | | ures, or Otl | ner Similar Assets. |
| | Complete if the organization answere | | | |
| a | If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi | assets held for public exhibition, educ | ation, or rese | arch in furtherance of public |
| b | If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to | assets held for public exhibition, educ | | |
| (| i) Revenue included on Form 990, Part VIII, line 1 | | ► \$ | |
| (i | i) Assets included in Form 990, Part X | | | |
| | If the organization received or held works of art, he following amounts required to be reported under S | | sets for finan | |
| a | Revenue included on Form 990, Part VIII, line 1 | | | ▶ \$ |
| | | | | · т |

b Assets included in Form 990, Part X

| Part | Ш | Organizations Maintaining (continued) | Collections of A | rt, Hi | storic | al T | rea | sures, | or Ot | her Simila | r As | sets | |
|--------------|------------------|---|-----------------------|--------------|-----------------------|--------------|----------------|-------------------|---------------|-------------------------|---------|--------------------|----------|
| 3 | | the organization's acquisition, acce tion items (check all that apply) | ession, and other rec | ords, c | | • | | _ | | _ | nt use | of its | |
| а | Γ Pι | ublic exhibition | | d | | Loan | ore | xchange | progra | ms | | | |
| b | ┌ s | cholarly research | | е | Γ (| Othe | er | | | | | | |
| С | ┌ Pi | reservation for future generations | | | | | | | | | | | |
| 4 | Provid Part X | e a description of the organization's III | s collections and exp | olaın ho | w they | furth | er th | e organız | atıon's | exempt pur | pose II | า | |
| | assets | the year, did the organization solic to be sold to raise funds rather the | an to be maintained a | | | | | | | | Yes | ┌ No | |
| Part | EIV. | Escrow and Custodial Arra Complete if the organization a Part X, line 21. | | Form | 990, F | Part | IV, I | line 9, o | r repo | orted an am | nount | on Forn | n 990, |
| | | organization an agent, trustee, cus ed on Form 990, Part X? | todian or other inter | mediary | y for coı | ntrıb | ution | s or othe | rasse | | Yes | ┌ No | |
| b | If" | res," explain the arrangement in Pa | art XIII and complete | e the fo | llowing | tabl | e | | | | Amo | unt | |
| C | | inning balance | • | | _ | | | I | 1c | | | | |
| d | _ | itions during the year | | | | | | | 1d | | | | |
| e | Dist | tributions during the year | | | | | | | 1e | | | | |
| f | End | ing balance | | | | | | | 1f | | | | |
| 2a | | e organization include an amount oi | n Form 990. Part X. I | line 21. | . for esc | row | orcu | stodial a | ccoun | liability? | Yes | ┌ No | |
| | | · | , , | , | | | | | | , . | | | _ |
| b | If"Yes | s," explain the arrangement in Part | XIII Check here if t | he exp | lanation | n has | beei | n provide | d ın Pa | rt XIII | | | Г |
| Par | t V | Endowment Funds. Comple | | | | | | | | • | | | |
| | | | (a)Current year | (b) P | nor year | | b (c) 1 | Two years I | back (| d) Three years l | oack | (e) Four ye | ars back |
| 1a | | ning of year balance | | | | | | | | | | | |
| b | Contr | ibutions | | | | | | | | | | | |
| c | Net in losses | vestment earnings, gains, and | | | | | | | | | | | |
| d | Grant | s or scholarships | | | | | | | | | | | |
| е | | expenditures for facilities rograms | | | | | | | | | | | |
| f | A dmır | nistrative expenses | | | | | | | | | | | |
| g | | fyear balance | | | | | | | | | | | |
| 2 | Provid | e the estimated percentage of the | current year end bala | ance (lu | ne 1g, c | olur | nn (a |)) held as | | | | | |
| | | designated or quasi-endowment | , | ` | 3, | | • | ,, | | | | | |
| b | | nent endowment - | | | | | | | | | | | |
| С | Tempo | prarily restricted endowment Fercentages on lines 2a, 2b, and 2c | should agual 100% | | | | | | | | | | |
| 3a | Are th | ere endowment funds not in the pos zation by | | nızatıon | that ar | e he | ld and | d admınıs | tered | for the | | Yes | No No |
| | | elated organizations | | | | | | | | | 3a(i | | |
| | (ii) rel | ated organizations | | | | | | | | | 3a(i | i) | |
| | | s" on 3a(II), are the related organiza | | | | | ?. | | | | 3b | | |
| | | be in Part XIII the intended uses o | | endown | nent fun | ıds | | | | | | | |
| Par | t VI | Land, Buildings, and Equip Complete if the organization a | | Eorm (| 000 Da | rt T | V lie | aa 11a C | ioo Ea | vrm 000 Dr | ort V | lino 10 | |
| | | Description of property | inswered res to i | | Cost or ot (invest | i) ther b | asıs | (b Cost or oth |) her bası | Accumu | lated | | k value |
| 1 a L | and . | | | | , | | , | ` | 250,689 | , | | † | 250,689 |
| | | gs | | ⊢ | | | | | 520,604 | + | 207,059 | | 313,545 |
| | _ | old improvements | | . 🗀 | | | | | <u> </u> | 1 | | | · - |
| | | ent | | . | | | | | | 1 | | | |
| _ | | | | \vdash | | | | | | 1 | | 1 | |

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

564,234

| (a) Description of security or category (including name of security) | | (b)Book value | (c)Method of valuation Cost or end-of-year market value |
|--|-----------------|---|---|
| (1)Financial derivatives | | | |
| (2)Closely-held equity interests (3)Other | | | |
| | | | |
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| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | • | | |
| Part VIII Investments—Program Related. | as! on Form 000 | Dawt IV June 11c | |
| Complete if the organization answered 'Y (a) Description of investment | es' on Form 990 | , Part IV, line 11c. S_{ϵ} | ee Form 990, Part X, line 13. (c) Method of valuation |
| (2,7 = = = = = = = = = = = = = = = = = = = | | (2, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Cost or end-of-year market value |
| | | | |
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| | | | |
| | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | F | | |
| Part IX Other Assets. Complete if the organization a (a) Descript | | orm 990, Part IV, line | 11d See Form 990, Part X, line 15 (b) Book value |
| (3) 2 3 3 3 1 | | | (D) Dook value |
| | | | |
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| | | | |
| | | 'Yes' on Form 990. | |
| Part X Other Liabilities. Complete if the organi See Form 990, Part X, line 25. | zatıon answered | 'Yes' on Form 990, | |
| Part X Other Liabilities. Complete if the organi See Form 990, Part X, line 25. | | 'Yes' on Form 990, | |
| Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability | zatıon answered | 'Yes' on Form 990, | |
| Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes | zatıon answered | 'Yes' on Form 990, | |
| Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes IRS BACKUP WITHHOLDING PAYABLE | zation answered | 'Yes' on Form 990, | |
| Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes IRS BACKUP WITHHOLDING PAYABLE UNCLAIMED PROPERTY DUE TO STATE | (b) Book value | 'Yes' on Form 990, | |
| Part X Other Liabilities. Complete if the organic See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes IRS BACKUP WITHHOLDING PAYABLE UNCLAIMED PROPERTY DUE TO STATE PAYROLL LIABILITIES | (b) Book value | 'Yes' on Form 990, | |
| Part X Other Liabilities. Complete if the organisee Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes IRS BACKUP WITHHOLDING PAYABLE UNCLAIMED PROPERTY DUE TO STATE PAYROLL LIABILITIES FEDERAL INCOME TAXES | (b) Book value | 'Yes' on Form 990, | |
| Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes IRS BACKUP WITHHOLDING PAYABLE UNCLAIMED PROPERTY DUE TO STATE PAYROLL LIABILITIES FEDERAL INCOME TAXES | (b) Book value | 'Yes' on Form 990, | |
| See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes IRS BACKUP WITHHOLDING PAYABLE UNCLAIMED PROPERTY DUE TO STATE | (b) Book value | 'Yes' on Form 990, | |
| Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes IRS BACKUP WITHHOLDING PAYABLE UNCLAIMED PROPERTY DUE TO STATE PAYROLL LIABILITIES FEDERAL INCOME TAXES HEALTH REIMBURSEMENT ACCOUNT | (b) Book value | 'Yes' on Form 990, | |
| Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes IRS BACKUP WITHHOLDING PAYABLE UNCLAIMED PROPERTY DUE TO STATE PAYROLL LIABILITIES FEDERAL INCOME TAXES HEALTH REIMBURSEMENT ACCOUNT HOMER BUCKS IN CIRCULATION | (b) Book value | 'Yes' on Form 990, | |
| Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes IRS BACKUP WITHHOLDING PAYABLE UNCLAIMED PROPERTY DUE TO STATE PAYROLL LIABILITIES FEDERAL INCOME TAXES HEALTH REIMBURSEMENT ACCOUNT HOMER BUCKS IN CIRCULATION | (b) Book value | 'Yes' on Form 990, | |

| Par | | evenue per Audited Financial Sta Ization answered 'Yes' on Form 990, | | | per R | eturn |
|-------|--|---|--------|-----------------------|------------|-------------------|
| 1 | | r support per audited financial statements | | • | 1 | |
| 2 | Amounts included on line 1 bu | t not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) o | on investments | 2a | | | |
| b | Donated services and use of fa | icilities | 2b | | | |
| c | Recoveries of prior year grants | | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | | |
| e | Add lines $2a$ through $2d$ | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 990 | O, Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not inclu | uded on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4 c | |
| 5 | Total revenue Add lines 3 and | 4c. (This must equal Form 990, Part I, line | 12) | | 5 | |
| Part | | rpenses per Audited Financial Starzation answered 'Yes' on Form 990, | | | es per | Return. |
| 1 | | audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but | t not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of fa | icilities | 2a | | | |
| b | Prior year adjustments | | 2b | | | |
| c | Otherlosses | | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | | |
| e | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 990 | O, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not inclu | uded on Form 990, Part VIII, line 7b | . 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | |
| 5 | Total expenses Add lines 3 ar | nd 4c. (This must equal Form 990, Part I, li | ne 18 |) | 5 | |
| Pari | XIII Supplemental Info | ormation | | | · | |
| | | Part II, lines 3, 5, and 9, Part III, lines 1a | and 4 | Part IV Junes 1 h and | 2 h | |
| Part | V, line 4, Part X, line 2, Part XI, | lines 2d and 4b, and Part XII, lines 2d and | | | | de any addıtıonal |
| Intor | mation | T | | | | |
| | Return Reference | Explanation | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Part XIII Supplemental Info | ormation (continued) |
|-----------------------------|----------------------|
| Return Reference | Explanation |
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Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493133055646

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization HOMER CHAMBER OF COMMERCE INC 92-0080954 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations f Solicitation of government grants **a** ☐ Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iv) Gross receipts (v) A mount paid to (vi) A mount paid to (iii) Did ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

| Part II Fundraising Event | Part II | Fundr | aising | Events |
|---------------------------|---------|-------|--------|--------|
|---------------------------|---------|-------|--------|--------|

b If "Yes," explain _____

| Complete if t | he organization ansv | ered "Yes" on | Form 990, | Part IV, lı | ine 18, or | reported more | than \$15,000 | of |
|---------------|-----------------------|---------------|-----------|-------------|------------|-----------------|---------------|----|
| fundraising e | vent contributions ar | d gross incom | e on Form | 990-EZ, lıı | nes 1 and | 6b. List events | with gross | |
| receipts area | ter than \$5.000. | | | | | | | |

| | receipts greater than \$5,000 |). | | | | | | | |
|-----------------|--|------------------------------|---|-----------------------|---|--|--|--|--|
| | | (a)Event #1 | (b) Event #2 | (c)O ther events | (d) Total events | | | | |
| | | SHOREBIRD FESTI (event type) | (event type) | (total number) | (add col (a) through col (c)) | | | | |
| Revenue | 1 Gross receipts | 67,331 | | | 67,331 | | | | |
| | Gross income (line 1 minus | 67,331 | | | 67,331 | | | | |
| | 4 Cash prizes | | | | | | | | |
| | 5 Noncash prizes | | | | | | | | |
| ú | 6 Rent/facility costs | | | | | | | | |
| ause | 7 Food and beverages | 595 | | | 595 | | | | |
| Expenses | 8 Entertainment | | | | | | | | |
| Direct | 9 Other direct expenses | 57,330 | | | 57,330 | | | | |
| 출 | LO Direct expense summary Add lines 4 through 9 in column (d) | | | | | | | | |
| | 11 Net income summary Subtract line 1 | 10 from line 3, column (c | l) | 🛌 | 9,406 | | | | |
| Par | t III Gaming. Complete if the organization Form 990-EZ, line 6a. | n answered "Yes" on F | Form 990, Part IV, line | e 19, or reported mor | e than \$15,000 on | | | | |
| Revenue | | (a)Bıngo | (b) Pull tabs/Instant bingo/progressive bingo | (c)O ther gaming | (d) Total gaming (add col (a) through col (c)) | | | | |
| <u>~</u> | 1 Gross revenue | | 4,766 | 394,724 | 399,490 | | | | |
| JSes | 2 Cash prizes | | | 204,915 | 204,915 | | | | |
| a S | 3 Noncash prizes | | | 966 | 966 | | | | |
| Direct Expenses | 4 Rent/facility costs | | | 1,878 | 1,878 | | | | |
| | 5 Other direct expenses | | 1,128 | 91,927 | 93,055 | | | | |
| | 6 Volunteerlabor | ✓ Yes | ✓ Yes % % No | Yes50 000 % | | | | | |
| | 7 Direct expense summary Add lines | 2 through 5 in column (c | 1) | | 300,814 | | | | |
| | 8 Net gaming income summary Subtra | act line 7 from line 1, col | umn (d) | <u> ▶</u> | 98,676 | | | | |
| 9 a | Enter the state(s) in which the organization licensed to conduct | | • | | ✓ Yes 「No | | | | |
| b | If "No," explain | | | | | | | | |
| 10a | | | | | i | | | | |

| 11 | Does the organization conduct gaming | activities with nonmen | nbers? | | ✓Yes No |
|-----|---|--|---------------------------------|----------------------|-----------|
| 12 | Is the organization a grantor, beneficia | ry or trustee of a trust | or a member of a partnership o | r other entity | |
| | formed to administer charitable gaming | 17 | | | 「Yes √No |
| 13 | Indicate the percentage of gaming acti | vity conducted in | | | |
| а | The organization's facility | • | | 13a | % |
| ь | An outside facility | | | 13b | % |
| 14 | Enter the name and address of the pers | on who prepares the o | rganızatıon's gamıng/specıal e | vents books and reco | ords |
| | | | | | |
| | Name ► HOMER CHAMBER OF C | OMMERCE | | | |
| | Address ► 201 STERLING HWY HOMER, AK 99603 | | | | |
| 15a | Does the organization have a contract | | | | |
| | revenue? | | | | 「Yes ✓ No |
| b | If "Yes," enter the amount of gaming re | venue received by the | organization 🟲 \$ | and the | |
| | amount of gaming revenue retained by | the third party 🟲 \$ | | | |
| c | If "Yes," enter name and address of the | e third party | | | |
| | _ | | | | |
| | Name 🟲 | | | | |
| | Address 🏲 | | | | |
| 16 | Gaming manager information | | | | |
| | Name 🕨 | | | | |
| | Gaming manager compensation 🟲 \$ | | | | |
| | Description of services provided | | | | |
| | Director/officer | _ Employee | ☐ Independent conf | cractor | |
| 17 | Mandatory distributions | | | | |
| а | Is the organization required under state | e law to make charitabl | e distributions from the gaming | proceeds to | |
| | retain the state gaming license? | | | | □Yes ▼No |
| ь | Enter the amount of distributions requi | red under state law dıs | tributed to other exempt organi | zations or spent | • |
| | in the organization's own exempt activi | | | | |
| Pai | Part III, lines 9, 9b, 10b, 15 additional information (see | on. Provide the expl b, 15c, 16, and 17b | anations required by Part I | | |
| | Return Reference | | Explanat | ion | |
| | | | | | |

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As Filed Data -

DLN: 93493133055646

SCHEDULE O (Form 990 or 990-EZ)

Raturn Rafaranca

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

2015

Open to Public Inspection

| Name of the organization HOMER CHAMBER OF COMMERCE INC | Employer identification number |
|---|--------------------------------|
| | 92-0080954 |

Evolunation

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PAGE 2, PART III, LINE 4D | FACILITATE COMMUNICATION BETWEEN BUSINESS ORGANIZATIONS, AND LOCAL AND REGIONAL GOVERNMENTS, AND OUR BUSINESS MEMBERS TO PROMOTE ECONOMIC DEVELOPMENT ON THE LOWER KENAI PENINSULA |
| FORM 990, PAGE 6, PART VI, LINE 6 | THE ORGANIZATION HAS MEMBERS |
| FORM 990, PAGE 6, PART VI, LINE 7A | THE MEMBERSHIP ANNUALLY ELECTS THE GOVERNING BODY |
| FORM 990, PAGE 6, PART VI, LINE 11B | THE FINANCE COMMITTEE REVIEWS THE 990 AND RECOMMENDS ACTION TO THE BOARD THE BOARD VOTES ON FINAL APPROVAL |
| FORM 990, PAGE 6, PART VI, LINE 12C | THIS IS A VERY SMALL COMMUNITY BUSINESS INTERESTS ARE OBVIOUS AND KNOWN GENERALLY |
| FORM 990, PAGE 6, PART VI, LINE 15A | HIRING COMMITTEE COMPOSED OF BOARD MEMBERS, AND CHAMBER BUSINESS MEMBERS NUMBERING A MINIMUM OF SIX PEOPLE |
| FORM 990, PAGE 6, PART VI, LINE 15B | SUBSTANTIAL INTERVIEW PROCESS OVER SEVERAL MONTHS WHILE COMMITTEE MEMBERS RESEARCHED SIMIL AR JOB POSTINGS, LOCAL CHAMBERS, AND ONLINE PROFESSIONAL COMPARISONS MEETING MINUTES ARCH IVED |
| FORM 990, PAGE 6, PART VI, LINE 19 | ON FILE AT THE CHAMBER LOCATION |