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**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2016

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-EZ and its instructions is at www.irs.gov/form990.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning		, 2016, and ending	, 20																																																										
<p>B Check if applicable</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<p>C Name of organization Harley Owners Group Inc</p> <p>Number and street (or P O box, if mail is not delivered to street address) 1151 Morthland</p> <p>Room/suite</p> <p>City or town, state or province, country, and ZIP or foreign postal code Valparaiso, IN 46383</p> <p>D Employer identification number 35-1773334</p> <p>E Telephone number (219) 759-2437</p>																																																											
<p>G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►</p> <p>I Website: ►</p> <p>J Tax-exempt status (check only one) - <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(7) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p>H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).</p>																																																											
<p>K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p> <p>L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ</p>		► \$ 4,815																																																											
<p>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)</p> <p>Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1 Contributions, gifts, grants, and similar amounts received</td> <td style="width: 10%; text-align: right;">1</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td style="text-align: right;">2 3,513</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td style="text-align: right;">3 1,000</td> </tr> <tr> <td>4 Investment income</td> <td style="text-align: right;">4</td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td style="text-align: right;">5a</td> </tr> <tr> <td> b Less: cost or other basis and sales expenses</td> <td style="text-align: right;">5b</td> </tr> <tr> <td> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td style="text-align: right;">5c</td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td style="text-align: right;">6d</td> </tr> <tr> <td> a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td style="text-align: right;">6a</td> </tr> <tr> <td> b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)</td> <td style="text-align: right;">6b</td> </tr> <tr> <td> c Less direct expenses from gaming and fundraising events</td> <td style="text-align: right;">6c</td> </tr> <tr> <td> d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td style="text-align: right;">6d</td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td style="text-align: right;">7a</td> </tr> <tr> <td> b Less cost of goods sold</td> <td style="text-align: right;">7b</td> </tr> <tr> <td> c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td style="text-align: right;">7c</td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td style="text-align: right;">8 302</td> </tr> <tr> <td>9 Total revenue. 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Combine lines 18 through 20</td> <td style="text-align: right;">21 3,167</td> </tr> </table>				1 Contributions, gifts, grants, and similar amounts received	1	2 Program service revenue including government fees and contracts	2 3,513	3 Membership dues and assessments	3 1,000	4 Investment income	4	5a Gross amount from sale of assets other than inventory	5a	b Less: cost or other basis and sales expenses	5b	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	6 Gaming and fundraising events	6d	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	c Less direct expenses from gaming and fundraising events	6c	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7a Gross sales of inventory, less returns and allowances	7a	b Less cost of goods sold	7b	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	8 Other revenue (describe in Schedule O)	8 302	9 Total revenue. 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<p>Expenses</p> <p>RECEIVED APR 04 2017 3006 IPSO/SC OGDEN, UT</p>																																																													
<p>Net Assets</p>																																																													

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2016)

SCANNED APR 2017

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	2,681	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	2,681	25
26 Total liabilities (describe in Schedule O)	0	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,681	27
		3,167
		0
		0
		3,167
		0
		3,167

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

What is the organization's primary exempt purpose? Raise money with social events to donate

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	Donate to Porter Co FOP Lodge 165			
(Grants \$) If this amount includes foreign grants, check here	►	<input type="checkbox"/>	28a 1,000
29	Donate to Lake Co Police Assn Local 72			
(Grants \$) If this amount includes foreign grants, check here	►	<input type="checkbox"/>	29a 1,000
30	Donate to Respite House and Lakeshore Paws			
(Grants \$) If this amount includes foreign grants, check here	►	<input type="checkbox"/>	30a 400
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)			32 2,400

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

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

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 X

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 X

35 a 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 X

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

c 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 35c X

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 36 X

37 a 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? 37b X

38 a 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 X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter. 39a 0

a Initiation fees and capital contributions included on line 9 39b 0

b Gross receipts, included on line 9, for public use of club facilities 39c

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 40a

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

c 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 sections 4912, 4955, and 4958 40c

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

e 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 X

41 List the states with which a copy of this return is filed ► 41 IN

42 a The organization's books are in care of ► 42a Joe Cisarik

Telephone no ► 42a 219-759-2437

Located at ► 42a 1151 Morthland, Valparaiso, IN

ZIP + 4 ► 42a 46383

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)? If "Yes," enter the name of the foreign country ► 42b X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b 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 X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

b 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 X

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

	Yes	No
46		X

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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

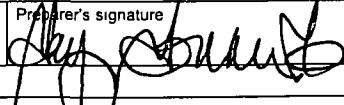
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Joe Cisarik Signature of officer	Joseph Cisarik Date		
	Joe Cisarik, Officer Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name Gay Gorniak	Preparer's signature 	Date 03-28-2017	Check <input type="checkbox"/> if self-employed PTIN P01499217
	Firm's name ► GLG LLC	Firm's EIN ►		
	Firm's address ► 505 Silhavy Rd Suite 700 Valparaiso IN 46383	Phone no 219-510-5201		

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organizationComplete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2016**► 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.**Open to Public
Inspection****Harley Owners Group Inc**Employer identification number
35-1773334**01. Description of other revenue (Part I, line 8)**

Description	Amount
50/50	232
Pins Patches	70

02. Description of other expenses (Part I, line 16)

Description	Amount
Banquets and awards	1,572
Insurance	115
Donations	2,400