

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- B** Check if applicable:
 - Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
LANGLEY CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 403 / 208 ANTHES AVE

City or town, state or province, country, and ZIP or foreign postal code
LANGLEY, WA 98260

D Employer identification number
91-0971378

E Telephone number
(360) 221-6765

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ www.visitlangley.com

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 134,924

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1		18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4		21	Net assets or fund balances at end of year Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less cost or other basis and sales expenses	5b	0		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
6	Gaming and fundraising events	6d			
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13,095		
6c	Less direct expenses from gaming and fundraising events	6c	8,347		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,748		
7a	Gross sales of inventory, less returns and allowances	7a	5,593		
7b	Less cost of goods sold	7b	2,244		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,349		
8	Other revenue (describe in Schedule O)	8	460		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	124,333		
10	Grants and similar amounts paid (list in Schedule O)	10			
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12	72,861		
13	Professional fees and other payments to independent contractors	13	14,662		
14	Occupancy, rent, utilities, and maintenance	14	7,500		
15	Printing, publications, postage, and shipping	15	10,332		
16	Other expenses (describe in Schedule O)	16	29,017		
17	Total expenses. Add lines 10 through 16 ▶	17	134,372		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,039		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	20,016		
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	9,977		

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	17,712	22	3,925
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	3,986	24	7,173
25 Total assets	21,698	25	11,098
26 Total liabilities (describe in Schedule O).	1,682	26	1,121
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,016	27	9,977

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?
ECONOMIC DEVELOPMENT OF SOUTH WHIDBEY ISLAND THROUGH TOURISM SUPPORT AND EVENTS

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 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29

(Grants \$) If this amount includes foreign grants, check here **29a**

30

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 134,371

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
SANDRA JEAN WAINWRIGHT Director	1 00	0		
MELENE THOMPSON Secretary	1 00	0		
JANET PLOOF Director	1 00	0		
FRED LUNDAHL Director	1 00	0		
TOM FELVEY Treasurer	1 00	0		
Jennifer Krouse Director	1 00	0		
MICHAEL DAVIDSON Vice President	1 00	0		
Lilly Van Gerbig Director	1 00	0		
URSULA SHOUDY Director	1 00	0		
CYNTHIA TILKIN Director	1 00	0		
NANCY ROWAN President	1 00	0		
DAVID OTT Director	1 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of INGE MORASCINI Telephone no (360) 221-6765 Located at 208 ANTHES AVE LANGLEY, WA ZIP + 4 98260

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

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

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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
NONE		

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	2019-05-02 Date
MICHAEL DAVIDSON Vice President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Stephanie Neis	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00782917
	Firm's name ▶ NEIS CPA INC PS			Firm's EIN ▶ 36-4683470	
	Firm's address ▶ PO BOX 31 4826 AQUILA DR LANGLEY, WA 98260			Phone no (360) 221-7413	

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

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 91-0971378
Name: LANGLEY CHAMBER OF COMMERCE

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 PROMOTE ECONOMIC DEVELOPMENT THROUGH TOURISM, LOCAL COMMUNITY OUTREACH, AND CHAMBER MEMBERSHIP PROGRAMS AND WORKSHOPS ABOUT 200 BUSINESSES AND INDIVIDUAL MEMBERS PARTICIPATE AS WELL AS COMMUNITY VOLUNTEERS DURING TOURISM EVENTS (Grants \$ 134,371)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

LANGLEY CHAMBER OF COMMERCE

Employer identification number

91-0971378

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	reader board \$310

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 2	refunds & rebates \$150

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$8455

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$223

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$685

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$3417

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Maintenance & Landscaping \$4823

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Supplies \$3891

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	internet & telephone \$1677

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	EQUIPMENT REPAIR \$1652

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	staff & Board meetings \$1225

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	WEBSITE \$1143

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	subscriptions \$861

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Licenses & Permits \$855

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	BANK FEES \$49

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	WA STATE USE TAXES \$38

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	Bank & Merchant Services Fees \$23

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 3	Office Equip & Computers (net deprec) - Beginning \$3986 Office Equip & Computers (net deprec) - Ending \$7009

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 4	Promo Inventory - Beginning \$0 Promo Inventory - Ending \$164

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	PAYROLL TAXES ACCRUED - Beginning \$1377 PAYROLL TAXES ACCRUED - Ending \$1121

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 2	Sales Tax Payable - Beginning \$305 Sales Tax Payable - Ending \$0