

Form **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

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

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable <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	C Name of organization Dallas Area Chamber of Commerce	D Employer identification number 93-0397501
	Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 377	E Telephone number (503) 623-2564
	City or town, state or province, country, and ZIP or foreign postal code Dallas, OR 97338	F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ www.dallasoregon.org

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **161,014**

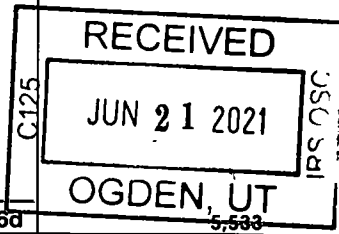
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	138,513
	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:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	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	19,911	
c	Less: direct expenses from gaming and fundraising events	6c	14,378	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,533	
7a	Gross sales of inventory, less returns and allowances	7a	1,882	
b	Less: cost of goods sold	7b	878	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	1,004	
8	Other revenue (describe in Schedule O)	8	708	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	145,758	
Expenses	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	104,579
	13	Professional fees and other payments to independent contractors	13	10,016
	14	Occupancy, rent, utilities, and maintenance	14	13,855
	15	Printing, publications, postage, and shipping	15	4,161
	16	Other expenses (describe in Schedule O)	16	21,571
	17	Total expenses. Add lines 10 through 16	17	154,182
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-8,424
	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	8,810
	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	386

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421 Form 990-EZ (2019)

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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	14,290	22 2,555
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,091	24 1,073
25 Total assets	15,381	25 3,628
26 Total liabilities (describe in Schedule O)	6,570	26 3,242
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,810	27 386

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? **Community Business Chamber of Commerce**

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Awards Banquet for the recognition of civic leaders of the community.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 Forums for the advancement of the civic community and industrial interest of the city		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 Young professionals for the advancement of the civic community and industrial interests of the city.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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

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
Tammy Noon				
Vice President (part of the year)	1	0	0	0
Jon Woods				
Director	1	0	0	0
MacLarin Jones				
President	1	0	0	0
Jake Stamas				
Director	1	0	0	0
Emily Mentzer				
Secretary	1	0	0	0
Sam Dufner				
Director	1	0	0	0
Lisa Preston				
Vice President (part of the year)	1	0	0	0
Jeremy Shinn				
Executive Director	40	86,539	0	0
Gerard Graveline				
Director	1	0	0	0
Rita Grady				
Ex Officio	1	0	0	0
Brian Latta				
Ex Officio	1	0	0	0
Tim Ray				
Ex Officio	1	0	0	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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		✓
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		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		✓
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			
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			
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		✓
37b			
38a	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			
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
39a			
b	Gross receipts, included on line 9, for public use of club facilities		
39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
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 ▶ _____		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
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			
41	List the states with which a copy of this return is filed ▶ Oregon		
42a	The organization's books are in care of ▶ Williamson & Aebi LLP Telephone no. ▶ 503-623-2381 Located at ▶ 960 SW Church St., Dallas, OR ZIP + 4 ▶ 97338		
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 ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		✓
42b			
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
44a			
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			
c	Did the organization receive any payments for indoor tanning services during the year?		✓
44c			
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			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
45a			
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			

	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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

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 ▶ _____

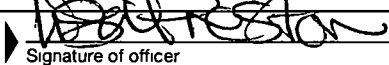
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

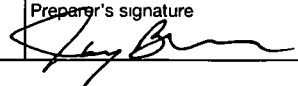
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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	 Signature of officer	Date 6-9-2021
	Lisa Preston, President (current) Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Judy Beebe	Preparer's signature 	Date 6-10-2021	Check <input checked="" type="checkbox"/> if self-employed	PTIN P02449011
	Firm's name ▶ Omni, LLC	Firm's EIN ▶ 71-1051969			Phone no 503-580-0517
	Firm's address ▶ PO Box 13572, Salem, OR 97309				

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Awards Ceremony (event type)	(event type)	6 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	8,193		11,718	19,911
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	8,193		11,718	19,911
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,290		381	1,671
	6 Rent/facility costs	896			896
	7 Food and beverages	4,320		4,178	8,498
	8 Entertainment	200		250	450
	9 Other direct expenses	2,193		670	2,863
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				14,378
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				5,533

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

- 9** Enter the state(s) in which the organization conducts gaming activities: _____
- a** Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b** If "No," explain: _____
- _____
- _____
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b** If "Yes," explain: _____
- _____
- _____

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

Dallas Area Chamber of Commerce

Employer identification number

93-0397501

Form 990-EZ, Part I, Line 8, Other Revenue:

Description of Other Revenue	Amount:
Conference Scholarship	500
Credit Card Rewards	208
TOTAL to Part I, Line 8	708

Form 990-EZ, Part I, Line 16

Description of Other Expense:	Amount:
G & A, Supplies	2,166
Bank Fees	1,468
Conferences	2,170
Interest Expenses	27
Meals	396
Mileage Reimbursement	79
Purchases	17
Team Building	61
Travel	653
Advertising	2,140
Web Maintenance	3,618
Contingency	180
Business Development	4,748
Insurance	1,900
Licenses & Fees	710
Visitor Center CC Expense	1,138
Miscellaneous Expense	100
TOTAL to Form 990-EZ, Part I, Line 16	21,571

Name of the organization

Employer identification number

Dallas Area Chamber of Commerce

Form 990-EZ Part II, Line 24 Other Assets

Description	Beginning of Year	End of Year
Credit Card Reward Balance	0	29
Inventory	633	633
Other Depreciable Assets	692	411
TOTAL to Form 990-EZ Part II, Line 24	1,325	1,073

Form 990-EZ Part II, Line 26 Total Liabilities

Description	Beginning of Year	End of Year
Credit Card Payable	3,975	1,279
Due to Visitor Center	236	1,138
Payroll Liabilities	1,309	- 225
Scholarships for Young Pros	1,050	1,050
TOTAL to Form 990-EZ Part II, Line 26	6,570	3,242