

Form **990-EZ**
 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.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150
2015
Open to Public Inspection

A For the **2015** calendar year, or tax year beginning **07-01-2015**, and ending **06-30-2016**

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

C Name of organization
 LA PINE CHAMBER OF COMMERCE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 P O BOX 616

City or town, state or province, country, and ZIP or foreign postal code
 LA PINE, OR 97739

D Employer identification number
 93-0855100

E Telephone number
 (541) 536-9771

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ www.lapine.org

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

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

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 ▶ \$ 125,687

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	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	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	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
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)				
6c	Less direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

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	6,470	22 13,467
23 Land and buildings		23
24 Other assets (describe in Schedule O)	272	24
25 Total assets	6,742	25 13,467
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,742	27 13,467

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

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

What is the organization's primary exempt purpose?
PROMOTE BUSINESS NETWORKING AND TOURISIM IN THE LAPINE AREA
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(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
MARK O'CONNELL Director	2 00	0		
LINDA STEPHENSON President	2 00	0		
REX LESUEUR Vice President	2 00	0		
TIFFANY ZEILER TREASURER	2 00	0		
MARY THORSON DIRECTOR	2 00	6,000		
KIM HAFERMALZ DIRECTOR	2 00	0		
ROBIN MIRRASOUL DIRECTOR	2 00	0		
WOODY JARRELL DIRECTOR	2 00	0		
GARY GORDON DIRECTOR	2 00	0		
ANN GAWITH EXEC DIRECTOR	40 00	31,000		

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

Form 990-EZ (2015) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes fields for Form 990-T, Form 1120-POL, and tax amounts.

	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	2017-07-20 Date
ANN GAWITH EXEC DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Louis Zettel EA LTC 5707C	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00047795
	Firm's name ▶ Central Oregon Tax 31270C			Firm's EIN ▶	
	Firm's address ▶ PO Box 749 La Pine, OR 97739			Phone no (541) 536-1317	

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

Additional Data

Software ID: 15000324

Software Version: 2015v3.0

EIN: 93-0855100

Name: LA PINE CHAMBER OF COMMERCE INC

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

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p>28 PROVIDE A COMMUNITY SOURCE FOR BUSINESSES, NON PROFITS AND NEWCOMERS TO THE AREA TO FIND OUT WHAT THE AREA HAS TO OFFER AND HELP THEM TO PURSUE THE RIGHT DIRECTION WE SPONSOR MONTHLY EVENTS AND ANNUAL DINNERS FOR ALL MEMBERS IN ADDITION, WE HELP TO PROMOTE EVENTS FOR ALL MEMBERS OF THE COMMUNITY ACCOMPLISHMENTS FOR THE YEAR INCLUDED AN ANNUAL BANQUET, BUSINESS EXPO AND SEVERAL OTHER EVENTS DESIGNED TO PROMOTE COMMERCE AND TOURISM WHILE STRENGTHENING OUR BUSINESS COMMUNITY (Grants \$)</p>	<p>28a</p>	

**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.

▶ 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
LA PINE CHAMBER OF COMMERCE INC

Employer identification number

93-0855100

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Class of Activity COMMUNITY SUPPORT Donee's Name VARIOUS Donee's Address VARIOUS LA PINE OR 97739 Cash Amount Given \$6730 Description of Property CASH Date of Gift -20150601

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$5231

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$6437

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$842

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$4

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$3234

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	MONTHLY BREAKFAST \$8468

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	ANNUAL MEMBER BANQUET \$4362

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	GUN & RECREATION SHOW \$4334

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	SEMINAR EXPENSES \$1650

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	MISC EVENTS \$1439

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	BANK CHARGES \$698

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	DUES & SUBSCRIPTIONS \$390

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	CONTRACT SERVICES \$295

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	VOLUNTEER APPRECIATION \$271

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1010	Inventories - Beginning \$272 Inventories - Ending \$0