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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

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.

Department of the Treasury
Internal Revenue Service



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

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 YACHATS AREA CHAMBER OF COMMERCE	D Employer identification number 93-6031960
	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 728	E Telephone number (541) 547-3530
	City or town, state or province, country, and ZIP or foreign postal code YACHATS, OR 97498	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

I Website: ▶ **WWW.YACHATS.ORG**

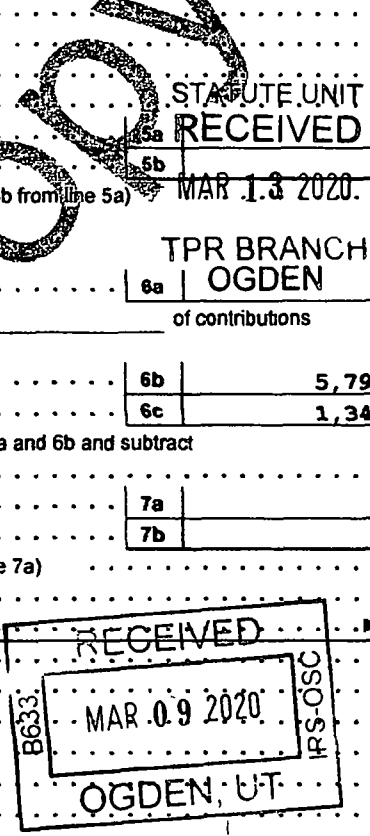
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to 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

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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	
2	Program service revenue including government fees and contracts	64,765
3	Membership dues and assessments	5,944
4	Investment income	13
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
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)	5,790
6c	Less: direct expenses from gaming and fundraising events	1,343
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	4,447
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)	4,870
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	80,039
10	Grants and similar amounts paid (list in Schedule O)	100
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	46,970
14	Occupancy, rent, utilities, and maintenance	7,290
15	Printing, publications, postage, and shipping	7,171
16	Other expenses (describe in Schedule O)	17,419
17	Total expenses. Add lines 10 through 16	78,950
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	1,089
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)	49,019
20	Other changes in net assets or fund balances (explain in Schedule O)	340
21	Net assets or fund balances at end of year. Combine lines 18 through 20	50,448



For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

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Part III Balance Sheets (see the instructions for Part II)

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



Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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? PROMOTION OF YACHATS AREA AND BUSINESSES

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.

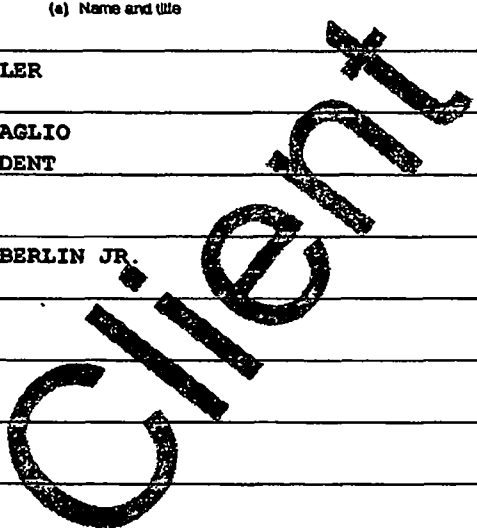
Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others)

Table with 3 columns: Description, Line Number, Expenses. Rows include OPERATED A VISITORS CENTER FOR THE CITY OF YACHATS PROVIDING INFORMATION, MAPS, SOUVENIRS OF THE LOCAL AREA AND BUSINESSES TO VISITORS; PROMOTED MEMBER BUSINESSES THROUGH VARIOUS PROGRAMS, ADVERTISING MEDIUMS, BROCHURES AND EVENTS; CONDUCT ANNUAL ARTS & CRAFTS FAIR TO PROMOTE AREA ARTISANS; CONDUCT ANNUAL MUSHROOM FESTIVAL TO RAISE FUNDS FOR THE BENEFIT OF COMMUNITY PROJECTS AND ORGANIZATIONS; Other program services; Total program service expenses.

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

Table with 5 columns: (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. Rows include LINDA HETZLER PRESIDENT, HEIDI TRIVAGLIO VICE PRESIDENT, WENDY RUSH SECRETARY, DAVID CHAMBERLIN JR. TREASURER.





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)
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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of RICHARD CUBBERTSON Telephone no. 541-547-3530 Located at PO BOX 81, YACHTS, OR ZIP + 4 97498
42b 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).
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
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
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
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

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

Table with Yes/No columns for question 46. Answer: No (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

Table with Yes/No columns for question 47. Answer: No

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

Table with Yes/No columns for question 48. Answer: No

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

Table with Yes/No columns for question 49a. Answer: No

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

Table with Yes/No columns for question 49b. Answer: No

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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (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."

Table with 3 columns: (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 (X) 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: LINDA HETZLER, Date: 11-14-2016, Type or print name and title: LINDA HETZLER, PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name: RICHARD CULBERTSON, Preparer signature: Richard Culbertson, Date: 11-18-2016, Check self-employed: No, PTIN: P00016771, Firm's name: CULBERTSON'S TAX SERVICE, Firm's address: PO BOX 81, YACHATS OR 97498, Phone no.: 541-547-3226

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

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.

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

OMB No 1545-0047

2015



Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

YACHATS AREA CHAMBER OF COMMERCE

93-6031960

01. Description of other revenue (Part I, line 8)

DESCRIPTION	AMOUNT
AGATE FESTIVAL	4,542
CELTIC FESTIVAL	178
MERCH SALES	150

02. List of grants and similar amounts paid (Part I, line 10)

ACTIVITY	ALL ACTIVITIES
GRANTEE	ALL GRANTEES
AMOUNT	100

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

DESCRIPTION	AMOUNT
DEPRECIATION	152
ACCOUNTING	800
SUPPLIES	273
TELEPHONE	2,701
INSURANCE	1,195
ADVERTISING	4,405
AGATE FESTIVAL	3,947
LADEDA PARADE WINTER CELEBRATION	630
OFFICE EXPENSE	240
BANK CHARGES	346
MEMBERSHIP DUES	400

Client Copy

Name of the organization

Employer identification number

YACHTS AREA CHAMBER OF COMMERCE

93-6031960

GIFT CERTIFICATES 310

WEB PAGE SERVICING 1,995

OTHER MISCELLANEOUS EXPENSE 25

04. Other changes in net assets or fund balances (Part I, line 20)

DESCRIPTION AMOUNT

ACCOUNTING ADJUSTMENTS 340

05. Description of other assets (Part II, line 24)

CATEGORY BEGINNING OF YEAR END OF YEAR

OTHER ASSETS 289 452

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