

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/form990ez.**

OMB No 1545-1150

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
 CHAMBER OF COMMERCE-YACHATS

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO BOX 728

City or town, state or province, country, and ZIP or foreign postal code
 YACHATS, OR 97498

D Employer identification number
 93-6031960

E Telephone number
 (541) 547-3530

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

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. ▶ \$ 81,325

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	41,605	22	44,925
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	41,605	25	44,925
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	41,605	27	44,925

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)

28 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		29a	
30 See Additional Data Table			
(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	46,897

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
LINDA HETZLER President	0	0		
HEIDI TRAVAGLIO Vice President	0	0		
WENDY RUSH Treasurer	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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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

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

Table with 5 columns: (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. Row 1: 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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: 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: ***** Date: 2019-05-05
LINDA HETZLER President
Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: Barbara J Martin Preparer's signature: Date: Check [X] if self-employed PTIN: P00206729
Firm's name: BARBARA MARTIN PC Firm's EIN: 47-2712191
Firm's address: PO BOX P 2285 HWY 101 STE K FLORENCE, OR 974399722 Phone no: (541) 997-8833

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

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 93-6031960

Name: CHAMBER OF COMMERCE-YACHATS

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 OPERATED A VISITORS CENTER FOR THE CITY OF YACHATS PRIVIDING INFORMATION, MAPS, SOUVENIRS OF THE LOCAL AREA AND BUSINESSES TO VISITORS (Grants \$ 42,466)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 PROMOTED MEMBER BUSINESSES THROUGH VARIOUS PROGRAMS, ADVERTISING MEDIUMS, BROCHURES AND EVENTS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

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

**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.

30

CONDUCTED ANNUAL ARTS & CRAFTS FAIR TO PROMOTE AREA ARTISANS CONDUCTED ANNUAL MUSHROOM FESTIVAL TO RAISE FUNDS FOR THE BENEFIT OF COMMUNITY PROJECTS AND ORGANIZATIONS

(Grants \$ 4,431)

If this amount includes foreign grants, check here

30a

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.

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Department of the Treasury
Internal Revenue Service

Name of the organization
CHAMBER OF COMMERCE-YACHATS

Employer identification number

93-6031960

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$3135

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$1083

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$4533

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$1619

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	CONTRACT SERVICES \$42466

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	EVENT PRODUCTION \$4431

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	GRAPHIC DESIGN \$3430

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	DONATIONS \$1212

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	CLEANING SERVICE \$975

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	DUES & SUBSCRIPTIONS \$502

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	LEGAL AND PROFESSIONAL \$500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	MEETING EXP \$121

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	SPEAKER \$100

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	BANK CHARGES \$84

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	LICENSE FEES \$50