

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 07-01-2018, and ending 06-30-2019

- 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) _____

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

I Website: N/A

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. **\$ 81,221**

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
2	Program service revenue including government fees and contracts 81,178
3	Membership dues and assessments
4	Investment income 43
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses 0
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) 0
6c	Less direct expenses from gaming and fundraising events 0
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 0
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 81,221
Expenses	
10	Grants and similar amounts paid (list in Schedule O)
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors 700
14	Occupancy, rent, utilities, and maintenance 9,613
15	Printing, publications, postage, and shipping 6,123
16	Other expenses (describe in Schedule O) 63,272
17	Total expenses. Add lines 10 through 16 79,708
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 1,513
Net Assets or Fund Balances	
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) 44,925
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year Combine lines 18 through 20 46,438

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 3 columns: Question, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of SANDY DUNN Telephone no (541) 547-3530 Located at PO BOX 638 YACHATS, OR ZIP + 4 97498

Table with 3 columns: Question, Yes, No. Rows include 42b, 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 3 columns: Question, Yes, No. 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.

***** Signature of officer	2019-09-26 Date
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 <input checked="" type="checkbox"/> 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: 18007218

Software Version: 2018v3.1

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 \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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<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>	

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<p>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 \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	

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

CHAMBER OF COMMERCE-YACHATS

Employer identification number

93-6031960

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$2106

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$808

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$576

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	CONTRACT SERVICES \$44650

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	EVENT PRODUCTION \$5662

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	HISTORY WALKING TOUR \$1700

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	WEBSITE EXPENSE \$1557

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	GRAPHIC DESIGN \$1428

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	CLEANING SERVICE \$1325

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	DONATIONS \$1122

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	MEETING EXP \$756

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	VOLUNTEER EXPENSES \$479

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	DUES & SUBSCRIPTIONS \$400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	LICENSE FEES \$245

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	BANK CHARGES \$238

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 15	REFUND \$170

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 16	SPEAKER \$50