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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

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. Department of the Treasury

	inter	ral Revenue	Service	► Information about Form 990 and its instructions is at www.irs.go	<u>v/form990</u>) <u>. </u>	Inspec	tion
	Α	For the 2	2014 cale	ndar year, or tax year beginning January 1 , 2014, and ending	Decen	nber 31	, 20 14	
	В	Check if a	pplicable:	C Name of organization PINE RIDGE AREA CHAMBER OF COMMERCE		D Employe	r identification :	number
	_	Address ci		Doing business as			46-0458267	
		Name cha	~	Number and street (or P.O. box if mall is not delivered to street address) Room/suite		E Telephor		
	_	Initial retur	-	PO BOX 375		· •	605-455-2685	
	_		reminated	City or town, state or province, country, and ZIP or foreign postal code			000-400-2000	
	\equiv			•		G Gross re	eciata \$	407504
		Amended		KYLE, SD 57752				437521
	ш	Application					subordinates? 🔲 Ye	
							included? Ye	
		Tax-exem		□ 501(c)(3) □ 501(c) (6) ◄ (insert no.) □ 4947(a)(1) or □ 527			list. (see instruct	ionsj
		Website:				exemption	~	
				Corporation Trust Association Other Non Profit L Year of formation:	1999	M State	of legal domicile:	SD
		art I	Summ			-C1		
	•			scribe the organization's mission or most significant activities: A voluntee				
	ᅙ	-		e, sustain and enhance Indian owned businesses, therefore, improving the qu	ality of lif	e on the I	ine Ridge Ind	an
	Ē		eservation			0504 - 6		
	8			is box > If the organization discontinued its operations or disposed of n		1 1	its net assets	
	Ğ			of voting members of the governing body (Part VI, line 1a)		3		5
	8			of independent voting members of the governing body (Part VI, line 1b) .		<u> </u>		5
	Ę			nber of individuals employed in calendar year 2014 (Part V, line 2a)		5		10
	Activities & Governance			nber of volunteers (estimate if necessary)		6		8
	⋖			elated business revenue from Part VIII, column (C), line 12		7a		0
		bi	Vet unre	ated business taxable income from Form 990-T, line 34		7b		0
2015			5 4-11	V	Prior Ye		Current '	rear
7	93			lions and grants (Part VIII, line 1h)		74214		392055
~	Revenue			service revenue (Part VIII, line 2g)		11395		44426
-	ě			nt income (Part VIII, column (A), lines 3, 4, and 7d)		0		0
뮵				renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		1040
SE		12	otal rev	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		85609		437521
		13 (Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)		940		5025
SCANNED		14	Benefits	paid to or for members (Part IX, column (A), line 4)		0		. 0
Z	e S			other compensation, employee benefits (Part IX, column (A), lines 5-10)		50699		163222
Z	aus			onal fundraising fees (Part IX, column (A), line 11e)				0
$\ddot{\circ}$	Expenses			draising expenses (Part X Column (D) Jine 25) ► 860				
Š	ш			penses (Part IX, column (A), lines 11a-11d, 11f 24e)		61941		227367
		18	Fotal exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		113580		395614
		19 1	Revenue	less expenses Subtract line 18 from line 12		(27971)		41907
	3 or			Begi	inning of Cu	irrent Year	End of Y	'ear
	ssets 3alanc	20	lotal ass	ets (Part X, line 16) OGDEN; UT		165761		205659
	Net As Fund B	21	i Otal IIab	litues (Part A, line 20)		2501		856
				ts or fund balances. Subtract line 21 from line 20		163260		204803
		art II		ture Block				
	Un	der penalti	ies of perju	ry, I declare that I have examined this return, including accompanying schedules and statemen etc. Declaration of preparer (other than officer) is based on all information of which preparer has	its, and to t	he best of r	ny knowledge ar	d belief, it is
		a, correct,	A COMP	ete. Declaration of preparer (other trial officer) is based on all information of which preparer has	s any know	leage.		
	Si.	. 1	<i>z</i> ≤	he feld		8[[7	//5	
	Sig		, -	ature of officer	Da	ite '	-	
	He	re		an Sorbel, Executive Director				
		i		or print name and title				
	Pa	id	Photiy	Janis Preparer's signature Date	11.5	Check	T IF PTIN	
	Pr	eparer	Erin R.	Janis Killin K. Jakus 18/1	<u>リリク</u>	self-emp	 .	114155
		e Only			Fim	n's EIN ▶		
		=		ddress ►		ne no.		
				s this return with the preparer shown above? (see instructions)			🗸 Ye	s 🗌 No
	For	Paperwo	ork Redu	ction Act Notice, see the separate instructions. Cat. No. 1	1282Y		Form	990 (2014)

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	A volunteer non-profit corporation whose purpose is to create, sustain and enhance Indian owned businesses, therefore, improving
	the quality of life on the Pine Ridge Indian reservation. Applying the Lakota values of Honest, Wisdom, Respect, Courage, Fortitude,
	Responsibility and Generosity to the economic setting.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	, and the same of
4a	(Code:) (Expenses \$
	1. Produced a six module workforce development curriculum to be delivered to high school students through a partnership with Little
	Wound School. Piloted the curriculum during the 2014 school year.
	2. Trainings
	a. Conducted two Management and leadership development trainings with 17 participants.
	b. Conducted one work ethics training with 12 participants.
	c. Tour guide training 11 participants.
	d. Four Customer service trainings with 56 participants.
	e. Three Youth Job readiness trainings with 31 participants.
	f. Cultural Sensitivity training at Crazy Horse Memorial, fourth annual. 3. Assisted with 41 job placements at Cedar Pass Lodge, Badlands National Park.
	4. Completed 170 income tax returns through the VITA program.
	5. Successfully completed a South Dakota Tourism Challenge Grant and successfully completed the first year of a five year ANA grant
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	•
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······································
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	·		
	complete Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		}	}
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		.	}
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		1	
	Part III	5	_	Ĺ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		İ	
	"Yes," complete Schedule D, Part I	6	<u> </u>	✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	}	}	ł
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	L	✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	l	/
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	[-	
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		/
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			1
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	ł		{
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	✓_	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓_
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			1
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	L
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f	<u> </u>	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI and XII	12a	ļ	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	[1
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		\ <u>\</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	
14 a		14a		✓
b	0,	1		1
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ļ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	[[
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	[{	
	If "Yes," complete Schedule G, Part III	19	<u> </u>	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		✓
		For	m 99 0	(2014)

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Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	_	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28b 28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30	1	√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37	√	V
		For	n 990	(2014)

Form **990** (2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		V
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			}
•	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 10	01	, !	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b	✓	ļ
За	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ ,	/
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		V
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		<u> </u>
Tu	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		ĺ	ĺ
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a]	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ļ	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	ļ	١,
	and services provided to the payor?	7a	<u> </u>	√ _
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		\ <u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ť
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			[
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1	l	İ
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	}]
_	against amounts due or received from them.)	1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	İ		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.	T		
b	Enter the amount of reserves the organization is required to maintain by the states in which	ĺ		
	the organization is licensed to issue qualified health plans	}		}
C	Enter the amount of reserves on hand	L	ļ	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	1
	If "Van " has it filed a Form 700 to report these payments? If "No " provide an explanation in Schodule O	1446	1	1

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O. Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	-1		
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6	✓ ✓	✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	,	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.)	_
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	,	
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	-	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13	 `	1
14 15	Did the organization have a written document retention and destruction policy?	14		✓
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b	1	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	-	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed South Dakota Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501((c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year.	terest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	: ▶	
	January Mathie 8900 Lakota Prairio Dr. Kylo SD 57752			

	-
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Page	

Form	aan	/201	41

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Uneck this box if neither the organization not	r any related	a orga	anız	atio	n co	ompe	nsa	itea any curren	t otticer, airectoi	, or trustee.
				(0						
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any	8 5	5	0	조	QΙ	Ī	from	related	other
	hours for related	5, ₹	stat	Officer	еу є	ng g	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	중합	tio	4	du	ist c	[욕	(W-2/1099-MISC)	(** = /*********************************	organization
	below dotted	악류	nal		Key employee	Egg	Ì	1		and related
	line)	Individual trustee or director	Institutional trustee		Э	pen				organizations
		6	tee			Highest compensated employee				
			-		_					
(1) IVAN L. SORBEL	40									
(1) IVAN L. SORBEL EXECUTIVE DIRECTOR		1				'		48381		
(2)		<u> </u>	\vdash	-			 	40301		
(3)			Τ							
)								
(4)										
		1				l .				
(5)							Γ			
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(13)	ļ	Į .	1							
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(14)	ļ									
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
					•	C)			į					
	(A)	(B) Position (do not check more that				than c	ne	(D)	(E)		((F)		
	Name and title	Average	verage box, unless						Reportable	Reportable			nated	
		hours per week (list any	 	er and	_	irect	or/trust	—	compensation from	compensation f related	rom		unt of her	
		hours for	임	Inst	Officer	Σey	emp High	Former	the	organizations		compe	ensatio	n
		related	l vidu	럁	<u> </u>	Key employee	nest	mer	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)		n the nzation	,
		organizations below dotted	or tall t	ona		Ploy	8 8		(44-2/1099-10130)		į		related	
		line)	Individual trustee or director	Institutional trustee	ļ	èe	nper					organ	ızatıons	3
			#	stee			Highest compensated employee							
		ļ			<u> </u>	<u> </u>	8	<u> </u>						
(15)		ļ												
				_	_	_		<u> </u>						
(16)		ļ												
						<u> </u>	-	-						
(17)		ļ	}		Ì	1								
44.03					ļ	<u> </u>		<u> </u>						
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(20)			1			İ								
1b	Sub-total		<u> </u>	Ь	1		l	┢	48381			***		
C	Total from continuation sheets to Part		n A	•				.	0				· · · · -	
d	Total (add lines 1b and 1c)			·	•	•		•	48381					
2	Total number of individuals (including bu							e) w			D 000 o	f	-	
_	reportable compensation from the organ			1000	. II.O	ica	abovi	c, •••	1110 10001404 111	010 111011 \$10	0,000 0			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>											Yes	No
3	Did the organization list any former of	fficer, direc	ctor, o	or ti	rust	ee,	key (emp	oloyee, or high	nest compen	sated			
	employee on line 1a? If "Yes," complete											3	Ì	✓
4	For any individual listed on line 1a, is the	sum of re	porta	ble	cor	npe	nsatio	on a	and other comp	ensation fro	m the			
•	organization and related organizations	greater th	an \$	150	,000)? <i>I</i>	f "Ye	s,"	complete Sch	nedule J for	such			
	individual											4		✓
5	Did any person listed on line 1a receive of	or accrue c	ompe	nsa	tion	fro	m any	y ur	related organi	zation or indi	vidual			<u> </u>
	for services rendered to the organization	? If "Yes," (comp	lete	Sci	hed	ule J	for s	such person		.	5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ted in	dep	enc	lent	contr	act	ors that receive	ed more than	\$100,0	00 of	:	
	compensation from the organization. Re	port compe	ensati	on f	or t	he c	alenc	dar y	year ending wi	th or within th	ne orgar	nzatio	on's t	ax
	year.													
	(A)								(B)			(C)		
	Name and business add	dress						<u> </u>	Description of s	services	Co	mpens	ation	
N/A								_						
								_						
								<u> </u>						
								<u> </u>						
2	Total number of independent contractor							o th	nose listed ab	ove) who				
	received more than \$100,000 of compen	sation from	the c	orga	niza	itior	▶		0					

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a res	ponse or note to	any line in this	Part VIII		, . 🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts st	1a	Federated campaigns 1a					
irar	b	Membership dues 1b	11982		-		
ٳڲؚؠۣ	С	Fundraising events 1c	2599				
ξial	d	Related organizations 1d	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e	377474				
io io	f	All other contributions, gifts, grants,					
를 함		and similar amounts not included above 1f					
들입	g	Noncash contributions included in lines 1a-1f \$	• • • • • • • • • • • • • • • • • • • •				\
a G	h	Total. Add lines 1a-1f	•	392055			Ì
			Business Code				
Ē	2a	Donation	900099	15845	15845		
æ	b	Program Fees	900099	420			
iç	С	Visitor Center	561591	28161	28161		
je j	d						
Ē	е						
Program Service Revenue	f	All other program service revenue.					
집	g	Total. Add lines 2a-2f	•	44426			
	3	Investment income (including divid	lends, interest,				
		and other similar amounts)	▶	0			
	4	Income from investment of tax-exempt b	ond proceeds ►	0			
	5	Royalties	🕨	0			
		(ı) Real	(II) Personal				
	6a	Gross rents					
	b	Less: rental expenses		ļ			
	С	Rental income or (loss)	l				
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of (i) Securities	(II) Other	1			
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses .			j		
	С	Gain or (loss)					
	ď	Net gain or (loss)	•	o			
venue	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a					
)th	b	Less: direct expenses b	,		ļ		
•	С	Net income or (loss) from fundraising	events . >	0			
	9 a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming act	ivities ►	0			
	10a	Gross sales of inventory, less returns and allowances a	1				
	ь	Less: cost of goods sold b					
	С	Net income or (loss) from sales of inv		0			
	ļ	Miscellaneous Revenue	Business Code				
	l .	Contract Income	900099	509			
	b	Reimbursed Income	900099	369			
	С	Communications Credit	221000	162		-	
	d	All other revenue					
	e	Total. Add lines 11a–11d	🟲	1040			
	12	Total revenue. See instructions	🕨 !	A37521	44426		ľ

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	plete all columns. A	II other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon-	se or note to any lin	e in this Part IX .		🛚
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5025	5025		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	48382		48382	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84207 19365		84207 19365	
9 10	Other employee benefits	11268		11268	
11 a	Fees for services (non-employees): Management				
c d	Legal	200		200	
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	04707	04707		
12 13	Advertising and promotion	94787 52472 15057	94787 52472 45	14502	510
14 15 16	Information technology	13458		13458	
17 18	Travel	29025	18656	10369	
19 20	Conferences, conventions, and meetings . Interest	2848	1844	1004	
21 22	Payments to affiliates	165		165	
23 24	Insurance	5810		5810	
a b	Security System Entertainment - Poker Run	1422 300		1422	300
c d	Rental - Storage Misc - Gift	11782 41		11732	50
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	395614	172829	221925	860
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	333014	172029	221323	300

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Savings and temporary cash investments Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Assets Inventories for sale or use Prepaid expenses and deferred charges . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 139295 10c Less: accumulated depreciation 10b h Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, iabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds. (25577)Total liabilities and net assets/fund balances . . .

Page	12	

	, o (2017)			1 6	90 -
Parl	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				✓
1	Total revenue (must equal Part VIII, column (A), line 12)			4	37521
2	Total expenses (must equal Part IX, column (A), line 25)			3	95614
3	Revenue less expenses. Subtract line 2 from line 1				41907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			1	63260
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				(492)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	<u> </u>		2	<u>05659</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		
		_	_	Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ın	ı		
	Schedule O.		- }	İ	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or	- 1		•
	reviewed on a separate basis, consolidated basis, or both:	į	l		
	Separate basis Consolidated basis Both consolidated and separate basis		- 1		
b	Were the organization's financial statements audited by an independent accountant?		2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on separate basis, consolidated basis, or both:	a	ļ		
	·)	'	
_	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig		- 1		
С	of the audit, review, or compilation of its financial statements and selection of an independent accountant		.		
	If the organization changed either its oversight process or selection process during the tax year, explain		2c		
	Schedule O.	"			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth				
Jä	the Single Audit Act and OMB Circular A-133?	1	<u>, </u>		,
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3a		✓
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		зь		
	Toquirod addit of addite, explain why in contoduc o and describe any stops taken to undergo such addits.			. 000	(2014)
			LOIL	・フラレ	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

► Attach to Form 990 or Form 990-EZ.

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

4947(a)(1) nonexempt charitable trust.

201**4**

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer Identification number PINE RIDGE AREA CHAMBER OF COMMERCE 46-0458267 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions), You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support	diddi tilo too	noted bare	itt, piodos co	p.o.o.r a.r.		
_	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	(2) 20 10	12, 23 11	(0, 00 1	(=) == :=		
-	received. (Do not include any "unusual grants.")	523118	501709	342682	63841	389456	1820806
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	o	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0		0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	523118	501709	342682	63841	389456	1820806
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	ļ					
C4	line 6.)						1820806
	on B. Total Support	(=) 0010	(h) 0011	/-\ 0010	(4) 0010	(0) 2014	(f) Total
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	1	523118	501709	342682	63841	389456	1820806
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0		0	0	o	0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or loss from the sale of capital assets					· ·	
	(Explain in Part VI.)	10795	46679	9707	44733	44426	156340
13	Total support. (Add lines 9, 10c, 11, and 12.)	277854	569797	511416	387415	433882	1977146
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			•	ear as a sectio	
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2014 (line 8	3, column (f) di	vided by line 1	3, column (f))		15	92 %
16	Public support percentage from 2013 Sch	nedule A, Part I	II, line 15 .			16	93 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014 (line 10c, colum	n (f) divided b	y line 13, colur	nn (f))	17	0 %
18	Investment income percentage from 2013					18	0 %
19a	331/3% support tests-2014. If the organ						
	17 is not more than 331/3%, check this box	-	-	-			
b	331/3% support tests—2013. If the organiz line 18 is not more than 331/3%, check this l						
20	Private foundation. If the organization di						

Schedule A	(Form 990 or 990-EZ) 2014	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part III, line 12. Also complete this part for any additional information. (See instructions.)	17b; and
Line 12 - C	Other Income	
Other inco	ome acquired consists of donations, program fees and visitor income to generate revenue for the organization.	
-		
**		
	•	
		••••••

SCHEDULE C · (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

, , .					
• Se	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			Employer ider	ntification number
PINE F	RIDGE AREA CHAMBER OF	COMMERCE			46-0458267
Part	I-A Complete if the	e organization is exempt und	er section 501(c	c) or is a section 527 (organization.
1	Provide a description of	the organization's direct and indire	ct political campa	ign activities in Part IV.	
2	Political expenditures .				}
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$)
3	If the organization incurre	ed a section 4955 tax, did it file Foi	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz			
2		filing organization's funds contrib			
		vities			
3		expenditures. Add lines 1 and 2.			***************************************
	line 17b			▶ \$	
4	Did the filing organization	n file Form 1120-POL for this year	?		Yes No
5	Enter the names, address	ses and employer identification nur	nber (EIN) of all se	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	ization's funds. Also enter
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committe	e (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			.,	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0
(1)					
(2)		 			
			·		
(3)					
(4)		ļ			
					
(5)		ļ			
	· · · · · · · · · · · · · · · · · · ·				
(6)					

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT fil (election under section 501(h)).	led I	Form	5768		
or e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
		Yes	No	Aı	mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					·
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?					
j	Other activities?					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6).	(5), (or se	ction		
	30 I(U)(U).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	 ` 	1
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	\vdash	7
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."		Part			
1 2	Dues, assessments and similar amounts from members	of	1			11982
а	Current year		2a			0
b	Carryover from last year	•	2b			0
С	Total	•	2c	,,,,,,		0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	· · · · · · · · · · · · · · · · · · ·		0
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbyed and political expenditure next year?	ıng				
5	and political expenditure next year?		5	ļ		0
Par		•	<u> </u>	L		0
rovio	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groue instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ıp lıs	t); Pa	rt II-A,	ines 1	and

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

0MB No 1545-0047 2014

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Pine Ridge Area Chamber of Commerce 46-0458267 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 4 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X . . .

Part									
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner recor	ds, chec	k any of the	e follow	ing that are a	significant use	of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	ams		
b	☐ Scholarly research		e	Other					
C	☐ Preservation for future generations								
4	Provide a description of the organizat XIII.	ion's collections a	nd expla	ain how ti	hey further	the orga	anızatıon's exe	mpt purpose in	Part
5	During the year, did the organization								
	assets to be sold to raise funds rather		ined as p	part of the	organizati	on's col	lection?	☐ Yes ☐	No
Part				000 5		•			
	Complete if the organization	answered "Yes"	to Forr	n 990, P	art IV, line	9, or re	eported an ar	nount on Forn	n
12	990, Part X, line 21. Is the organization an agent, trustee,	custodian or othe	or interm	odiani fo	or contribut	ione or	other accete r		
10	included on Form 990, Part X?								7 No
b	If "Yes," explain the arrangement in Pa							1es	, 140
•	ii 100, Oxpiaii iio airangomone iii 1	ar Am and Compic		nowing to	<i>1</i> 010.			Amount	
С	Beginning balance					1c	1		
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1 f			
2a	Did the organization include an amour								No
	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the ex	kplanatioi	n has been	provide	d in Part XIII .	<u> </u>]
Par	Endowment Funds.			000 D		40			
	Complete if the organization	(a) Current year		n 990, P or year	(c) Two year		(d) Three years bad	ck (e) Four years	book
10	Paginning of year balance	(a) Current year	(D) FIR	or year	(c) Iwo year	S Dack	(d) Three years bac	(e) Four years	Dack
b	Beginning of year balance Contributions								
C	Net investment earnings, gains, and				·				
	losses	ĺ							
d	Grants or scholarships								
е	Other expenditures for facilities and						······································		
	programs					1			
f	Administrative expenses		-						
g	End of year balance						·		
2	Provide the estimated percentage of the	•	d balanc	e (line 1g	, column (a)) held a	ıs:		
a	Board designated or quasi-endowmen		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2	% should squal 10	00/						
За	Are there endowment funds not in the			zation the	at are held :	and adr	ministered for t	he	
ou	organization by:	, possession or an	o organi	zation the	at are note	ana aa	imilatored for t	Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organi							3b	
4	Describe in Part XIII the intended uses	of the organizatio	n's endo	wment fu	unds.				
Part	, , , , , , , , , , , , , , , , , , , ,								
	Complete if the organization								
	Description of property	(a) Cost or oth (investme			or other basis ther)		occumulated preciation	(d) Book value	•
1a	Land								
b	Buildings		191553				52258	13	9295
C	Leasehold improvements						\		
d	Equipment			ļ					
e Total	Other	und paried France 22)O D- / `		(0) 1 = 30)_ \			
ı <u>u</u> tal.	Add lines 1a through 1e. (Column (d) m	iust equal Form 99	ιυ, <i>Ρ</i> απ λ	k, column	ו (ש), ווne 10	<i>IC.)</i>		13	9295

Part VII	Investments – Other Securities. Complete if the organization answ	wordd "Voo" to Ear	000	Dort IV line	11h Cos Form	OOO Dort V line 10
	(a) Description of security or category	vereu res to For		Book value		thod of valuation
	(including name of security)				Cost or end	l-of-year market value
(1) Financial						
	eld equity interests					· · · · · · · · · · · · · · · · · · ·
(3) Other						
(A)						
(B)						
(C) (D)						
(E)			ļ		-	
(F)			├──			
(G)						
(H)						
	b) must equal Form 990, Part X, col. (B) line 12)		<u> </u>			
Part VIII	Investments—Program Related		<u> </u>			
	Complete if the organization answ		m 990	. Part IV. line	11c. See Form	990. Part X. line 13.
	(a) Description of investment			Book value		thod of valuation:
	, ,		(-,			f-of-year market value
(1)					······································	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)		···				
	b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX	Other Assets.					
	Complete if the organization answ		m 990	, Part IV, line	11d. See Form	
	(a ₁	Description				(b) Book value
(1)						
(2)						
(3)						
_(4)						
(5)						
<u>(6)</u>						1
(7) _(8)	· · · · · · · · · · · · · · · · · · ·					
(9)						
Total. (Colui	mn (b) must equal Form 990, Part X, co	l. (B) line 15.)			•	
Part X	Other Liabilities.					
	Complete if the organization answ	vered "Yes" to For	m 990	. Part IV. line	11e or 11f. See	Form 990, Part X.
	line 25.					,
1.	(a) Description of liability	(b) Book value		· · · · · · · · · · · · · · · · · · ·		
(1) Federal in	come taxes					
(2) Aflac			67			
(3) Accrued	Payroll		789			
(5)						
(6)						
(7)						
(8)						
(9)						
	o) must equal Form 990, Part X, col. (B) line 25) ▶		856			
2. Liability for	uncertain tax positions. In Part XIII, provid	de the text of the footn	ote to t	he organization	's financial stateme	ents that reports the
organization's	s liability for uncertain tax positions under	HIN 48 (ASC 740). Che	ck here	out the text of the	e footnote has bee	en provided in Part XIII

	XI Reconciliation of Revenue per Audited Financial Stateme		Return.
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	ו ו
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c] {
d	Other (Describe in Part XIII.)	2d]
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	_
	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part			er Return.
	Complete if the organization answered "Yes" to Form 990, F		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	_{ \
С	Other losses	2c	_
d	Other (Describe in Part XIII.)	2d	1
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4 1
b	Other (Describe in Part XIII.)	4b	- .
_	Add lines 4a and 4b	- 401	4c
5 Post	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	e 16.)	5
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV Junes 1b and 2	hi Bort V. line 4: Bort V. line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.
2; Par		to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.
2; Par Part X	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part - Line 2 surance for current employees	to provide any additional i	nformation.

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. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization **Employer identification number** 46-0458267 Pine Ridge Area Chamber of Commerce Part VI, Section B: 11a The 990 is examined by the Executive Director and a copy is provided to the board members for review Part VI, Section B: 112a-c: Conflict of Interest Policy B. Recruitment Restriction 1. No sitting member of the Board of Directors of this corporation may apply for any position of employment with the corporation. 2. No immediate family of the Executive Director, Chief Operation Officer, Business Manager or of any current employee of the corporation may apply for any permanent position of employmnet iwth the corporation. 3. No elected official of the Oglala Lakota Nation of the Districts of the Pine Ridge Indian reservation may apply for any position of employment with the corporation. 4. For purposes of the Part 1, Section B., immediate family shall mean a person's mother, father, grandmothers, grandfathers, spouse, siblings, half-siblings, children and grandchildren. 5. The restrictions from employment of the Part 1, Section B., shall not apply to short-term or odd jobs or volunteer work. Part IV, Section B: 15a-c: Compensation The Board of Directors giv ethe final approval for salary and/or hourly rates for current and new employees if applicable. Part IV, Section C: 19: Disclosure Governing documents, the conflicts of interest policy and the financial statments are available to the public on request. Inquiries will be made to the Executive Director of the Chamber. Part XI: Reconciliation of Net Assets Line 9: this is an adjustment to the net assets in order to balance year end