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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-1150

2015

Open to Public Inspection

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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

LA PINE CHAMBER OF COMMERCE INC

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

P O BOX 616

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

LA PINE, OR 97739

D Employer identification number

93-0855100

E Telephone number

(541) 536-9771

F Group Exemption Number

▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶ www.lapine.org

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

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 125,687

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			
Check if the organization used Schedule O to respond to any question in this Part I ☒			
Revenue	1	Contributions, gifts, grants, and similar amounts received	56,060
	2	Program service revenue including government fees and contracts	34,743
	3	Membership dues and assessments	32,493
	4	Investment income	9
	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
Expenses	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	2,382
	7b	Less cost of goods sold	521
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	1,861
	8	Other revenue (describe in Schedule O)	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	125,166
	10	Grants and similar amounts paid (list in Schedule O)	6,730
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	61,848
Net Assets	13	Professional fees and other payments to independent contractors	253
	14	Occupancy, rent, utilities, and maintenance	11,719
	15	Printing, publications, postage, and shipping	922
	16	Other expenses (describe in Schedule O)	37,655
	17	Total expenses. Add lines 10 through 16	119,127
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	6,039
	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)	6,742
	20	Other changes in net assets or fund balances (explain in Schedule O)	686
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	13,467

Part II

Balance Sheets (see the instructions for Part II)

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

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

Part III

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

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

What is the organization's primary exempt purpose?
PROMOTE BUSINESS NETWORKING AND TOURISIM IN THE LAPINE AREA

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31

Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARK O'CONNELL Director	2 00	0		
LINDA STEPHENSON President	2 00	0		
REX LESUEUR Vice President	2 00	0		
TIFFANY ZEILER TREASURER	2 00	0		
MARY THORSON DIRECTOR	2 00	6,000		
KIM HAFERMALZ DIRECTOR	2 00	0		
ROBIN MIRRASOUL DIRECTOR	2 00	0		
WOODY JARRELL DIRECTOR	2 00	0		
GARY GORDON DIRECTOR	2 00	0		
ANN GAWITH EXEC DIRECTOR	40 00	31,000		

Part VOther Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶, section 4912 ▶, section 4955 ▶		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ LA PINE CHAMBER Telephone no ▶ (541) 536-9771 Located at ▶ 51425 HWY 97 SUITE A LA PINE, OR ZIP + 4 ▶ 97739		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	No
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
f Total number of other employees paid over \$100,000 ►				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		
d Total number of other independent contractors each receiving over \$100,000. ►		
52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A ☐ Yes ☐ No		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		2017-07-20				
	ANN GAWITH EXEC DIRECTOR		Date				
Paid Preparer Use Only	Print/Type preparer's name Louis Zettel EA LTC 5707C		Preparer's signature		Date	Check ☐ if self-employed	PTIN P00047795
	Firm's name ► Central Oregon Tax 31270C					Firm's EIN ►	
	Firm's address ► PO Box 749					Phone no (541) 536-1317	
	La Pine, OR 97739						
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No							

Additional Data

Software ID: 15000324
Software Version: 2015v3.0
EIN: 93-0855100
Name: LA PINE CHAMBER OF COMMERCE INC

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 PROVIDE A COMMUNITY SOURCE FOR BUSINESSES, NON PROFITS AND NEWCOMERS TO THE AREA TO FIND OUT WHAT THE AREA HAS TO OFFER AND HELP THEM TO PURSUE THE RIGHT DIRECTION WE SPONSOR MONTHLY EVENTS AND ANNUAL DINNERS FOR ALL MEMBERS IN ADDITION, WE HELP TO PROMOTE EVENTS FOR ALL MEMBERS OF THE COMMUNITY ACCOMPLISHMENTS FOR THE YEAR INCLUDED AN ANNUAL BANQUET, BUSINESS EXPO AND SEVERAL OTHER EVENTS DESIGNED TO PROMOTE COMMERCE AND TOURISM WHILE STRENGTHENING OUR BUSINESS COMMUNITY (Grants \$) If this amount includes foreign grants, check here . . . ☐	28a	

SCHEDULE O
(Form 990 or
990-EZ)

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization LA PINE CHAMBER OF COMMERCE INC	Employer identification number 93-0855100
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990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$6437

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$842

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$3234

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	MONTHLY BREAKFAST \$8468

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	SEMINAR EXPENSES \$1650

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	MISC EVENTS \$1439

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	BANK CHARGES \$698

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	CONTRACT SERVICES \$295

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	VOLUNTEER APPRECIATION \$271

990 Schedule O, Supplemental Information

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