

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 01-01-2018, and ending 12-31-2018

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

C Name of organization
ANDERSON CHAMBER OF COMMERCE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1106 MERIDIAN STREET NO 109

City or town, state or province, country, and ZIP or foreign postal code
ANDERSON, IN 46016

D Employer identification number
35-0146970

E Telephone number
(765) 642-0264

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. ▶ \$ 136,633

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

(see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I.

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	
2	Program service revenue including government fees and contracts	55,028
3	Membership dues and assessments	81,595
4	Investment income	10
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c	Less direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	136,633
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	157,264
13	Professional fees and other payments to independent contractors	12,364
14	Occupancy, rent, utilities, and maintenance	20,460
15	Printing, publications, postage, and shipping	1,336
16	Other expenses (describe in Schedule O)	53,086
17	Total expenses. Add lines 10 through 16	244,510
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-107,877
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)	105,216
20	Other changes in net assets or fund balances (explain in Schedule O)	-7,929
21	Net assets or fund balances at end of year. Combine lines 18 through 20	-10,590

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	32,418 22	31,093
23 Land and buildings	4,764 23	3,898
24 Other assets (describe in Schedule O)	103,887 24	1,556
25 Total assets	141,069 25	36,547
26 Total liabilities (describe in Schedule O).	35,853 26	47,137
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	105,216 27	-10,590

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?
 THE CHAMBER OF COMMERCE FOR ANDERSON AND MADISON COUNTY SERVES AS A VOICE AND ADVOCATE OF THE LOCAL BUSINESS COMMUNITY, PROMOTING ECONOMIC GROWTH, RESPONSIBLE GOVERNMENT AND A HIGHER QUALITY OF LIFE FOR ALL CITIZENS

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

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	29a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
30	30a
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
31 Other program services (describe in Schedule O)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 244,510

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
KYLE MAY DIRECTOR	1 00	0	0	0
KRIS ZINSZER DIRECTOR	1 00	0	0	0
SANDY MONTGOMERY DIRECTOR	1 00	0	0	0
NICK THEOHARES DIRECTOR	1 00	0	0	0
SALLY DEVOE DIRECTOR	1 00	0	0	0
TIM THOMPSON DIRECTOR	1 00	0	0	0
KIRK KLABUNDE DIRECTOR	1 00	0	0	0
BEVERLY JOYCE DIRECTOR	1 00	0	0	0
BEN ORCUTT DIRECTOR	1 00	0	0	0
SHERRY PEAK-DAVIS DIRECTOR	1 00	0	0	0

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

Table with columns for question number, description, and Yes/No response. Rows include questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of THE ORGANIZATION Telephone no (765) 642-0264 Located at 1106 MERIDIAN STREET NO 109 ANDERSON, IN ZIP + 4 46016

Table with columns for question number, description, and Yes/No response. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 columns for question number, description, and Yes/No response. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	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

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

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	2019-11-05 Date
▶ KYLE MAY DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MICHELLE D SKEEN CPA	Preparer's signature	Date 2019-11-05	Check <input type="checkbox"/> if self-employed	PTIN P00183955
Firm's name ▶ ESTEP-DOCTOR & COMPANY PC			Firm's EIN ▶ 35-1521112		
Firm's address ▶ 814 CENTRAL AVE ANDERSON, IN 46012			Phone no (765) 289-5366		

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

Additional Data

Software ID:

Software Version:

EIN: 35-0146970

Name: ANDERSON CHAMBER OF COMMERCE INC

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 RECOGNIZE THE ACCOMPLISHMENTS OF LOCAL BUSINESS PEOPLE THROUGH THE ENTREPRENUER AWARD AND ANNUAL MEETING, PROMOTE NETWORKING AND GROWTH IN AREA BUSINESSES (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	244,510

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: ANDERSON CHAMBER OF COMMERCE INC

EIN: 35-0146970

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

ANDERSON CHAMBER OF COMMERCE INC

Employer identification number

35-0146970

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INVESTMENT INCOME AMOUNT 10 TOTAL TO FORM 990-EZ, LINE 14 20,460

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 3,251 DESCRIPTION OTHER EXPENSES AMOUNT 17,209

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEMBERSHIP DUES AMOUNT 3,682 DESCRIPTION PROGRAMS AND EVENTS EXPENSE AMOUNT 18,834 DESCRIPTION BANK FEES AMOUNT 1,543 DESCRIPTION DONATIONS AMOUNT 2,080 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 3,607 DESCRIPTION INSURANCE AMOUNT 1,913 DESCRIPTION OFFICE SUPPLIES AMOUNT 392 DESCRIPTION ADVERTISING AMOUNT 243 DESCRIPTION TRAVEL AMOUNT 2,372 DESCRIPTION SUBCONTRACTOR AMOUNT 2,125 DESCRIPTION REIMBURSEMENTS AMOUNT 1,535 DESCRIPTION INTEREST AMOUNT 2,371 DESCRIPTION PAYROLL TAXES AMOUNT 12,389 TOTAL TO FORM 990-EZ, LINE 16 53,086

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION PRIOR PERIOD ADJUSTMENT AMOUNT -7,929

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 100,467 END OF YEAR AMOUNT 521 D DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 3,420 END OF YEAR AMOUNT 1,035

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 33,133 END OF YEAR AMOUNT 5,698 DESCRIPTION CREDIT CARD BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 9,832 DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 2,720 END OF YEAR AMOUNT 4,282 DESCRIPTION NOTE PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 27,325