

Short Form Return of Organization Exempt From Income Tax

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning _____, and ending _____

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

C Name of organization
Batesville Area Chamber of Commerce
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
~~2 West Main~~
16 East George Street
 City or town State ZIP code
Batesville IN 47006
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
35-0998490

E Telephone number
(812) 934-3101

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ www.batesvillein.com

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 ▶ \$ **151,652**

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	41,201
	3 Membership dues and assessments	3	46,304
	4 Investment income	4	2
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b 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)	6b	64,145
c Less direct expenses from gaming and fundraising events	6c	47,610	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	16,535	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	104,042	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	66,479
	13 Professional fees and other payments to independent contractors	13	2,217
	14 Occupancy, rent, utilities, and maintenance	14	8,398
	15 Printing, publications, postage, and shipping	15	3,949
	16 Other expenses (describe in Schedule O)	16	31,348
	17 Total expenses. Add lines 10 through 16	17	112,391
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,349
	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)	19	33,443
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	25,094

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JUN 07 2017

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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	90,952	94,246
23 Land and buildings		
24 Other assets (describe in Schedule O)	6,502	7,882
25 Total assets	97,454	102,128
26 Total liabilities (describe in Schedule O)	64,011	77,034
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,443	25,094

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? Public benefit and economic development
 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 Economic development-attract and retain businesses Area population is approximately 7,500 with 450 area businesses (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 Community marketing-promotion of the community and surrounding areas Organizing tourism related events and promotions impacting approximately 15,000 individuals (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 Educational partnerships-partnering with local school corporation and community college Programing impacts approximately 1,000 students annually The local workforce is also impacted (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses. (add lines 28a through 31a)	32 0

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
Mary Dickey Dir	Hr/WK 25	0	0	0
Peter Mack Treas	Hr/WK 50	0	0	0
Paul Ketchum Dir	Hr/WK 25	0	0	0
Liz Kellerman Dir	Hr/WK 25	0	0	0
Mary Hunnington Dir	Hr/WK 25	0	0	0
Chris Fledderman Dir	Hr/WK .25	0	0	0
Tory Flynn Dir	Hr/WK 25	0	0	0
Beverly Broughton Pres	Hr/WK 50	0	0	0
Carrie Rupp Dir	Hr/WK 50	0	0	0
Kim Inscho Dir	Hr/WK .25	0	0	0
Mary Ellen Rippe Dir	Hr/WK 25	0	0	0
Maggie Henson V Pres	Hr/WK 50	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.

		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		X
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).		X
35 a	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)?		X
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		
35c	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		X
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.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		X
38 a	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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/>		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9. <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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 <input type="text"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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		X
40e			
41	List the states with which a copy of this return is filed <input type="text"/>		
42 a	The organization's books are in care of <input type="text" value="Anna Ibold"/> Telephone no <input type="text" value="(812) 934-3101"/> Located at <input type="text" value="16 East George Street"/> City <input type="text" value="Batesville"/> ST <input type="text" value="IN"/> ZIP + 4 <input type="text" value="47006"/>		
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)? If "Yes," enter the name of the foreign country <input type="text"/> See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country. <input type="text"/>		X
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a			
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		X
44b			
c	Did the organization receive any payments for indoor tanning services during the year?		X
44c			
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			
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a			
45 b	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)		X
45b			

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 Yes No
46 X

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49 a 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
Name None				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

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
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

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: *Anna M. Ibold*
 Type or print name and title: *Anna Ibold / Executive Director*
 Date: *5/11/2017*

Paid Preparer Use Only

Print/Type preparer's name Peter G Mack CPA	Preparer's signature <i>Peter G Mack CPA</i>	Date 5/10/2017	Check <input type="checkbox"/> if self-employed	PTIN P00000637
Firm's name ▶ The Mack Group	Firm's EIN ▶ 30-0763060		Phone no (812) 933-1040	
Firm's address ▶ PO Box 37, Batesville, IN 47006				

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

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

Batesville Area Chamber of Commerce

Employer identification number

35-0998490

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		Golf outing (event type)	Annual dinner (event type)	1 (total number)	(add col (a) through col (c))		
Revenue	1	Gross receipts	10,488	11,239	42,418	64,145	
	2	Less: Contributions			0	0	
	3	Gross income (line 1 minus line 2)	10,488	11,239	42,418	64,145	
Direct Expenses	4	Cash prizes			0	0	
	5	Noncash prizes			0	0	
	6	Rent/facility costs			0	0	
	7	Food and beverages		6,492	0	6,492	
	8	Entertainment			0	0	
	9	Other direct expenses	10,178		30,940	41,118	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				▶	(47,610)
	11	Net income summary. Subtract line 10 from line 3, column (d)				▶	16,535

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
Revenue	1	Gross revenue			0	
Direct Expenses	2	Cash prizes			0	
	3	Noncash prizes			0	
	4	Rent/facility costs			0	
	5	Other direct expenses			0	
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				▶ (0)
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				▶ 0

- 9 Enter the state(s) in which the organization conducts gaming activities _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 0 and the amount of gaming revenue retained by the third party ▶ \$ _____ 0
- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ 0

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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

2016

**Open to Public
Inspection**

Name of the organization

Batesville Area Chamber of Commerce

Employer identification number

35-0998490

Form 990-EZ, Part I, Line 16, Other Expenses: Travel 270

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment: 350

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 658

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 5,922

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 2,214

Form 990-EZ, Part I, Line 16, Other Expenses Membership drive 105

Form 990-EZ, Part I, Line 16, Other Expenses Bank fees 1,825

Form 990-EZ, Part I, Line 16, Other Expenses Board expenses 142

Form 990-EZ, Part I, Line 16, Other Expenses: Dues and subscriptions 2,175

Form 990-EZ, Part I, Line 16, Other Expenses Insurance: 2,851

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 123

Form 990-EZ, Part I, Line 16, Other Expenses Sponsorships 1,066

Form 990-EZ, Part I, Line 16, Other Expenses Visitor center 270

Form 990-EZ, Part I, Line 16, Other Expenses Payroll taxes 6,050

Form 990-EZ, Part I, Line 16, Other Expenses: Website 346

Form 990-EZ, Part I, Line 16, Other Expenses Bulk mail 6,981

Form 990-EZ, Part II, Line 24, Other Assets Equipment Beginning of year 6,502, End of year

7,882

Form 990-EZ, Part II, Line 26, Liabilities Gift certificates Beginning of year 31,660, End

of year: 42,950

Form 990-EZ, Part II, Line 26, Liabilities Membership deposits Beginning of year 30,186,

End of year: 32,004

Form 990-EZ, Part II, Line 26, Liabilities Payroll liabilities Beginning of year 2,165, End

of year: 2,080

Name of the organization

Employer identification number

Batesville Area Chamber of Commerce

35-0998490

Area with horizontal dashed lines for supplemental information.

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name of Organization

Batesville Area Chamber of Commerce

Employer identification number

35-0998490

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
Mark Graver Dir	Hr/WK .25	0	0	0
Patricia Hatcher Office Admin	Hr/WK 40 00	10,598	0	0
Anna Ibold Ex Dir	Hr/WK 40 00	37,692	0	0
-----	Hr/WK			
-----	Hr/WK			
-----	Hr/WK			
-----	Hr/WK			
-----	Hr/WK			
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