

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

2018

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.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 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 Pearl 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) _____

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

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

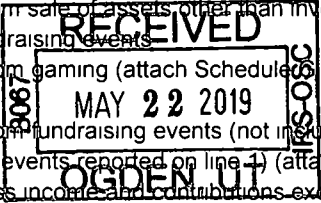
K Form of organization: Corporation Trust Association Other _____

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 147,390

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	27,000
3	Membership dues and assessments	54,783
4	Investment income	
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)	0
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule O 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)	64,803
6c	Less direct expenses from gaming and fundraising events	45,064
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	19,739
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)	0
8	Other revenue (describe in Schedule O)	804
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	102,326
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	63,865
13	Professional fees and other payments to independent contractors	1,947
14	Occupancy, rent, utilities, and maintenance	10,030
15	Printing, publications, postage, and shipping	428
16	Other expenses (describe in Schedule O)	33,357
17	Total expenses. Add lines 10 through 16	109,627
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-7,301
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)	10,963
20	Other changes in net assets or fund balances (explain in Schedule O)	-31
21	Net assets or fund balances at end of year. Combine lines 18 through 20	3,631

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14

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	84,650	22	71,736
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	33,280	24	14,282
25 Total assets	117,930	25	86,018
26 Total liabilities (describe in Schedule O)	106,967	26	82,387
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,963	27	3,631

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
Shen Brougher 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
Brittany Gross Dir	Hr/WK 25	0	0	0
Mary Hunnington V Pres	Hr/WK 25	0	0	0
Mark Herther Dir	Hr/WK 25	0	0	0
Beverly Broughton Dir	Hr/WK 50	0	0	0
Rebecca Rahschulte Dir	Hr/WK 25	0	0	0
Maggie Henson Pres	Hr/WK 50	0	0	0
Mark Graver Dir	Hr/WK 25	0	0	0
Allison Hountz Office Admin	Hr/WK 40 00	18,996	0	0
Anna Ibold Ex Dir	Hr/WK 40 00	41,385	0	0

Go

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?		
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		
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
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="Maggie Lyon"/> Telephone no <input type="text" value="(812) 934-3101"/> Located at <input type="text" value="2 West Pearl"/> 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"/>		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
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
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
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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

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		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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	Hr/WK	00		
Title	Hr/WK	00		
Name	Hr/WK	00		
Title	Hr/WK	00		
Name	Hr/WK	00		
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		
City	Str	ST ZIP
Name	Str	ST ZIP
City	Str	ST ZIP
Name	Str	ST ZIP
City	Str	ST ZIP
Name	Str	ST ZIP
City	Str	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: Mary Huntington Date: 5-14-19
 Type or print name and title: Mary Huntington

Paid Preparer Use Only
 Print/Type preparer's name: Peter G Mack CPA
 Preparer's signature: Peter G Mack CPA
 Date: 5/9/2019
 Check if self-employed
 PTIN: P00000637
 Firm's name: Mack Advisory Group
 Firm's address: PO Box 37, Batesville, IN 47006
 Firm's EIN: 30-0763060
 Phone no: (812) 933-1040

May the IRS discuss this return with the preparer shown above? See instructions

▶ Yes No

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 Golf Outing (event type)	(b) Event #2 Annual Dinner (event type)	(c) Other events 6 (total number)	(d) Total events (add col (a) through col (c))	
Revenue	1	Gross receipts	19,902	13,691	31,210	64,803
	2	Less Contributions			0	0
	3	Gross income (line 1 minus line 2)	19,902	13,691	31,210	64,803
Direct Expenses	4	Cash prizes			0	0
	5	Noncash prizes			0	0
	6	Rent/facility costs			0	0
	7	Food and beverages	8,612	9,653	0	18,265
	8	Entertainment			0	0
	9	Other direct expenses			26,799	26,799
	10	Direct expense summary Add lines 4 through 9 in column (d)				▶
11	Net income summary Subtract line 10 from line 3, column (d)				▶	19,739

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 IN
- 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 _____

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
Internal Revenue Service

Name of the organization

Batesville Area Chamber of Commerce

Employer identification number

35-0998490

Form 990-EZ, Part I, Line 8, Other Revenue Miscellaneous 804

Form 990-EZ, Part I, Line 16, Other Expenses Travel 812

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 417

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 260

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 7,078

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 1,505

Form 990-EZ, Part I, Line 16, Other Expenses Membership drive 240

Form 990-EZ, Part I, Line 16, Other Expenses Bank fees 591

Form 990-EZ, Part I, Line 16, Other Expenses Board expenses 164

Form 990-EZ, Part I, Line 16, Other Expenses Dues and subscriptions 925

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 2,674

Form 990-EZ, Part I, Line 16, Other Expenses Contract services 376

Form 990-EZ, Part I, Line 16, Other Expenses Advertising 6,382

Form 990-EZ, Part I, Line 16, Other Expenses Payroll taxes 5,174

Form 990-EZ, Part I, Line 16, Other Expenses Technology 1,375

Form 990-EZ, Part I, Line 16, Other Expenses Bulk mail 3,300

Form 990-EZ, Part I, Line 16, Other Expenses Recognition 260

Form 990-EZ, Part I, Line 16, Other Expenses Seminars 1,824

Form 990-EZ, Part I, Line 20, Net Assets Prior period adjustment -31

Form 990-EZ, Part II, Line 24, Other Assets Equipment Beginning of year 7,882, End of year

7,882

Form 990-EZ, Part II, Line 24, Other Assets Sponsorships receivable Beginning of year

25,398, End of year 6,400

Form 990-EZ, Part II, Line 26, Liabilities Gift certificates Beginning of year 63,651, End

of year 79,898

Form 990-EZ, Part II, Line 26, Liabilities Membership deposits Beginning of year 40,145,

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

HTA

Name of the organization

Batesville Area Chamber of Commerce

Employer identification number

35-0998490

End of year 0

Form 990-EZ, Part II, Line 26, Liabilities Payroll liabilities Beginning of year 3,171, End

of year 2,489