

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

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

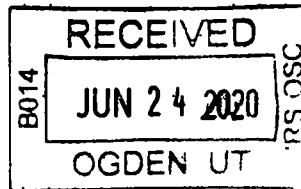
- ▶ Do not enter social security numbers on this form, as it may be made public.
- ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning _____, and ending _____												
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization Ripley County Chamber of Commerce, Inc</td> <td rowspan="2">D Employer identification number 35-1862258</td> </tr> <tr> <td colspan="2">Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 576</td> </tr> <tr> <td>City or town Versailles</td> <td>State IN</td> <td>E Telephone number (812) 689-6654</td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/country</td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization Ripley County Chamber of Commerce, Inc		D Employer identification number 35-1862258	Number and street (or P O box if mail is not delivered to street address) Room/suite PO Box 576		City or town Versailles	State IN	E Telephone number (812) 689-6654	Foreign country name	Foreign province/state/country	F Group Exemption Number ▶
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City or town Versailles	State IN	E Telephone number (812) 689-6654										
Foreign country name	Foreign province/state/country	F Group Exemption Number ▶										
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____												
I Website: ▶ ripleycountychamber.org												
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527												
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 ▶ \$ 68,492												

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	4,700
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	25,754
	4 Investment income	4	71
	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	140
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	36,985	
c Less direct expenses from gaming and fundraising events	6c	24,389	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	12,736	
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	842	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44,103	
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	25,918
	13 Professional fees and other payments to independent contractors	13	1,120
	14 Occupancy, rent, utilities, and maintenance	14	3,600
	15 Printing, publications, postage, and shipping	15	1,409
	16 Other expenses (describe in Schedule O)	16	12,411
	17 Total expenses. Add lines 10 through 16	17	44,458
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	-355	
Net Assets	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	29,280
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	145
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	29,070



SCANNED APR 27 2021

For Paperwork Reduction Act Notice, see the separate instructions.

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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	36,612	36,737
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	36,612	36,737
26 Total liabilities (describe in Schedule O)	7,332	7,667
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,280	29,070

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? Business Chamber of Commerce
 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 To promote and encourage business in Ripley County, Indiana		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(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
Phillip Hart Dir	Hr/WK 1 00	0	0	0
Dee Dobbs Sec	Hr/WK 2 00	0	0	0
Justin Smith V Pres	Hr/WK 2 00	0	0	0
Sharon Miller Treas	Hr/WK 2 00	0	0	0
Amy Thomas Exec Dir	Hr/WK 30 00	17,086	0	0
Mary Ann McCoy Dir	Hr/WK 1 00	0	0	0
Lorie Taylor Dir	Hr/WK 1 00	0	0	0
Alesha Neal Pres	Hr/WK 2 00	0	0	0
Barry Lauber Dir	Hr/WK 1 00	0	0	0
Terri Toops Dir	Hr/WK 1 00	0	0	0
Rick Pollard Dir	Hr/WK 1 00	0	0	0
Greg Bultman Dir	Hr/WK 1 00	0	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

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
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
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)?
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
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
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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
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?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a 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
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
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of Deborah Tompkins Telephone no (812) 689-6654
Located at 220 East US 50 Suite A City Versailles ST IN ZIP + 4 47042
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 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 United States? 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
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
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
c Did the organization receive any payments for indoor tanning services during the year?
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)?
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

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

Table with Yes/No columns and row 46 containing 'X' in the No column.

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

Table with Yes/No columns and row 47.

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

Table with Yes/No columns and row 48.

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

Table with Yes/No columns and row 49a.

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

Table with Yes/No columns and row 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

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (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

Table with 3 columns: (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 (X) 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 (Deborah Tompkins) and Date (6-16-2020)

Paid Preparer Use Only: Print/Type preparer's name (Peter G Mack CPA), Preparer's signature, Date (6/9/2020), Check 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

**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

Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

Ripley County Chamber of Commerce, Inc

Employer identification number

35-1862258

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 <input checked="" type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 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

IN

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Annual Meeting (event type)	Golf Outing (event type)	7 (total number)	(add col (a) through col (c))	
1	Gross receipts	12,318	10,457	14,210	36,985	
2	Less Contributions			0	0	
3	Gross income (line 1 minus line 2)	12,318	10,457	14,210	36,985	
Direct Expenses	4	Cash prizes	570	0	570	
	5	Noncash prizes		965	965	
	6	Rent/facility costs	4,285	0	4,285	
	7	Food and beverages	7,101	1,744	8,845	
	8	Entertainment		0	0	
	9	Other direct expenses			9,724	9,724
	10	Direct expense summary Add lines 4 through 9 in column (d)				(24,389)
11	Net income summary Subtract line 10 from line 3, column (d)				12,596	

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
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 _____

- 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
	100.00%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ Deborah Tompkins

Address ▶ PO Box 576 Versailles, IN 47042

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 ▶ Amy Thomas

Gaming manager compensation ▶ \$ 0

Description of services provided ▶ Gaming reporting

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 ▶ \$ _____

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

Name of the organization

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

2019

**Open to Public
Inspection**

Employer identification number

Ripley County Chamber of Commerce, Inc

35-1862258

Form 990-EZ, Part I, Line 8, Other Revenue Miscellaneous 842

Form 990-EZ, Part I, Line 16, Other Expenses Travel 1,143

Form 990-EZ, Part I, Line 16, Other Expenses Fundraising 83

Form 990-EZ, Part I, Line 16, Other Expenses Equipment rental and maintenance 128

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 817

Form 990-EZ, Part I, Line 16, Other Expenses Advertising 2,162

Form 990-EZ, Part I, Line 16, Other Expenses Dues and subscriptions 96

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 961

Form 990-EZ, Part I, Line 16, Other Expenses Office expense 1,994

Form 990-EZ, Part I, Line 16, Other Expenses Payroll tax 2,135

Form 990-EZ, Part I, Line 16, Other Expenses Contributions 914

Form 990-EZ, Part I, Line 16, Other Expenses Miscellaneous 1,978

Form 990-EZ, Part I, Line 20, Net Assets Prior period adjustment 145

Form 990-EZ, Part II, Line 26, Liabilities Gift certificates Beginning of year 6,583, End

of year 7,155

Form 990-EZ, Part II, Line 26, Liabilities Payroll withholdings Beginning of year 749, End

of year 512

Name of the organization

Employer identification number

Ripley County Chamber of Commerce, Inc

35-1862258

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