

1912

OMB No 1545-0047

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2019

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.

Open to Public Inspection

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	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	ZIP code 47042	E Telephone number (812) 689-6654
	Foreign country name	Foreign province/state/county	Foreign postal code	
	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: ripleycountychamber.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 _____

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

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	4,700
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	25,754
4	Investment income	71
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 G if greater than \$15,000)	140
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)	36,985
6c	Less: direct expenses from gaming and fundraising events	24,389
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	12,736
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)	842
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	44,103
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	25,918
13	Professional fees and other payments to independent contractors	1,120
14	Occupancy, rent, utilities, and maintenance	3,600
15	Printing, publications, postage, and shipping	1,409
16	Other expenses (describe in Schedule O)	12,411
17	Total expenses. Add lines 10 through 16	44,458
18	Excess or (deficit) for the year (subtract line 17 from line 9)	-355
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)	29,280
20	Other changes in net assets or fund balances (explain in Schedule O)	145
21	Net assets or fund balances at end of year. Combine lines 18 through 20	29,070

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5 99096 Revenue

Expenses

Net Assets

611

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	22	36,737
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	36,612	25	36,737
26 Total liabilities (describe in Schedule O)	7,332	26	7,667
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	29,280	27	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

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	33		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	34		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)?	35a		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	35b		
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		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	36		X
37 a 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		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?	38a		X
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			
b Gross receipts, included on line 9, for public use of club facilities 39b			
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	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		X
41 List the states with which a copy of this return is filed ▶ IN			
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).	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 ▶ _____	42c		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 ▶ 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.	44a		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.	44b		X
c Did the organization receive any payments for indoor tanning services during the year?	44c		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.	44d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
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	45b		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

	Yes	No
48		

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

	Yes	No
49a		

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

	Yes	No
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	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		
Name		
City		
Name		
City		
Name		
City		

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: Deborah Tompkins Date: 6-9-2020
 Type or print name and title: Deborah Tompkins Executive Director

Paid Preparer Use Only: Preparer's name: Peter G Mack CPA; Preparer's signature: Peter G Mack CPA; Date: 6/9/2020; Check if self-employed; PTIN: P00000637; Firm's name: Mack Advisory Group; Firm's EIN: 30-0763060; Firm's address: PO Box 37, Batesville, IN 47006; 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	(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))	
Revenue	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)				▶
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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))	
		1	Gross revenue			
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)

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**

Ripley County Chamber of Commerce, Inc

Employer identification number

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

Area with horizontal dashed lines for supplemental information.