

Form **990-EZ**
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.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization: PLATTE CHAMBER OF COMMERCE INC
Number and street (or P O box, if mail is not delivered to street address): 521 S MAIN ST PO BOX 393
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: PLATTE, SD 57369

D Employer identification number: 51-0150775
E Telephone number: (605) 337-2275
F Group Exemption Number:

G Accounting Method: Cash Accrual Other (specify):
I Website: N/A
J Tax-exempt status (check only one): 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

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

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. \$ 142,123

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

Revenue	
1	Contributions, gifts, grants, and similar amounts received 19,400
2	Program service revenue including government fees and contracts 96,968
3	Membership dues and assessments 25,690
4	Investment income 65
5a	Gross amount from sale of assets other than inventory 5a
b	Less cost or other basis and sales expenses 5b 0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
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 0
c	Less direct expenses from gaming and fundraising events 6c 0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d
7a	Gross sales of inventory, less returns and allowances 7a
b	Less cost of goods sold 7b 0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 142,123
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 28,092
13	Professional fees and other payments to independent contractors 13 3,280
14	Occupancy, rent, utilities, and maintenance 14 4,979
15	Printing, publications, postage, and shipping 15 915
16	Other expenses (describe in Schedule O) 16 104,391
17	Total expenses. Add lines 10 through 16 17 141,657
Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 466
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 49,203
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 49,669

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	49,203	22 10,684
23 Land and buildings		23 38,985
24 Other assets (describe in Schedule O)		24
25 Total assets	49,203	25 49,669
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	49,203	27 49,669

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?
TO PROMOTE AND MAINTAIN THE PLATTE AREA AS A REGIONAL TRADECENTER BY USING RESOURCES SUCH AS ADVERTISING, MARKETING, COMMUNITY EVENTS, AND COMMUNITY MEMBERS TO HELP PROVIDE A BETTER QUALITY OF LIFE

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 **28a**

29 See Additional Data Table **29a**

(Grants \$) If this amount includes foreign grants, check here

30 See Additional Data Table **30a**

(Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32**

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
VICKI JENSEN Director	1 00	0		
COLE ANDERSON Director	1 00	0		
CYNTHIA HOEKSEMA Secretary	1 00	0		
JESSE BLOCK President	1 00	0		
MARK KUIPERS Director	1 00	0		
LYNN WALSTAD Director	1 00	0		
TYLER SAMUELSON Director	1 00	0		
CINDY MEYER EXECUTIVE DIRECTOR	30 00	19,016	7,350	

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, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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

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

Table with 5 columns: (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. Row 1: NONE

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

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 2018-05-08 Date
JESSE BLOCK President Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Jill A Gustad Preparer's signature Date Check if self-employed PTIN P01403194
Firm's name Carlon & Millar Prof LLC Firm's EIN 46-0434964
Firm's address PO Box 675 Platte, SD 573690675 Phone no (605) 337-3534

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

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 51-0150775
Name: PLATTE 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 IN 2017 THE PLATTE CHAMBER OF COMMERCE HELD A FISHING TOURNAMENT TO ENCOURAGE COMMUNITY MEMBERS AND VISITORS TO FISH AND TO BRING REVENUE TO LOCAL HOTELS, RESTURANTS, AND OTHER BUSINESSES 99 TEAMS PARTICIPATED IN THE EVENT</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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<p>29 DURING THE MONTHS LEADING UP TO THE CHRISTMAS HOLIDAY THE CHAMBER PROMOTES LOCAL BUSINESSES AND COMMUNITY ACTIVITES BY HAVING DISCOUNTED COMMUNITY DOLLARS AVAILABLE FOR PURCHASE, VARIOUS DRAWINGS, VISITS FROM SANTA, EXTENDED BUSINESS HOURS, BUSINESS OPEN HOUSES, A PARADE OF LIGHTS, AND OTHER ACTIVITIES</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	29a	

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<p>30 THE CHAMBER HOSTS MONTHLY COMMUNITY MIXERS AND WORKSHOPS TO ENCOURAGE MEMBERS TO CONNECT WITH EACH OTHER WORKSHOPS ARE ALSO HELD TO ENCOURAGE LOCAL BUSINESSES TO USE AVAILABLE RESOURCES FOR ADVERTISING AND PROMOTING THEIR BUSINESSES</p> <p>(Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	

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<p>THE CHAMBER SELLS CHAMBER DOLLARS TO ENCOURAGE SHOPPING AT LOCAL BUSINESSES THAT ARE MEMBERS OF THE CHAMBER</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	

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<p>ONCE A YEAR THE CHAMBER HOSTS AN ANNUAL BANQUET OPEN TO ALL MEMBERS A MEAL AND ENTERTAINMENT ARE PROVIDED LOCAL BUSINESSES AND INDIVIDUALS ARE ACKNOWLEDGED FOR COMMUNITY INVOLVEMENT THE CHAMBER DIRECTOR ALSO GIVES UPDATES ON THE WORK THE CHAMBER HAS DONE THROUGHOUT THE YEAR</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
PLATTE CHAMBER OF COMMERCE INC**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

2017**Open to Public
Inspection**

Employer identification number

51-0150775

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$5249

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$1960

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$1223

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$1014

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	PROMOTIONAL DOLLARS REDEEMED \$50945

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	EVENT PAYOUTS & PRIZES \$29537

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	MEALS AND ENTERTAINMENT \$9659

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	SUPPLIES \$3744

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	DUES AND FEES \$1002

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	MISCELLANEOUS \$58