

Form **990EZ**
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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

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

C Name of organization
CHATHAM CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
531 EAST THIRD STREET

City or town, state or province, country, and ZIP or foreign postal code
SILER CITY, NC 27344

D Employer identification number
56-0500283

E Telephone number
(919) 742-3333

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.CCUCG.NET
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 NON-PROFIT

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 ▶ \$ 161,056

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1 Contributions, gifts, grants, and similar amounts received																													
	2 Program service revenue including government fees and contracts																												39,639	
	3 Membership dues and assessments																												92,296	
	4 Investment income																													
	5a Gross amount from sale of assets other than inventory																													
	b Less cost or other basis and sales expenses																													
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																													
	6 Gaming and fundraising events																													
	a Gross income from gaming (attach Schedule G if greater than \$15,000)																													
	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) <input checked="" type="checkbox"/>																													28,075
c Less direct expenses from gaming and fundraising events																													6,150	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																													21,925	
7a Gross sales of inventory, less returns and allowances																														
b Less cost of goods sold																														
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																														
8 Other revenue (describe in Schedule O)																													1,046	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																													154,906	
Expenses	10 Grants and similar amounts paid (list in Schedule O)																													
	11 Benefits paid to or for members																													
	12 Salaries, other compensation, and employee benefits																												76,283	
	13 Professional fees and other payments to independent contractors																													575
	14 Occupancy, rent, utilities, and maintenance																													12,719
	15 Printing, publications, postage, and shipping																													23,002
	16 Other expenses (describe in Schedule O)																													15,763
17 Total expenses. Add lines 10 through 16 ▶																													128,342	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)																												26,564	
	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)																												185,223	
	20 Other changes in net assets or fund balances (explain in Schedule O)																													0
	21 Net assets or fund balances at end of year Combine lines 18 through 20																													211,787

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	196,629	22 217,572
23 Land and buildings		23
24 Other assets (describe in Schedule O)	3,653	24 1,995
25 Total assets	200,282	25 219,567
26 Total liabilities (describe in Schedule O).	15,059	26 7,780
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	185,223	27 211,787

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?
 THE CHATHAM CHAMBER OF COMMERCE IS A MEMBERSHIP-DRIVEN ORGANIZATION FOCUSING ON THE ECONOMIC VITALITY OF CHATHAM COUNTY AND THE INCREASED VISIBILITY AND ADVOCACY OF ITS MEMBERS

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

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29 (Grants \$) If this amount includes foreign grants, check here **29a**

30 (Grants \$) If this amount includes foreign grants, check here **30a**

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**

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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
DEBBIE ANDLETON MEMBERSHIP OFFICER	5 00	0	0	0
JESSICA MASHBURN BOARD CHAIR	5 00	0	0	0
LANA BRADLEY TREASURER	5 00	0	0	0
MARK HALL PUBLIC AFFAIRS OFFICER	5 00	0	0	0
CINDY POINDEXTER PRESIDENT/CEO	5 00	62,918	0	0
MALISSA BYERS DIRECTOR	1 00	0	0	0
MICHAEL CONSTANTINO DIRECTOR	1 00	0	0	0
AL DEVINE DIRECTOR	1 00	0	0	0
ROBERT ENDERS DIRECTOR	1 00	0	0	0
INDIRA EVERETT DIRECTOR	1 00	0	0	0
GEORGE GREGOR-HOLT DIRECTOR	1 00	0	0	0
BRYAN GRUESBECK DIRECTOR	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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of THE ORGANIZATION Telephone no (919) 742-3333 Located at 531 EAST THIRD STREET SILER CITY, NC ZIP + 4 27344

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 42c.

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 43

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
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

		Yes	No
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		

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

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

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.

***** Signature of officer	2020-02-03 Date
CINDY POINDEXTER, PRESIDENT/CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DONNA S FOUST	Preparer's signature	Date 2020-02-03	Check <input type="checkbox"/> if self-employed	PTIN P01029315
	Firm's name ▶ WARD & FOUST CPAS PA			Firm's EIN ▶ 26-0367225	
	Firm's address ▶ PO BOX 185 SILER CITY, NC 27344			Phone no (919) 663-2311	

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

Additional Data

Software ID:

Software Version:

EIN: 56-0500283

Name: CHATHAM CHAMBER OF COMMERCE

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.)	
28 PROMOTE MEMBERS BUSINESSES THROUGH BUSINESS ADVOCACY (Grants \$ 0) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: CHATHAM CHAMBER OF COMMERCE

EIN: 56-0500283

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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)
		<u>GOLF TOURNAMENT</u> (event type)	<u>EXPO</u> (event type)	<u>3</u> (total number)	Total events (add col (a) through col (c))
1	Gross receipts	11,452	10,509	6,114	28,075
2	Less Contributions				
3	Gross income (line 1 minus line 2)	11,452	10,509	6,114	28,075
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				
11	Net income summary Subtract line 10 from line 3, column (d) ▶				28,075

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		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	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) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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 ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 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 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.

Return Reference	Explanation
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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

Name of the organization

CHATHAM CHAMBER OF COMMERCE

Employer identification number

56-0500283

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION MISCELLANEOUS AMOUNT 11 DESCRIPTION INTEREST AMOUNT 1,035 TOTAL TO FORM 990-EZ, LINE 8 1,046

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 1,658 DESCRIPTION OTHER EXPENSES AMOUNT 11,061 TOTAL TO FORM 990-EZ, LINE 14 12,719

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK CHARGES AMOUNT 1,299 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 1,025 DESCRIPTION INSURANCE AMOUNT 1,735 DESCRIPTION MISCELLANEOUS AMOUNT 925 DESCRIPTION TRAVEL EXPENSES AMOUNT 3,142 DESCRIPTION COMPUTER DESIGN AND MAINTENANCE AMOUNT 107 DESCRIPTION EMPLOYER PAYROLL TAXES AMOUNT 6,120 DESCRIPTION STAFF DEVELOPMENT AMOUNT 1,410 TOTAL TO FORM 990-EZ, LINE 16 15,763

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 3,653 END OF YEAR AMOUNT 1,995

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION WITHHELD & ACCRUED PAYROLL TAXES & ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 2,672 END OF YEAR AMOUNT 2,431 DESCRIPTION UNEARNED REVENUE BEG OF YEAR AMOUNT 10,231 END OF YEAR AMOUNT 4,480 DESCRIPTION NOTE PAYABLE - XEROX BEG OF YEAR AMOUNT 2,156 END OF YEAR AMOUNT 869