

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 01-01-2018, and ending 12-31-2018

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

C Name of organization
Carbondale Community Chamber of Commerce

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 1645

City or town, state or province, country, and ZIP or foreign postal code
Carbondale, CO 81623

D Employer identification number
84-6116095

E Telephone number
(970) 963-1890

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.carbondale.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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 173,530

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 20,000
2	Program service revenue including government fees and contracts 13,934
3	Membership dues and assessments 139,578
4	Investment income 18
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 9 173,530
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 12 117,634
13	Professional fees and other payments to independent contractors 13 1,516
14	Occupancy, rent, utilities, and maintenance 14 8,592
15	Printing, publications, postage, and shipping 15 1,026
16	Other expenses (describe in Schedule O) 16 41,271
17	Total expenses. Add lines 10 through 16 17 170,039
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 3,491
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 88,381
20	Other changes in net assets or fund balances (explain in Schedule O) 20 -5,223
21	Net assets or fund balances at end of year Combine lines 18 through 20 21 86,649

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	98,622	22 107,769
23 Land and buildings		23
24 Other assets (describe in Schedule O)	7,936	24 2,022
25 Total assets	106,558	25 109,791
26 Total liabilities (describe in Schedule O).	18,177	26 23,142
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	88,381	27 86,649

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 Carbondale Chamber is committed to working together with business and the community to provide leadership, education, and support for its members in order to make the Carbondale area a more vital and dynamic place to live, work and visit

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 <input type="checkbox"/>	28a
29		29a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
30		30a
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	
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)		32 170,039

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
Kelcey Nichols President	0	0		
Mike Hinkley Secretary	0	0		
Erkko Alm Treasurer	0	0		
Andrea Stewart Executive Dir	40 00	74,169		
Darren Broome Vice President	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 columns for question number, question text, and Yes/No columns. 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 Heather Beach Telephone no (970) 963-1890 Located at PO Box 1645 Carbondale, CO ZIP + 4 81623

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 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 columns for question number, question text, and Yes/No columns. 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
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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
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 Andrea Stewart Executive Director Type or print name and title	2019-05-13 Date
---	--------------------

Paid Preparer Use Only	Print/Type preparer's name William J Hofto CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00194914
	Firm's name ▶ William J Hofto CPA PC	Firm's EIN ▶ 20-0325217		Phone no (970) 963-8981	
	Firm's address ▶ 1101 Village Road Suite LL1D Carbondale, CO 81623				

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

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 84-6116095

Name: Carbondale Community 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 Chamber of Commerce Operations (Grants \$ 170,039) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

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

Carbondale Community Chamber of Commerce

Employer identification number

84-6116095

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$4100

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$6508

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$718

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$1692

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Events \$8881

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Computer and Internet Expenses \$4994

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Telephone \$2491

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Equipment \$2463

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Credit Card Merchant Fees \$2231

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Dues and Subscriptions \$1511

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Professional Development \$1265

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Shop Local Program \$1235

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	Utilities \$887

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	Cell Phone \$742

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	Sales Tax Expense \$505

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	Bank Charges \$441

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	Workers Compensation \$320

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 15	Board Development \$287

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$6849 Accounts Receivable - Ending \$935

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	Security Deposits - Beginning \$1087 Security Deposits - Ending \$1087

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$20 Accounts Payable and Accrued Expenses - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	- Beginning \$0 - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 2	- Beginning \$0 - Ending \$0