

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning _____, 2006, and ending _____, 20

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization Chamber of Commerce in Culver, Inc.</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 129</p> <p>City or town state or country and ZIP + 4 Culver, Indiana, 46511-0129</p>	<p>D Employer identification number 20 4036443</p> <p>E Telephone number (574) 842-5253</p> <p>F Group Exemption Number ▶ N/A</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.culverchamber.com

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

J Organization type (check only one)— 501(c) (6) (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

	1 Contributions, gifts, grants, and similar amounts received	1	2601
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	9500
	4 Investment income	4	3797
Revenue	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 (line 5a less line 5b) (attach schedule).	5c	
	6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	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 (line 7a less line 7b)	7c	
	8 Other revenue (describe ▶ <u>Farmer's Market receipts, Newsletter receipts, Dinner entries</u>)	8	5983
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9	21881
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	5180
	14 Occupancy, rent, utilities, and maintenance	14	1710
	15 Printing, publications, postage, and shipping	15	6383
	16 Other expenses (describe ▶ <u>Insurance, Application fees, Street banners, Dues, Meals, Awards</u>)	16	6859
	17 Total expenses (add lines 10 through 16)	17	20132
Net Assets	18 Excess or (deficit) for the year (line 9 less line 17)	18	1749
	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	35174
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year (combine lines 18 through 20)	21	36923

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions.)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	35174	22	36923
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
25 Total assets		25	
26 Total liabilities (describe ▶ _____)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	35174	27	36923

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)

What is the organization's primary exempt purpose? Chamber of Commerce activity to promote the local community		Expenses
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	(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 (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Attachment A				

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		✓
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		
b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a	N/A	
b Did the organization file Form 1120-POL for this year?		✓
38a 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 unpaid at the start of the period covered by this return?		✓
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		✓
39 501(c)(7) organizations. Enter:	38b	N/A
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A

b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		✓
40c		
40d		
40e		✓

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A

d Enter amount of tax on line 40c reimbursed by the organization ▶ N/A

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed. ▶ Indiana

42a The books are in care of ▶ Richard J. Tompos/Ben Schaller

Telephone no. ▶ (574) 842-5142

Located at ▶ 1049 N. Lakeshore Drive, Culver, IN

ZIP + 4 ▶ 46511-1291

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)?

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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 . . . ▶ 43

Please Sign Here

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 *Richard J. Tompos*

Date 5-11-07

Richard J. Tompos, Past Treasurer
 Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶ _____

Date _____

Check if self-employed

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____

EIN ▶ _____

Phone no. ▶ () _____

Chamber of Commerce in Culver, Inc.
 EIN: 20-4036443
 Form 990EZ, Part IV

Attachment A

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Judi Dodge P.O. Box 129, Culver, IN 46511	President/2	-0-	-0-	-0-
Mike Stallings P.O. Box 129, Culver, IN 46511	Vice President/1	-0-	-0-	-0-
Bobbie Ruhnow P.O. Box 129, Culver, IN 46511	Exec. Secretary/10	-0-	-0-	-0-
Rick Tompos P.O. Box 129, Culver, IN 46511	Treasurer/2	-0-	-0-	-0-
Francis Ellert P.O. Box 129, Culver, IN 46511	Past President/1	-0-	-0-	-0-
Greg Fassett P.O. Box 129, Culver, IN 46511	Director/1	-0-	-0-	-0-
Scott Huberty P.O. Box 129, Culver, IN 46511	Director/1	-0-	-0-	-0-
Ben Schaller P.O. Box 129, Culver, IN 46511	Director/1	-0-	-0-	-0-
Julie VanDeWater-Bailey P.O. Box 129, Culver, IN 46511	Director/1	-0-	-0-	-0-
Ralph Winters P.O. Box 129, Culver, IN 46511	Director/1	-0-	-0-	-0-



NP-20

State Form 51082

(R/7-05)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year

Beginning AA / / and Ending BB / /
MM/DD/YYYY MM/DD/YYYY

Check if: Change of Address
 Amended Report
 Final Report: Indicate Date Closed _____

Due on the 15th day of the 5th month following the end of the tax year. See reverse side for extension information
NO FEE REQUIRED.

Name of Organization A Chamber of Commerce in Culver, Inc.		Telephone Number G (574) 842-5253
Address B P.O. Box 129		County C Marshall
City D Culver	State E Indiana	Indiana Taxpayer Identification Number H
Printed Name of Person to Contact J Richard J. Tompos		Federal Identification Number I 20-4036443
		Contact's Telephone Number K (574) 842-8222

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form 990-B.

Part I - Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes N/A
2. Indicate number of years your organization has been in continuous existence 1
3. Attach a schedule, listing the names, titles and addresses of your current officers See Attachment A
4. Briefly describe the purpose or mission of your organization

To promote the local community through Chamber of Commerce activities

Part II

5. Has your organization conducted any charity gaming events in Indiana, e.g. Bingo games, festivals, raffles, door prizes, charity game nights, pulltabs, punchboards and tipboards? Yes No
6. Have you filed Form CG-1 (Charity Gaming Qualification Application)? Yes No N/A
If response to #5 is yes, and you have not filed Form CG-1 please contact the Charity Gaming Section of the Indiana Department of Revenue at (317) 232-4646.

Email Address: tomposr@culver.org

I declare under the penalties of perjury that I have examined this return including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Richard J. Tompos
Signature of Officer or Trustee

Past Treasurer/Director 5-11-07
Title Date

Important: Please submit this completed form to:
Indiana Department of Revenue
Nonprofit Section
P.O. Box 7147
Indianapolis, Indiana 46207-7147
Telephone: (317) 232-2188