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OMB No 1545-1150

Form **990-EZ**

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)

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2018 calendar year, or tax year beginning 7-1, 2018, and ending 6-30, 2019

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

C Name of organization 74
GREATER GARY CHAMBER OF COMMERCE
 Number and street (or P.O. box, if mail is not delivered to street address) 74 Room/suite
839 BROADWAY 103
 City or town, state or province, country, and ZIP or foreign postal code
GARY IN 46402-2414 06

D Employer identification number 74
 350329470

E Telephone number
 (219) 885-7407

F Group Exemption Number ▶ 74

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B 74
 (Form 990, 990-EZ, or 990-PF)

I Website: ▶ _____

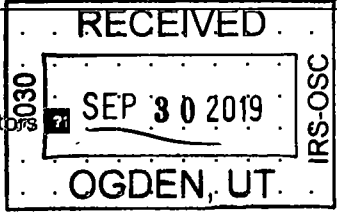
J Tax-exempt status (check only one) -- 501(c)(3) 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 139,618

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 74
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																																															
	3	Membership dues and assessments																																															
	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)																																															
c	Less: direct expenses from gaming and fundraising events																																																
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																																																
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)																																																
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																																																
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 <u>74</u>																																															
	13	Professional fees and other payments to independent contractors <u>74</u>																																															
	14	Occupancy, rent, utilities, and maintenance																																															
	15	Printing, publications, postage, and shipping																																															
	16	Other expenses (describe in Schedule O) <u>74</u>																																															
17	Total expenses. Add lines 10 through 16																																																
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																																															
	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)																																															
	20	Other changes in net assets or fund balances (explain in Schedule O)																																															
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																																															



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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	2,593	22 18,294
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	2,593	25 18,294
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,593	27 18,294

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? PROMOTE ECONOMIC & EDUCATIONAL DEVELOPMENT

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 COORDINATED EFFETIVE ACTION VENUE FOR CITIZENS TO ENGAGE IN COMMUNITY PROGRESS PROIDED ASSISTANCE TO AGENCIES IN JOB CREATION THROUGH INDUSTRIAL STIMULATION & COMMERCIAL GROWTH PROVIDED MARKETING PROGRAMS & ENCOURAGED EDUCATIONAL PROGRESS 28a (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	92,559
29 _____ _____	
30 _____ _____	
31 Other program services (describe in Schedule O) 31a (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
32 Total program service expenses (add lines 28a through 31a)	32 92,559

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
CHARLES "CHUCK" HUGHES EXECUTIVE DIRECTOR	48	68,000	0	0
YVETTE IRONS-JOHNSON CHAIRPERSON	4	0	0	0
DR GORDON BRADSHAW VICE-CHAIR	2	0	0	0
O'MERRIAL BUTCHEE SECRETARY	2	0	0	0
MARIA GUILLEN TREASURER	2	0	0	0

GO

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

Form 990-EZ (2018) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and tax shelter transactions. Includes fields for amounts and yes/no responses.

	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	<input checked="" type="checkbox"/>

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	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
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 0

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 0

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	<i>Charles Hughes</i> Signature of officer	Date 9/20/19
	Charles Hughes Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name VIRGIL MOORE JR	Preparer's signature <i>Virgil Moore Jr</i>	Date 9-2-19	Check <input checked="" type="checkbox"/> if self-employed	PTIN PO1494889
	Firm's name VIRGIL MOORE JR CPA	Firm's EIN 35-1618560		Phone no (219) 882-4345	
	Firm's address PO BOX 64593 GARY IN 46401-0593				

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

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

GREATER GARY CHAMBER OF COMMERCE

Employer identification number

35-0329470

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<ul style="list-style-type: none"> a <input type="checkbox"/> Mail solicitations b <input type="checkbox"/> Internet and email solicitations c <input type="checkbox"/> Phone solicitations d <input type="checkbox"/> In-person solicitations 	<ul style="list-style-type: none"> e <input type="checkbox"/> Solicitation of non-government grants f <input type="checkbox"/> Solicitation of government grants g <input type="checkbox"/> Special fundraising events
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- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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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
		<u>SPORTS CLASSIC</u> (event type)	<u>WORKSHOPS</u> (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	29,500	44,130		73,630
	2 Less. Contributions				
	3 Gross income (line 1 minus line 2)	29,500	44,130		73,630
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,543	18,815		31,358
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				31,358
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				42,272	

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))
Revenue	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: _____

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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**

Name of the organization

GREATER GARY CHAMBER OF COMMERCE

Employer identification number

35-0329470

PART 1, LINE 16 LIABILITY INSURANCE \$674

Area with horizontal dashed lines for providing supplemental information.