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.

OMB No 1545-1150

Open to Public

| Depa Inter | artment of nal Reven | f the Treasury nue Service | ► Go to www.irs.gov/Form990EZ for instructions and the latest information | n. | inspection | | |
|---------------|--|--|---|---|----------------------------|--|--|
| | | | ar year, or tax year beginning , 2017, and ending | | , 20 | | |
| | heck if ap | | |) Employe | r identification number | | |
| | Address change GIBSON COUNTY CHAMBER OF COMMERCE | | | 36-01 | 100000 | | |
| | Name cha | me change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite | | | E Telephone number | | |
| = | Initial return 202 E. BROADWAY Final return/terminated City or town, state or province, country, and ZIP or foreign postal code | | | (812) | 385-2134 | | |
| = | | | | F Group I | Group Exemption | | |
| = | ☐ Amended return | | | Number ► | | | |
| G A | Account | ing Method. | X Cash | heck ► | If the organization is not | | |
| 1 V | Vebsite | :► N/A | re | equired to | attach Schedule B | | |
| J T | ax-exen | npt status (che | eck only one) — ☐ 501(c)(3) 🗵 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (F | orm 990, | 990-EZ, or 990-PF). | | |
| | | | ☐ Corporation ☐ Trust ☐ Association ☐ Other | | | | |
| | | | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a | assets | | | |
| (Pa | rt II, col | | w) are \$500,000 or more, file Form 990 instead of Form 990-EZ | . • | \$ 143,962. | | |
| P | art I | Revenu | e, Expenses, and Changes in Net Assets or Fund Balances (see the in | nstructio | ons for Part I) | | |
| | | Check if | the organization used Schedule O to respond to any question in this Part I | · · · · · | <u> 🗵</u> | | |
| | 1 | Contribution | ons, gifts, grants, and similar amounts received | ٠ . ا_ـــــــــــــــــــــــــــــــــــ | 542. | | |
| | 2 | Program s | ervice revenue including government fees and contracts | 🗀 | 61,839. | | |
| | 3 | Membersh | ip dues and assessments | · · <u> :</u> | 72,715. | | |
| | 4 | Investmen | | | 463. | | |
| | 5a | | ount from sale of assets other than inventory 5a | | `ş* | | |
| | b | Less: cost | | <i>*</i> | | | |
| | С | Gain or (lo | 5 | ic | | | |
| | 6 | 1 1/4/1 | | | | | |
| a) | а | Gross inc | ^{(**} | | | | |
| Ž | Į | \$15,000) | | *** | | | |
| Revenue | b | Gross inco | | `, | | | |
| Ä | } | | raising events reported on line 1 lattaches regule G if the | | ` **; | | |
| | | | ch gross income and contributions exceeds \$15,000) | | | | |
| | C | Less: direc | ct expenses from gaming and fundraising events 8. 6c 6c events (addelines 6a and 6b and subt | | | | |
| | d | Net incom | | A. | | | |
| | 1 _ | line 6c) | ······································ | | id | | |
| ଚ୍ଚି | 7a | | es of inventory, less returns and allowances | š | ¹ Ag | | |
| P | b | | of goods sold | ——— _ | * | | |
| کلا تد | C | | fit or (loss) from sales of inventory (Subtract line 7b from line 7a) | <u> </u> | 0 403 | | |
| 7 | 8 | | enue (describe in Schedule O) | | 8,403. 9 143,962. | | |
| ī— | 10 | | enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 9 143,962. 0 | | |
| j | 11 | | aid to or for members | <u> </u> | 1 | | |
| (n | 12 | | ther compensation, and employee benefits | | 2 69,548. | | |
| Expenses | 13 | | nal fees and other payments to independent contractors | | 3 2,713. | | |
| | 14 | | y, rent, utilities, and maintenance | | 2,713. 10,456. | | |
| | 15 | | ublications, postage, and shipping | | 5 2,821. | | |
| 3 | 16 | | | 6 77,784. | | | |
| 5 | 17 | | enses (describe in Schedule O) | | 7 163,322. | | |
| | 18 | Excess or | (deficit) for the year (Subtract line 17 from line 9) | · - 1 | 8 -19,360. | | |
| ets | 19 | | | 10,000. | | | |
| SS | | | s or fund balances at beginning of year (from line 27, column (A)) (must agree ar figure reported on prior year's return) | | 341,517. | | |
| Net Assets | 20 | | nges in net assets or fund balances (explain in Schedule O) | | 20 -15,031. | | |
| ž | 21 | | s or fund balances at end of year. Combine lines 18 through 20 | <u> </u> | 307,126. | | |
| For | | | | 02/14/18 PR | 000 F7 | | |

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 02/14/18 PRO

| Pa | Balance Sheets (see the instructions to | • | | 5 II | | _ |
|------|--|--|--|--|-------------|---|
| | Check if the organization used Schedule | υ to respond to an | | Part II (A) Beginning of year | | B) End of year |
| 22 | Cash, savings, and investments | | | · | 22 | 191,763. |
| 23 | Land and buildings | | | | 23 | 115,363. |
| 24 | Other assets (describe in Schedule O) | | | | 24 | 113,303. |
| 25 | Total assets | | <u> </u> | 341,517. | 25 | 307,126. |
| 26 | Total liabilities (describe in Schedule O) | | | | 26 | |
| 27 | Net assets or fund balances (line 27 of column | | | | 27 | 307,126. |
| Par | t III Statement of Program Service Accomp | • | | ' | | |
| | Check if the organization used Schedule | | | | (Regu | Expenses ired for section |
| | t is the organization's primary exempt purpose? | | | | 501(c | (3) and 501(c)(4) |
| as n | cribe the organization's program service accomplish neasured by expenses. In a clear and concise moons benefited, and other relevant information for ea | anner, describe the ch program title. | services provided | | organ | izations, optional for |
| 28 | ALL EXPENSES INCURRED WERE FOR THE | E BETTERMENT (| OF THE | | | |
| | OF THE CITIZENS AND BUSINESS COMMUCOUNTY, INDIANA | JNITY OF GIBSC |)N | | | |
| | (Grants \$) If this amount | includes foreign gra | nte chack hara | | 28a | |
| 29 | | | | | <u>z</u> ua | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | nts, check here . | ▶ 🗆 | 29a | |
| 30 | * | | | | | |
| | | | | | | |
| | (O | | | | | |
| 21 | (Grants \$) If this amount Other program services (describe in Schedule O) | | ints, check here | | 30a | |
| 31 | • • | includes foreign gra | | | 31a | |
| 32 | Total program service expenses (add lines 28a t | hrough 31a) | | · · · · > | 32 | |
| | t IV List of Officers, Directors, Trustees, and Key | | | | struc | tions for Part IV) |
| | Check if the organization used Schedule | O to respond to ar | | | | 🗆 |
| | (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 employed benefit plans, and deferred compensation | ot | Estimated amount of her compensation |
| JAN | MES STEPHENS | | | | 1 | |
| EXE | CUTIVE DIRECTOR | 40.00 | 45,000. | 0. | | 0. |
| | | | | | | |
| | | | | | +- | |
| | | | | | | |
| | | | <u> </u> | | + | |
| | | | | | | |
| | | | | | + | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | + | |
| | | | l . | | | |
| | | | | | Ì | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |



| Part | | | | |
|------|--|------------|----------|--|
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | s Part | _ | . 🛛 |
| 00 | Dod the approaching and the state of the sta | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | × |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | × |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | 34 | | ^ |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | × |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | × |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | × |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | | × |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | × |
| 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 outstanding at the end of the tax year covered by this return? . | | * (7. | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | 38a | - | X X |
| 39 | Section 501(c)(7) organizations. Enter: | ٠ | , , | ` ' |
| а | Initiation fees and capital contributions included on line 9 | .\$2.^. | * * | 1 3 4 |
| b | Gross receipts, included on line 9, for public use of club facilities |] | | 1: 2, : |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►; section 4912 ►; section 4955 ► | - | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | 3 | ** . | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | | |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | 40b | | |
| Ū | on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | , , | ,, | , |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | × × | . , | |
| е | 40c reimbursed by the organization | 1.0 | * * * | |
| C | transaction? If "Yes," complete Form 8886-T | 40e | 257 | × |
| 41 | List the states with which a copy of this return is filed ► IN | | l | |
| 42a | The organization's books are in care of ▶ JAMES STEPHENS Telephone no. ▶ (81) | 2)38. | 5-21 | .34 |
| | Located at ► 202 E. BROADWAY STREET, PRINCETON IN ZIP + 4 ► 476 | 70 | | T |
| D | 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)? | 40h | Yes | |
| | If "Yes," enter the name of the foreign country: ▶ | 42b | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | *}< | |
| | Financial Accounts (FBAR). | ~*, | *** | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶ | 42c | <u>.</u> | × |
| 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 | | • | ▶ □ |
| | in the state of th | | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | × |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | × | × |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | × |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 440 45a | <u> </u> | × |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | Ž, | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | . % | × |

| Form 99 | 90-EZ (2017) | | | | Page 4 | |
|--------------|--|--|---|-----------------------------------|--|--|
| 46 | Did the organization engage, directly or into candidates for public office? If "Yes," of | ndirectly, in political complete Schedule C. | ampaign activities on | behalf of or in oppositi | on Yes No | |
| Part | | | | | 46 X | |
| · Cit | All section 501(c)(3) organization | | stions 47–49b and | 52, and complete the | tables for lines | |
| | 50 and 51. | , | | , | | |
| | Check if the organization used Sc | hedule O to respond | to any question in the | nis Part VI | 🗆 | |
| | | | | | Yes No | |
| 47 | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par | | section 501(h) election | | ax 47 | |
| 48 | Is the organization a school as described in | n section 170(b)(1)(A)(ii |)? If "Yes," complete \$ | Schedule E | 48 | |
| 49a | Did the organization make any transfers t | | | ation? | 49a | |
| b | If "Yes," was the related organization a se | | | | 49b | |
| 50 | Complete this table for the organization's | five highest compens | sated employees (oth | er than officers, directo | rs, trustees, and key | |
| | employees) who each received more than | Tarou, out of comper | isation from the organ | (d) Health benefits. | e, enter mone. | |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | . , | (e) Estimated amount of other compensation | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | ļ | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| f | Total number of other employees paid ov | er \$100,000 | . > | | | |
| 51 | Complete this table for the organization | | | contractors who each | received more than | |
| | \$100,000 of compensation from the orga | inization. If there is no | one, enter "None." | | | |
| | (a) Name and business address of each independ | dent contractor | (b) Type of serv | rice (c) | Compensation | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | <u> </u> | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| d | Total number of other independent contra | actors each receiving | over \$100.000 | ▶ | | |
| 52 | Did the organization complete Schedu | • | • | nizations must attach | a | |
| | completed Schedule A . , , , , , , | | | | .▶□ Yes □ No | |
| Under p | penalties of perjury, I declare that I have examined this | return, including accompan | ying schedules and stateme | ents, and to the best of my known | owledge and belief, it is | |
| true, co | rrect, and complete peclaration of preparer of her tha | n officer) is based on all info | rmation of which preparer f | nas any knowledge | | |
| Qia- | Suggeste of officer | - CO 114 | 12018 | | | |
| Sign Here | Signature of officer Date Date Date | | | | | |
| 11616 | Type or print name and title | - DINDOTON | | | | |
| D-:-' | Print/Type preparer's name | Preparer's signature | Da | te c ¬ | , PTIN | |
| Paid | TACKTE CALIM EA | Dark. Da | | Check LJ 5/19/2018 self-employ | rf I | |
| Prep Use | arer | CPA CPA | | Firm's EIN ▶31- | 1 | |
| | Firm's address ▶ 121 N. HART S' | r., PRINCETON, | IN 47670 | | 12)385-5834 | |
| May th | he IRS discuss this return with the prepare | r shown above? See i | nstructions | | Yes No | |

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.

OMB No. 1545-0047

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

| Name of the organization | Employer identification number |
|---|--------------------------------|
| GIBSON COUNTY CHAMBER OF COMMERCE | 36-0100000 |
| | |
| Pt V, Line 35b: ALL PROGRAM SERVICE REVENUE WAS BUS | INESS RELATED INCOME |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| *************************************** | |
| | |
| | |
| | |
| | |