

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

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.

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning, 2018, and ending, 20

Form header section containing B (Check if applicable), C (Name of organization: GIBSON COUNTY CHAMBER OF COMMERCE), D (Employer identification number: 36-0100000), E (Telephone number: (812) 385-2134), F (Group Exemption Number), G (Accounting Method: Cash), H (Check if organization is not required to attach Schedule B), I (Website: N/A), J (Tax-exempt status: 501(c)(6)), K (Form of organization: Corporation), L (Add lines 5b, 6c, and 7b to line 9 to determine gross receipts: \$151,258).

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 [X]

Table with 21 rows and 3 columns. Rows 1-9 are Revenue, 10-17 are Expenses, and 18-21 are Net Assets. Includes a 'RECEIVED' stamp dated JUL 22 2019 from OGDEN, UT.

SCANNED SEP 09 2019

Handwritten initials 'GT M'

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 []

Table with 4 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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? PROMOTING GIBSON COUNTY AREA BUSINESS

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)

Table with 4 columns: Line number, Description, Amount, Label (e.g., 28a, 29a, 30a, 31a, 32). Rows describe expenses for betterment of citizens and business community of Gibson County, Indiana.

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 []

Table with 5 columns: (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. Rows include James Stephens and Patty Vanoven.

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 [X]

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 [X]
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 [X]
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a [X]
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 [X]
c 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 [X]
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. 36 [X]
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 [X]
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? 38a [X]
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b []
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9. 39a []
b Gross receipts, included on line 9, for public use of club facilities. 39b []
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 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. 40b []
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40c []
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d []
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e [X]
41 List the states with which a copy of this return is filed. IN
42a The organization's books are in care of PATTY VANOVEN Telephone no. (812) 385-2134
Located at 202 E. BROADWAY STREET, PRINCETON IN ZIP + 4 47670
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)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42b [X]
c 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 [X]
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 []
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 [X]
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 [X]
c Did the organization receive any payments for indoor tanning services during the year? 44c [X]
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)? 45a [X]
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the 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 [X]

		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	X

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.

Sign Here	<i>Patty A Vanoven</i> Signature of officer	7-18-2019 Date
	PATTY VANOVEN, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JACKIE SAUM, EA	Preparer's signature <i>Jackie Saum, EA</i>	Date 07/15/2019	Check <input type="checkbox"/> if self-employed	PTIN P00609900
	Firm's name ▶ B. B. BYERS, CPA	Firm's EIN ▶ 31-1255955			
	Firm's address ▶ 121 N. HART ST., PRINCETON, IN 47670	Phone no (812) 385-5834			

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

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.

OMB No 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization
GIBSON COUNTY CHAMBER OF COMMERCE

Employer identification number
36-0100000

Pt V, Line 35b: ALL PROGRAM SERVICE REVENUE WAS BUSINESS RELATED INCOME

Pt I, Line 8:

Description: ANNUAL MEETING TICKETS \$8,010

Description: MISC INCOME \$9

Pt. I, Line 16:

Description: ADVERTISING & PROMOTION \$3,082

Description: AMBASSADORS \$107

Description: BANK SERVICE CHARGES \$634

Description: BULK MAILING COSTS \$5,527

Description: CHAMBER EVENTS \$661

Description: COMPUTER COSTS \$2,289

Description: CONTRIBUTIONS/SPONORSHIPS \$1,969

Description: CREDIT CARD SERVICES FEE \$927

Description: DUES & PUBLICATIONS \$1,149

Description: EDUCATION EXPENSES \$458

Description: GOLDEN HERITAGE DAYS \$19,001

Description: GOLDEN HERITAGE REFUND \$2,395

Description: IN-HOUSE EVENT COSTS \$11,219

Description: INSURANCE \$3,943

Description: OFFICE SUPPLIES/MAINTENANCE \$2,935

Description: OTHER OPERATING COSTS \$472

Description: SCHOLARSHIPS \$3,000

Description: Depreciation \$11,240

Description: Amortization \$0

Pt II, Line 24:

Name of the organization

GIBSON COUNTY CHAMBER OF COMMERCE

Employer identification number

36-0100000

Description: METER DEPOSIT Beginning of Year: 0 End of Year: 0

Description: ACCOUNTS RECEIVABLE Beginning of Year: 0 End of Year: 0

Pt II, Line 26:

Description: PAYROLL LIABILITIES Beginning of Year: 0 End of Year: 0

Area with horizontal dashed lines for additional entries.