

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019 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 2019 calendar year, or tax year beginning , 2019, and ending , 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. 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: [X] Cash [ ] Accrual Other (specify) . . . . . H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: N/A

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

K Form of organization [X] 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 . . . . . \$ 140,906.

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: Description, Amount, and Total. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 140,906 and total expenses is 138,132.

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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 response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and governance.

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

	Yes	No
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		
48		
49a		
49b		

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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

<b>Sign Here</b>	Signature of officer <i>Patty A Vanoven</i>	Date <i>9-14-2020</i>
	Type or print name and title PATTY VANOVEN, EXECUTIVE DIRECTOR	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JACKIE SAUM, EA	Preparer's signature <i>Jackie Saum, EA</i>	Date 06/24/2020	Check <input type="checkbox"/> if self-employed	PTIN P00609900
	Firm's name ▶ B. B. BYERS, CPA	Firm's EIN ▶ 31-1255955		Phone no (812) 385-5834	
	Firm's address ▶ 121 N. HART ST., PRINCETON, IN 47670				

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

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 \$738

Pt I, Line 16:

Description: ADVERTISING & PROMOTION \$3,143

Description: Depreciation \$7,408

Description: BANK SERVICE CHARGES \$45

Description: BULK MAILING COSTS \$4,220

Description: COMMUNITY RELATIONS EXPENSE \$350

Description: COMPUTER COSTS \$5,887

Description: CREDIT CARD SERVICES FEE \$597

Description: Amortization \$0

Description: DUES & PUBLICATIONS \$1,193

Description: GOLDEN HERITAGE DAYS \$15,545

Description: GOLDEN HERITAGE REFUND \$1,220

Description: IN-HOUSE EVENT COSTS \$13,863

Description: INSURANCE \$4,278

Description: LICENSES/PERMITS \$126

Description: OFFICE SUPPLIES/MAINTENANCE \$1,162

Description: OTHER OPERATING COSTS \$601

Pt I, Line 20:

Description: IN REVIEW OF THE FINANCIAL RECORDS IT WAS FOUND THAT ANOTHER \$11,651

Description: CERTIFICATE OF DEPOSIT HAD NOT BEEN ACCOUNTED FOR IN PRIOR YEARS. 0

Pt II, Line 24:

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

Name of the organization

Employer identification number

GIBSON COUNTY CHAMBER OF COMMERCE

36-0100000

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

Multiple horizontal dashed lines for data entry.