

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 columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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 No

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

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

Table with 5 columns: (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 "

Table with 3 columns: (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 ***** Signature of officer 2017-11-09 Date
ALICIA ANDREWS EXECUTIVE DIREC Type or print name and title

Paid Preparer Use Only Print/Type preparer's name JASON POOLE EA Preparer's signature Date Check if self-employed PTIN P00212563
Firm's name TAX & ACCOUNTING ASSOC OF GA LLC Firm's EIN 58-1549052
Firm's address PO BOX 789 Baldwin, GA 30511 Phone no (706) 778-3271

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

Additional Data

Software ID:

Software Version:

EIN: 58-1355391

Name: BANKS COUNTY CHAMBER OF COMMERCE

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>28 IMPROVE THE OVERALL BUSINESS CLIMATE FOR ITS MEMBERS PROMOTE COMMUNITY DEVELOPMENT FACILITATE POLITICAL ACTION AND ENHANCE THE QUALITY OF LIFE IN BANKS COUNTY</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Form 990EZ, 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
R BRAD DAY EXECUTIVE DIRECTOR	30 00	0	0	0
CAROL AYERS BOARD MEMBER	2 00	0	0	0
MARY GREENWOOD BOARD MEMBER	2 00	0	0	0
SALLIE HENSLEY BOARD MEMBER	2 00	0	0	0
KIM LEDFORD BOARD MEMBER	2 00	0	0	0
HOWARD LEDFORD BOARD MEMBER	2 00	0	0	0
JUDY MCCLURE BOARD MEMBER	2 00	0	0	0
MARK M VALENTINE BOARD MEMBER	5 00	0	0	0
BRENT EDWARDS BOARD MEMBER	2 00	0	0	0
JEFF LEWALLEN BOARD MEMBER	2 00	0	0	0
CHARLES TURK BOARD MEMBER	2 00	0	0	0
LYNNE WARREN BOARD MEMBER	2 00	0	0	0
BECKY CARLAN BOARD MEMBER	2 00	0	0	0
ROY L POOLE JR BOARD MEMBER	0 00	0	0	0
ALICIA ANDREWS EXECUTIVE DIRECTOR PRO TEM	40 00	0	0	0

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.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BANKS COUNTY CHAMBER OF COMMERCE

Employer identification number

58-1355391

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	DESCRIPTION AMOUNTBOARD AND STAFF DUES AND CONFERENCE 5,001MONTHLY BREAKFAST AND MEETINGS 3,690OFFICE EXPENSE 123STAFF BENEFITS AND REIMB 7,279BUSINESS REGISTRATION 55PROPERTY TAXE S 672DATABASE SOFTWARE 1,586PUBLIC RELATIONS & ADVERTISING 71COLLEGE ED & CAREER FAIR 1,005GOVERNMENT AD CAMPAIGN 2,603BUSINESS OF MONTH PLAQUES 268MEMBERSHIP LEADS 40SCHOLARSHIP EXPENSE 876SPECIAL EVENT EXPENSES FUNDRAISING 11,821