

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

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

C Name of organization
CHATTOOGA COUNTY CHAMBER OF COMMERCE

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
PO BOX 217

City or town, state or province, country, and ZIP or foreign postal code
SUMMERVILLE, GA 30747

D Employer identification number
58-1378618

E Telephone number
(706) 857-4033

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check 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) 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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 92,020

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

Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	43,784
3	Membership dues and assessments	3	48,234
4	Investment income	4	2
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b	0
c	Less: direct expenses from gaming and fundraising events	6c	0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	92,020

Expenses			
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	40,902
13	Professional fees and other payments to independent contractors	13	6,600
14	Occupancy, rent, utilities, and maintenance	14	7,079
15	Printing, publications, postage, and shipping	15	572
16	Other expenses (describe in Schedule O)	16	34,526
17	Total expenses. Add lines 10 through 16 ▶	17	89,679
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,341
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)	19	87,323
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	89,664

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	112,356	22	114,741
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	112,356	25	114,741
26 Total liabilities (describe in Schedule O).	25,033	26	25,077
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	87,323	27	89,664

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?
 THE MISSION OF THE CHAMBER OF COMMERCE IS TO BE THE CATALYST AND FACILITATOR FOR GROWTH, DEVELOPMENT, AND COMMERCE WHILE PRESERVING QUALITY OF LIFE FOR THE CITIZENS OF

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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.

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **28a**

29 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **29a**

30 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here **30a**

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here **31a**

32 Total program service expenses (add lines 28a through 31a) **32** 23,984

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
CINDY RIVERS EXECUTIVE DIRECTOR	40.00	35,000	5,902	0
BRYAN EDGE DIRECTOR	2.00	0	0	0
EMILY MOBBS DIRECTOR	2.00	0	0	0
ZACHARY HUGHES IMMEDIATE PAST CHAIR	2.00	0	0	0
CLIFTON BAGLEY CHAIR ELECT	2.00	0	0	0
SAMANTHA GREENWOOD CHAIR	2.00	0	0	0
MARTY ROBINSON DIRECTOR	2.00	0	0	0
ASHLEY CAMPBELL DIRECTOR	2.00	0	0	0
PAUL MEREDITH DIRECTOR	2.00	0	0	0
LIZA MORGAN DIRECTOR	2.00	0	0	0

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 columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, 42a.

The organization's books are in care of BOWEN & ASSOCIATES CPAS PC Telephone no. (706) 857-2269
Located at 9909 COMMERCE STREET SUMMERVILLE, GA ZIP + 4 30747

Table with columns for question number, question text, and Yes/No columns. Rows include 42b, 42c, 43.

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	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	

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 Signature of officer ***** CINDY MCGRAW EXECUTIVE DIRECTOR Type or print name and title	2023-11-13 Date
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Paid Preparer Use Only	Print/Type preparer's name KIMBERLY HART-POOLE CPA	Preparer's signature	Date 2023-11-13	Check <input type="checkbox"/> if self-employed	PTIN P01083176
	Firm's name ▶ BOWEN & ASSOCIATES CPAS PC			Firm's EIN ▶ 46-3261946	
	Firm's address ▶ 251 TECHNOLOGY PKWY NW ROME, GA 30165			Phone no. (706) 235-2269	

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

Additional Data

Software ID:

Software Version:

EIN: 58-1378618

Name: CHATTOOGA 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.)	
28 LEADERSHIP CHATTOOGA (Grants \$)	28a	9,121
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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<p>29 MARKETINGMAINTAINED A WEBSITE FOR THE AREA THAT SHOWS EVENTSUPCOMING IN THE AREA (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>8,805</p>

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

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<p>30 LUNCHEONHOSTS MONTHLY LUNCHEONS THAT HAVE A SPEAKER THAT HIGHLIGHTS VARIOUS THINGS OF INTEREST FOR THE COMMUNITY (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p style="text-align: right;">6,058</p>

**SCHEDULE O
(Form 990)**

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

2022

**Open to Public
Inspection**

Name of the organization

CHATTOOGA COUNTY CHAMBER OF COMMERCE

Employer identification number

58-1378618

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	TRAVEL/MEETINGS 1684.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	DUES/SUBSCRIPTIONS 1830.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	BANQUETS/MEETINGS 6239.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	PAYROLL TAXES 3100.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	LEADERSHIP CHATTOOGA EXPENSE 9121.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	ECONOMIC DEV EXPENSE 2826.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	MARKETING 8805.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 16	MISCELLANEOUS 921.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 24	RECEIVABLE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	CREDIT CARD LIABILITY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	PAYROLL TAXES 96.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	GIFT CERTIFICATE LIABILITY 24385.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part II, Line 26	2020 PLAN 552.