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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

2018, and ending 20 For the 2018 calendar year, or tax year beginning C Name of organization GLASGOW BARREN COUNTY CHAMBER OF COMMERCE D Employer identification number Check if applicable 61-0203925 Address change Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 118 EAST PUBLIC SQUARE 270-651-3161 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated GLASGOW, KY 42141 G Gross receipts \$ 303,871 Amended return F Name and address of principal officer ERNIE MYERS H(a) is this a group return for subordinates? \square Yes \square No Application pending 118 EAST PUBLIC SQUARE, GLASGOW, KY H(b) Are all subordinates included? Tyes No If "No," attach a list (see instructions) X 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ www.glasgowbarrenchamber.com H(c) Group exemption number ▶ Form of organization X Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1945 M State of legal domicile KY Part I Briefly describe the organization's mission or most significant activities TO ENCOURAGE DEVELOPMENT IN GLASGOW & BARREN COUNTY, KENTUCKY THROUGH ORGANIZATIONAL DEVELOPMENT, COMMUNITY Activities & Governance DEVELOPMENT AND BUSINESS DEVELOPMENT 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 29 Number of independent voting members of the governing body (Part VI, line 1b) 4 29 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) . 6 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 38 7b Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) . . . 107,294.00 104,437.00 55,868.00 66,701.00 9 Program service revenue (Part VIII, line 2g) 10 investment income (Part VIII, column (A), lines 3, 4, and 7d) 0.00 104,143.00 109,336.00 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 272,498.00 275,281.00 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.00 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00 177,452.00 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 176,214.00 Professional fundraising fees (Part IX, column (A), line 11e) 0.00 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 102,370.00 105,114.00 18 Total expenses. Add lines 13–17 (must equal Part-IX, column (A) 278,584.00 282,566.00 Revenue less expenses Subtract line 18 from line 12RECEIVED (6,086.00 (7,285.00) 19

Signature Block 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 Signature of officer Here ERNIE MYERS EXECUTIVE VICE PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check 🗌 ıf Paid self-employed P00737237 BELINDA E. COULTER Preparer Firm's name ► TAYLOR POLSON & CO, PSC Firm's EIN ▶ 61-1305816 Use Only Phone no 270-651-8877 Firm's address ▶ 101 MCKENNA ST., GLASGOW, KY X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Total assets (Part X, line 16)

Total liabilities (Part X, line 26)

Net assets or fund balances Subtract line 21 from

G2S

End of Year

98,813.00

9,111.00

89,702.00

Beginning of Current Year

107,061.00

10,074.00

96,987.00

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Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
.1	Briefly describe the organization's mission.
` '	TO ENCOURAGE DEVELOPMENT IN GLASGOW & BARREN COUNTY, KENTUCKY THROUGH ORGANIZATIONAL
	DEVELOPMENT, COMMUNITY DEVELOPMENT AND BUSINESS DEVELOPMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
	the total expenses, and revenue, if any, for each program service reported
	(Code 032030) (Turbonos ft
4a	(Code 813910) (Expenses \$ 11,459 including grants of \$) (Revenue \$) ORGANIZATIONAL DEVELOPMENT: TO CREATE A DEFINITE SET OF GOALS AND OBJECTIVES TO
	ALLOW THE CHAMBER TO DELIVER BETTER CORE SERVICES TO THE MEMBERSHIP.
	ALLOW THE CHAMBER TO DELIVER BETTER CORE SERVICES TO THE MEMBERSHIP.
	<u> </u>
4b	(Code. 813910) (Expenses \$ 14,100 including grants of \$) (Revenue \$)
	COMMUNITY DEVELOPMENT: TO MONITOR AND TAKE ACTION ON ISSUES VITAL TO THE
	LIVELIHOOD OF THE CITIZENS AND THE GROWTH OF GLASGOW AND BARREN COUNTY, KENTUCKY.
4c	(Code 813910) (Expenses \$ 14,051 including grants of \$) (Revenue \$)
	BUSINESS DEVELOPMENT: TO PROMOTE BUSINESS DEVELOPMENT IN GLASGOW AND BARREN COUNTY
	AND FACILITATE BUSINESS PLANNING BY OFFERING EXPOSURE TO SERVICES AND RESOURCES
	AVAILABLE IN THE COMMUNITY.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 39,610.00

Part IV Checklist of Required Schedules

			Yes	No
· 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		х_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable	20.271	· ' .	(i)
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>x</u>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_x_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> x</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		x_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b]	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>x</u>
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<u>Part</u>	Checklist of Required Schedules (continued)			
			Yes	No
· 22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		_x_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	İ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_ x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
· 2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L.
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		х
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?.	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	.		
_	gifts were not tax deductible?	6b		<u> </u>
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	_	ļ
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		L.
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	9a		لـــا
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
	Section 501(c)(7) organizations. Enter	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N			(
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			
		Form	990	(2018)

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
Cook	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 29		163	1
ıa	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 29	-]
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6	х	X
6	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			۱
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
а	the year by the following: The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u>x</u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
	-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
13	describe in Schedule O how this was done	12c 13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			<u> </u>
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization , .	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b	—	
Sacti	organization's exempt status with respect to such arrangements?	מסו		L
17	List the states with which a copy of this Form 990 is required to be filed ► KENTUCKY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	,555		. (0)
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of into	erest	oolicy	, and
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstruction.			
	GLASGOW BARREN CO CHAMBER OF COMMERCE. 118 E PUBLIC SO. GLASGOW, KY 42141 27	70-6	51-3	161

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	and
	Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office individua	unles	Pos neck ss pe	rson	than of the state	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						Δ.				
(1) COREY JACKSON	1.5									
PRESIDENT	_	Х		Х				0	0	0
(2) ERNIE MYERS EXECUTIVE DIRECTOR/VICE PRES.	40			x	x			65,500	0	0
(3) BRETT LOWE	1.5						†			
PRESIDENT-ELECT		x		x				l 0	0	o
(4) AMY ALLEN	1.5					-			-	
VICE PRESIDENT	1	х		x				٥ ا	0	0
(5) CINDY GREER	1.5									
TREASURER	†	х		x				l 0	0	0
(6) LEA KING	1.5									
SECRETARY		х		x				0	0	0
(7) BILL PRATHER	1.5									
PAST PRESIDENT		х		l				0	0	0
(8) BRIAN PACK	1.5						ļ			
LEGAL ADVISOR		х						0	o	0
(9) GARY HARTELL	1.5									
DIRECTOR		х						0	0	0
(10) SHARON BILLINGSLEY	1.5									
DIRECTOR		х						0	0	0
(11) GREG BOWEN	1.5									
DIRECTOR		Х						0	0	0
(12) CHEYANNE FANT	1.5									
DIRECTOR		Х						0	0	0
(13) CHRIS HOUCHENS	1.5									
DIRECTOR		Х						0	0	0
(14) JARED PURSLEY	1.5	v							0	0
DIRECTOR		X					Ц	0		5 000 (20.15)

Part VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (contin	ued)	
(A) Name and title	(B) Average hours per week (list any	box, i	unles	Pos neck ss pe d a d	rson	e than o is both or/trust	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	am	(F) timated tount of other
	hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	comp fro orga and	ornesation om the anization I related nizations
(15) MARK SHIPLEY DIRECTOR	1.5	х						0	0		
(16) JOHN DOYLE DIRECTOR	1.5	х						0	0		
(17) AMY IRWIN DIRECTOR	1.5	х						0	0		
(18) GREG HOLLANDER DIRECTOR	1.5	х						0	0		
(19) BART ROWLAND DIRECTOR	1.5	х						0	0		
(20) ERICA SPILLMAN DIRECTOR (21) BETSY ANN TRACY	1.5	x						0	0		
DIRECTOR (22) MATT GUMM	1.5	х						0	0		
DIRECTOR (23) DENISE BILLINGSLEY	1.5	х						0	0		(
DIRECTOR (24) KATIE HAWKS	1.5	х						0	0		• (
DIRECTOR (25) TREVA SHIRLEY	1.5	Х						0	0		
1b Sub-total c Total from continuation sheets to Part		n A		<u></u>	<u> </u>	•	>	65,500.00	0.00		0.00
d Total (add lines 1b and 1c) 2 Total number of individuals (including bu	t not limited	<u>.</u> .	ose	lıst	ed a	above		65,500.00 ho received me	0.00 ore than \$100,00	0 of	0.00
reportable compensation from the organ				-4.		•					Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete	Schedule J	for su	ıch	indi	vidu	ıal	٠.			3	X
4 For any individual listed on line 1a, is the organization and related organizations individual											x
5 Did any person listed on line 1a receive of for services rendered to the organization									ation or individua		x
Section B. Independent Contractors		<u> </u>									
Complete this table for your five highest compensation from the organization Rej year											
(A) Name and business add	Iress							(B) Description of se	ervices	(C) Compens	
NONE											
2 Total number of independent contractor		~					th	ose listed abo	ove) who		

	Part VII Section A. Officers, Directors, True	ustees, Key E	mploy	<u>/ees</u>			lighes	st C	ompensated E	mployees (conti	nued)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	unles er and	s pe	rtion more	than of the state	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
26	(15) JAMIE MCFARLIN	1.5						-			
	DIRECTOR		Х		<u> </u>			lacksquare	0	0	0
27	(16) WHITNEY HONEYCUTT	1.5						l			
	DIRECTOR		Х		ļ				0	0	0
28	KELLY OLIVER	1.5									
	DIRECTOR		Х			<u> </u>			0	0	0
29	CHRIS SCHALK	1.5					i				
_	DIRECTOR		Х						0	0	<u>′</u> 0
	(19)										
	(20)										
	(21)										
	(22)										
	(23)										

Form 9	990 (201	18)						Page 9
Par	t VIII	Statement of Reve	enue					
		Check if Schedule C	ocontains a res	ponse or note to	o any line in this	s Part VIII		
					(Å) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns	s . 1a					
iran	ь	Membership dues	. 1b	104,437				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	. 1c					
ar /	d	Related organizations	s . 1d					
S, E	e	Government grants (cor						
ion	f							
the the		and similar amounts not inc	cluded above 1f					
Contributions, and Other Sim	g	Noncash contributions include	ded in lines 1a–1f: \$	•				
a C	h	Total. Add lines 1a-1	lf .	>	104,437.00			
e				Business Code				
Ven	2a	ORGANIZATIONAL D	EVELOPMENT	813910	21,949	21,949		
8	b	BUSINESS DEVELOP	MENT	813910	32,475	32,475		
vice	С	COMMUNITY DEVELO	PMENT	813910	12,277	12,277		
Sen	d							
Program Service Revenue	е							
ogu	f	All other program ser	vice revenue					
<u> </u>	g	Total. Add lines 2a-2		•	66,701.00			
	3	Investment income		ends, interest,				
		and other similar amo	•					
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties	(i) Real	(iı) Personal				
	_		(i) Neai	(ii) Fersonal				
	6a	Gross rents	ļ					
	b	Less: rental expenses	<u> </u>					
	C	Rental income or (loss)	0.00	0.00		·		· ·
	_d	Net rental income or	(i) Securities	(ii) Other	0.00			
	7a	Gross amount from sales of assets other than inventory	(7 0000111100	(ii) Gailei	•			
	L	Less: cost or other basis			•			
	b	and sales expenses						
	С	Gain or (loss) .	0.00	0.00				
	1	Net gain or (loss)	0.00		0.00		· ·	
	_	riot gami or (loco)		· · · · · · ·	0.00	, .	-,	
ī	8a	Gross income from fu	undraising		, '			
/en		events (not including \$	•		•	3		
Re		of contributions reporte	ed on line 1c)					
er		See Part IV, line 18	a	71,835		-		
Other Revenue	b	Less: direct expenses	s b	28,590				
	С	Net income or (loss) f	rom fundraising	events >	43,245.00			
	9a	Gross income from ga	aming activities					
		See Part IV, line 19	· · · a					
	b	Less direct expenses		L				
	С	Net income or (loss) f		vities . >	0.00			
	10a	Gross sales of in	-		•			
	_	returns and allowance	- u					
		Less cost of goods s		<u> </u>				
	С	Net income or (loss) f			0.00			
	4.4	Miscellaneous R		Business Code			<u> </u>	
	11a	MANAGEMENT CONTR	·	813910	53,835	53,835		
	b	PROMOTIONS		813910	5,000			
	C	OTHER		813910	2,063	2,063		
	d	All other revenue .			60 000 00			1
	е 12	Total. Add lines 11a- Total revenue. See in			60,898.00			
	14	i otal i eve lide. See II	istructions .		2/3,281.00	127,599.00		L

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con			s must complete col	umn (A)
	Check if Schedule O contains a respon	se or note to any lir	e in this Part IX	<u> </u>	
Do no 8b; 9t	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			·	· · · · · · · · · · · · · · · · · · ·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22		·		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	65,500		65,500	<u></u>
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	03,300		237300	- <u>.</u>
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	99,070		99,070	
9	Other employee benefits				
10	Payroll taxes	12,882		12,882	
11	Fees for services (non-employees)	·			
а	Management				
b	Legal				
С	Accounting .	6,500		6,500	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f g	Investment management fees . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	8,057	3,962	4,095	······································
13	Office expenses	4,793	1,203	3,590	·
14	Information technology	6,629	-	6,629	
15	Royalties	•			
16	Occupancy .	9,798		9,798	
17	Travel	10,968	4,149	6,819	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates			2 7 7 7	
22	Depreciation, depletion, and amortization	3,719		3,719	
23	Insurance	11,067		11,067	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	OTHER PROGRAM EXPENSES	30,296	30,296		
b	TELEPHONE	6,876	- · · · · ·	6,876	
С	DUES/SUBSCRIPTIONS	2,814	• • •	2,814	
d	MISCELLANEOUS/OTHER	3,597		3,597	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	282,566.00	39,610.00	242,956.00	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Net Assets or Fund Balances

34

Total liabilities and net assets/fund balances

Form 990 (2018) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 41,488 36,351 Cash—non-interest-bearing 2 Savings and temporary cash investments . 2 3 3 Pledges and grants receivable, net 8,777 8,241 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 1,144 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 135,340 10a 56,796 10c 53,077.00 10b 82,263 **b** Less: accumulated depreciation . . 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11. 107,061.00 98,813.00 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 10,074 6,589 17 Accounts payable and accrued expenses . 17 18 18 Grants payable. 2,522 19 Deferred revenue . 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third

-	parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D		25	
_ 20	Total liabilities. Add lines 17 through 25	10,074.00	26	9,111.00
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
2	Unrestricted net assets	96,987	27	89,702
28	Temporarily restricted net assets	-"	28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
3	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances .	96,987.00	33	89,702.00

98,813.00

Form 990 (2018)

107,061.00 34

Dage	. 1	2
Page		-

Par	XI Reconciliation of Net Assets				
-	Check if Schedule O contains a response or note to any line in this Part XI	•			
· 1	Total revenue (must equal Part VIII, column (A), line 12)	1	275	, 28	1.00
2	Total expenses (must equal Part IX, column (A), line 25)	2	282	, 56	6.00
3	Revenue less expenses Subtract line 2 from line 1	3	(7	, 28	5.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96	, 98	7.00
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	89	,70:	2.00
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 🗌 Cash 🗵 Accrual 🔲 Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ın			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled or			
	reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>		لــــا
b	Were the organization's financial statements audited by an independent accountant?	•	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the appropriate and action of the audit action of the audit and action of the audit action of the audit action of the audit and action of the audit acti			Х	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	piain in			
٥-		Camble !=			-
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	τοπη in	3a		x
L	the Single Audit Act and OMB Circular A-133?	 rao sha			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	required addit of addits, explain why in schedule o and describe any steps taken to diddly such a	uuits.		, 99 0	(2018)
			1011		(2010)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of organization

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

Schedule C (Form 990 or 990-EZ) 2018

61-0203925

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

Section 501(c)(4), (5), or (6) organizations Complete Part III

GLASGOW BARREN COUNTY CHAMBER OF COMMERCE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Part	I-A Complete if th	e organization is exempt und	er section 501(c) or is a section 527	organization.
1	Provide a description o definition of "political car	f the organization's direct and in	direct political ca	ımpaıgn actıvıtıes in Par	t IV (see instructions for
2		ty expenditures (see instructions) .		. ▶ :	\$
3		cal campaign activities (see instruc			
Part		e organization is exempt und	· · · · · · · · · · · · · · · · · · ·	c)(3).	
1		excise tax incurred by the organiza			\$
2		excise tax incurred by organization			\$
3	-	ed a section 4955 tax, did it file Fo	-		Yes No
4a	Was a correction made?				. Yes 🗌 No
b	If "Yes," describe in Part	IV			
Part	-C Complete if the	e organization is exempt und	er section 501(c), except section 50°	I(c)(3).
1	Enter the amount direct activities	ly expended by the filing organiz	ation for section		B
2	Enter the amount of the 527 exempt function acti	filing organization's funds contrib ivities	uted to other org	anizations for section	3
3	Total exempt function eline 17b .	expenditures Add lines 1 and 2	Enter here and	on Form 1120-POL, ▶ \$	3
4	Did the filing organization	n file Form 1120-POL for this year	7	•	. Yes No
	the amount of political co	ents For each organization listed, ontributions received that were profund or a political action committee	mptly and directly	delivered to a separate p	political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
	***	L			·

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election unsection 501(h)).					ction under		
A Check ► ☐ If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name address, EIN, expenses, and share of excess lobbying expenditures)						er's name,	
B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply					•		
		Limits on Lobb				(a) Filing	(b) Affiliated
		(The term "expenditures" me			.)	organization's totals	group totals
1	a Total lo	obbying expenditures to influence	public opinioi	n (grass roots lobby	/ing) .		
		bbying expenditures to influence				_	
		obbying expenditures (add lines 1					
		exempt purpose expenditures					
	e Total e	xempt purpose expenditures (add	lines 1c and	1d) .			
	f Lobbyi	ng nontaxable amount. Enter	the amount	from the following	g table in both		
	columr	-					
	If the an	nount on line 1e, column (a) or (b) is:	The lobbying	g nontaxable amour	it is:		
		r \$500,000		mount on line 1e			ĺ
	Over \$5	00,000 but not over \$1,000,000	\$100,000 plu	is 15% of the excess	over \$500,000	' -	
	Over \$1	,000,000 but not over \$1,500,000	\$175,000 plu	is 10% of the excess	over \$1,000,000		
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plu	is 5% of the excess o	ver \$1,500,000		٠ -
	Over \$1	7,000,000	\$1,000,000				
	g Grassr	oots nontaxable amount (enter 25	% of line 1f)				
		ct line 1g from line 1a If zero or le					
	i Subtra	ct line 1f from line 1c. If zero or le	ss, enter -0-				
		e is an amount other than zerong section 4911 tax for this year?		e 1h or line 1i, did	the organization	file Form 4720	Yes No
	(Som	e organizations that made a sec	tion 501(h) e	Period Under sed lection do not hav tructions for lines	e to complete all	of the five column	ns below.
		Lobbying	Expenditure	s During 4-Year A	veraging Period		
	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2	a Lobby	ng nontaxable amount					
		ng ceiling amount of line 2a, column (e))					
	c Total lo	bbying expenditures					
	d Grassro	pots nontaxable amount					
(oots ceiling amount of line 2d, column (e))					
1	f Grassro	pots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
For e	each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed	(á	1)		(b)	
	iption of the lobbying activity	Yes	No	An	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1i		<u></u> -			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>				
Part)(5), (or se	ction		
	301(0)(0).			I	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		X
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior	vear?	-		Х
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes.")(5), c R (b)	Part	ction III-A, I	line 3,	, is _
1	Dues, assessments and similar amounts from members .		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year		2a			
b	Carryover from last year	ļ	2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Part	Supplemental Information e the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated gro	un lief	\ Par	+ II A III		
	instructions), and Part II-B, line 1. Also, complete this part for any additional information					
			·	·		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 61-0203925 GLASGOW BARREN COUNTY CHAMBER OF COMMERCE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV. line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 . . .

Assets included in Form 990, Part X

Par	III Organizations Maintaining	Collections of	Art, His	torical	Treasures	, or Ot	her Similar A	ssets (contin	ued)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her reco	rds, chec	k any of th	e follov	ving that are a	significant use	of it
. а	☐ Public exhibition		d	□ Loan	or exchang	ae proa	rams		
b	☐ Scholarly research		e						
C	☐ Preservation for future generations	s							
4	Provide a description of the organiza XIII		and expl	ain how t	hey further	the org	anızatıon's exe	mpt purpose ii	n Par
5	During the year, did the organization	solicit or receive	donation	ns of art,	historical ti	reasure	s, or other simi	lar	
	assets to be sold to raise funds rather	than to be mainta	ained as	part of the	e organizati	ion's co	llection?	☐ Yes [] No
Part	IV Escrow and Custodial Arra	angements.							
•	Complete if the organization 990, Part X, line 21	answered "Yes	" on Fo	m 990, i	Part IV, line	e 9, or	reported an a	mount on For	m
1a	Is the organization an agent, trustee included on Form 990, Part X?	, custodian or oth	ner interr	nediary fo	or contribut	tions or	other assets r	ot Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing to	able			Amount	
С	Beginning balance					1c	 	unount	
d	Additions during the year	•		•	•	1d			
e	Distributions during the year	•				1e			
f	Ending balance .	•	•			1f			
2a	Did the organization include an amoun	nt on Form 990. Pa	art X. line	21. for e	scrow or ci			v? ☐ Yes ☐	∃ No
	If "Yes," explain the arrangement in P								
Par						•			_
	Complete if the organization	answered "Yes'	" on Foi	m 990, F	Part IV, line	e 10			
		(a) Current year	(b) Pr	or year	(c) Two year	rs back	(d) Three years ba	ck (e) Four years	back
1a	Beginning of year balance .								
b	Contributions								
С	Net investment earnings, gains, and losses .								
d	Grants or scholarships								
е	Other expenditures for facilities and programs				,				
f	Administrative expenses								
g	End of year balance .			-					
2	Provide the estimated percentage of t	he current vear en	d balanc	e (line 1a	. column (a	ı)) held a	 3S	l	
а	Board designated or quasi-endowmer	nt ▶	%	` •	`	,,			
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	2c should equal 10	00%.						
3a	Are there endowment funds not in the	e possession of th	ie organi	zation tha	at are held	and ad	ministered for t	he	
	organization by							Yes	No
	(i) unrelated organizations .							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or							3b	
4	Describe in Part XIII the intended uses		on's endo	wment fu	unds				
Part			. –	200 5		44	. F	D	
	Complete if the organization			1					
	Description of property	(a) Cost or oth		1 ' '	r other basis ther)	, ,	Accumulated preciation	(d) Book value	
1a	Land								
b	Buildings .								
C	Leasehold improvements .				115,950		63,017	52,933	
d	Equipment .		-		19,390		19,246	144	<u>1.00</u>
е	Other .								
Total.	Add lines 1a through 1e (Column (d) n	nust equal Form 99	90, Part 2	K, column	(B), line 10)c)	<u> . </u>	53,077	7.00

Part VII	Investments—Other Securities. Complete if the organization answ	wered "Ves" on For	m 990 Part IV line	a 11h See Form	990 Part X line 12
	(a) Description of security or category		(b) Book value		nod of valuation
•	(including name of security)		(b) Book value	, ,	of-year market value
(1) Financial					
• •	neld equity interests	•			
(3) Other					······································
(A)	·····				·
(B)					
(C)					
(D)					
(E)					
(F)					
(G) (H)					
	h) must agual Com 000 Flad V agu (Pluna 12) N				
Part VIII	b) must equal Form 990, Part X, col (B) line 12) ► Investments—Program Related	<u> </u>			
rait VIII	Complete if the organization answ		m 990 Part IV line	11c See Form	990 Part X line 13
	(a) Description of investment	vered res on roi	(b) Book value	(c) Meth	nod of valuation of-year market value
(1)					=-
(2)					
(3)		•			
(4)					
(5)			-		
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)				
Part IX	Other Assets.				
	Complete if the organization answ		m 990, Part IV, line	11d See Form	
	(a) Description			(b) Book value
(1)					
(2)					
(3)	<u> </u>				
(4)					
(5)					
(6)					
(7)		_			
(8)			<u></u>		
(9)	mn (b) must equal Form 990, Part X, co	ol (B) line 15)		-	
Part X	Other Liabilities.	(B) iii 10 10.) .			
uitx	Complete if the organization answ line 25	vered "Yes" on For	m 990, Part IV, line	e 11e or 11f See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			_
(1) Federal in		(4)			
(2)					
(3)		<u> </u>			
(4)					
(5)					
(6)					
(7)					
(8)		· · · · · · · · · · · · · · · · · · ·			
(9)					
	b) must equal Form 990, Part X, col (B) line 25) ▶				
	uncertain tax positions. In Part XIII, provid	de the text of the footno	te to the organization	's financial statemer	nts that reports the
	s liability for uncertain tax positions under				

Part	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Return	•
• 1	Total revenue, gains, and other support per audited financial statements			1	303,87
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b]	
C	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIII) .	2d	28,590]	
е	Add lines 2a through 2d .			2e	28,590.00
3	Subtract line 2e from line 1			3	275,281.00
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	0.00
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	275,281.00
Part	• •		•	er Retu	rn.
_	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements.	Paπ IV, III	1e 12a	1	311,156
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			- ' + -	311,130
	Donated services and use of facilities .	2a			
a		2b		{	
b	Prior year adjustments	2C			
c d	Other losses Other (Describe in Part XIII)	2d	28,590	1 1	
e	Add lines 2a through 2d	Zu	20,350	2e	28,590.00
3	Subtract line 2e from line 1	•		3	282,566.00
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	i 1			202,300.00
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		1	
c	Add lines 4a and 4b			4c	0.00
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 18)		5	282,566.00
2, Part PART PAGE	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a are XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part XI, LINE 2D - THESE ARE DITEM 8B, WHICH ARE IN TOTAL EXPENSES ON THE ADDRESS OF THE ADD	to provide	any additional in PENSES INCLU	formation DED OI	n FORM 990,
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		·			
	······································	. 			
	······································				

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number GLASGOW BARREN COUNTY CHAMBER OF COMMERCE Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply 1 Mail solicitations e Solicitation of non-government grants а Internet and email solicitations **f** Solicitation of government grants Phone solicitations g

Special fundraising events c d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) fundraiser listed in (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (II) Activity custody or control of contributions? (or retained by) organization or entity (fundraiser) from activity col (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF TOURNAMENT (event type)	ANNUAL MEETING (event type)	PARADE/OTHER (total number)	(add col (a) through col (c))
ne				, , , , , , , , , , , , , , , , , , , ,	, ,	·
Revenue	1	Gross receipts .	31,590	15,820	24,425	71,835.00
ш.	2	Less Contributions .				0.00
	3	Gross income (line 1 minus line 2)	31,590.00	15,820 00	24,425.00	71,835.00
	4	Cash prizes	2,960		2,800	5,760.00
	5	Noncash prizes	1,279	1,083	409	2,771.00
sesus	6	Rent/facility costs	5,525			5,525.00
Direct Expenses	7	Food and beverages .	2,840	7,293	177	10,310.00
Direc	8	Entertainment		250		250.00
	9	Other direct expenses	926	805	2,243	3,974.00
	10	Direct expense summary Ad				28,590.00
	11	Net income summary Subtra	-	_ ` `	. Part IV I Ima 10	43,245.00
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E2		erea Yes on Form S	190, Part IV, line 19, 0	or reported more than
ø			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Dirigo	bingo/progressive bingo	(c) Other gaming	col' (a) through col' (c))
Re Be	1	Gross revenue				
	•	Oloss levelluc				
nses	2	Cash prizes				
Expe	3	Noncash prizes .				
Direct Expenses	4	Rent/facility costs			_	
	5	Other direct expénses .				
	6	Volunteer labor .	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in co	olumn (d)	. ▶	
	8	Net gaming income summary	Subtract line 7 from lii	ne 1, column (d)	. •	
9		nter the state(s) in which the org			. <u></u>	
		the organization licensed to co				
	- ''	"No," explain:				
10 :		/ere any of the organization's ga "Yes," explain	amıng licenses revoked		ted during the tax year?	
			·····			

chedu	ule G (Form 990 or 990-EZ) 2018		Page 3
11 ·	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also provide any addition See instructions		
		·····	
			-

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

GLASGOW BARREN COUNTY CHAMBER OF COMMERCE	61-0203925
FORM 990, PART VI, LINE 6: THE GLASGOW BARREN COUNTY CHAMBER	OF COMMERCE HAS MEMBERS
AND CHARGES MEMBERSHIP DUES TO JOIN THE CHAMBER OF COMMERCE.	
FORM 990, PART BI, SECTION A LINE 11A: THE BOARD OF DIRECTOR	S IS A SELF PREPETUATING
BOARD AND CURRENT BOARD MEMBERS APPOINT THE NEXT YEARS BOARD	MEMBERS AND OFFICERS. THE
BOARD OF DIRECTORS GENERALLY SERVE A THREE (3) YEAR TERM ONCE	APPOINTED.
FORM 990, PART VI, SECTION B, LINE 11B: A COMPLETE COPY OF T	HE FORM 990 IS PROVIDED TO
THE OFFICERS AND A COPY IS AVAILABLE AT THE CHAMBER OFFICE FO	R ANY OTHER BOARD MEMBER
TO REVIEW.	
FORM 990, PART VI, SECTION B, LINE 15: THE PRESIDENT, PRESID	ENT ELECT AND PAST PRESIDENT
REVIEW THE EXECUTIVE DIRECTOR'S PREFORMANCE EACH YEAR.	
FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE 990 ARE	AVAILABLE AT THE CHAMBER'S
OFFICE FOR REVIEW UPON REQUEST.	
,	