

Form **990-EZ**
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.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization: Greater Breckinridge County Chamber of Commerce Inc
Number and street (or P O box, if mail is not delivered to street address): P O Box 725
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: Hardinsburg, KY 40143

D Employer identification number: 61-1392408
E Telephone number: (270) 756-0268
F Group Exemption Number:

G Accounting Method: Cash Accrual Other (specify)
I Website: www.breckinridgecountychamberky.com
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. \$ 50,100

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

Table with 21 rows and 2 columns. Rows 1-9 are Revenue, rows 10-17 are Expenses, and rows 18-21 are Net Assets. Values include 37,610, 46,032, 15,709, 38,267, 7,765, -1,011, and 6,754.

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		22 7,470
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,281	24 745
25 Total assets	1,281	25 8,215
26 Total liabilities (describe in Schedule O).	2,292	26 1,461
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-1,011	27 6,754

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

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

What is the organization's primary exempt purpose?
 Advancement of the economic, industrial, professional, cultural, and civic welfare of Breckinridge County, Kentucky
 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 . . . ▶ <input type="checkbox"/>	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>		
30	30a	
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>		
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) ▶	32	38,267

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
Brent Fentress President	2 00	0		
Dale Butler Vice President	2 00	0		
Alison Mattingly Sec./Treasurer	2 00	0		
Mitch Jackson Director	2 00	0		
Susan Hendricks Director	2 00	0		
Dick Owen Director	2 00	0		
Kevin Lucas Director	2 00	0		
Neal Bland Director	2 00	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 response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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. Row 1 contains 'NONE'.

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. Row 1 contains 'NONE'.

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: Brent Fentress, President. Date: 2019-01-24

Paid Preparer Use Only Print/Type preparer's name: Daniel G Drane. Preparer's signature, Date, Check self-employed, PTIN: P00234459. Firm's name: Drane & Company PLLC CPAs. Firm's EIN: 61-1170449. Firm's address: PO Box 577, Hardinsburg, KY 40143. Phone no: (270) 756-5704

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

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 61-1392408

Name: Greater Breckinridge County
Chamber of Commerce Inc

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 Advancement of the economic, industrial, professional, cultural, and civic welfare of Breckinridge County, Kentucky (Grants \$ 38,267)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

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.

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
Greater Breckinridge County
Chamber of Commerce Inc

Employer identification number

61-1392408

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$2615

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$1971

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$802

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$576

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$983

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Meals \$3067

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Miscellaneous \$2904

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Dues & subscriptions \$2573

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Shop At Home \$1200

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Scholarship \$1000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Credit Card Processing Fee \$218

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Contract labor \$200

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	Repairs & Maintenance \$165

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1003	Machinery and Equipment - Beginning \$1281 Machinery and Equipment - Ending \$705

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$40

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	Negative bank balance - Beginning \$724 Negative bank balance - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 2	Payroll liabilities - Beginning \$1568 Payroll liabilities - Ending \$1461