

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/form990](http://www.irs.gov/form990).**

OMB No 1545-1150  
**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016**

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

**C** Name of organization  
 GREATER GIBSON CO CHAMBER OF COMM

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
 PO BOX 464

City or town, state or province, country, and ZIP or foreign postal code  
 TRENTON, TN 38382

**D** Employer identification number  
 62-0557040

**E** Telephone number  
 (731) 855-0973

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ N/A

**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 . . . . . ▶ \$ 116,573

**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	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	116,536
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b>	Investment income . . . . .	<b>4</b>	37
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>	
<b>b</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) . . . . .	<b>6b</b>		
<b>c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>6c</b>		
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>		
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>		
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b>	Other revenue (describe in Schedule O) . . . . .	<b>8</b>		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	116,573	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	70,783
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	1,625
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	14,455
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	39,340
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	126,203	
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-9,630
	<b>19</b>	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) . . . . .	<b>19</b>	72,904
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	<b>21</b>	63,274



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.

f Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

d Total number of other independent contractors each receiving over \$100,000. . . . .

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here \*\*\*\*\*
Signature of officer
Date 2017-05-02
LIBBY WICKHERSHAM SECRETARY
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name JACK M MATTHIS
Preparer's signature
Date 2017-05-02
Check if self-employed
PTIN P00669228
Firm's name ALEXANDER THOMPSON ARNOLD PLLC
Firm's EIN 62-1110839
Firm's address 109 W COURT SQUARE
TRENTON, TN 38382
Phone no (731) 855-1097

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 62-0557040

**Name:** GREATER GIBSON CO CHAMBER OF COMM

### 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><b>28</b> THE GREATER GIBSON COUNTY CHAMBER OF COMMERCE SEEKS TO DEVELOP AND MAINTAIN A SUPERIOR ECONOMIC CLIMATE WHICH CREATES JOBS AND ENHANCES THE QUALITY OF LIFE FOR ALL CITIZENS OF GIBSON COUNTY (SEE LIST OF ACCOMPLISHMENTS)</p> <p>(Grants \$ )</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

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

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>29</b>                      THE GREATER GIBSON COUNTY CHAMBER OF COMMERCE SEEKS TO DEVELOP AND MAINTAIN A SUPERIOR ECONOMIC CLIMATE WHICH CREATES JOBS AND ENHANCES THE QUALITY OF LIFE FOR ALL CITIZENS OF GIBSON COUNTY 2016 ACCOMPLISHMENTS 1 REORGANIZATION OF THE YOUNG PROFESSIONALS OF GIBSON COUNTY 2 HOSTED REGULAR SMALL BUSINESS "LUNCH AND LEARN" SESSIONS AND MONTHLY NETWORKING EVENTS 3 FACILITATION OF GIBSON COUNTY YOUTH LEADERSHIP AND GIBSON COUNTY ADULT LEADERSHIP PROGRAMS 4 SUBMITTING GIBSON COUNTY'S APPLICATION FOR THE GOVERNOR'S THREE STAR PROGRAM TO ENSURE ELIGIBILITY FOR CDBG GRANT FUNDS 5 ATTENDED INTERNATIONAL COUNCIL OF SHOPPING CENTERS(ICSC)TO MARKET/PROMOTE GIBSON COUNTY FOR RETAILERS WISHING TO LOCATE IN WEST TENNESSEE 6 INITATED BRANDON NEWMAN MEMORIAL SCHOLARSHIP FUND 7 CITY WIDE BUSINESS AFTER HOURS 8 PROMOTED SMALL BUSINESS SATURDAY 9 ORGANIZED AND PLANNED NEW WEBSITE</p> <p>(Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p><b>29a</b></p>	

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
VANCE COLEMAN DIRECTOR	000 00	0		
DR HEATHER MARTIN DIRECTOR	000 00	0		
PAT RILEY PRESIDENT	000 00	0		
EMILY SULLIVAN VICE PRESIDE	000 00	0		
JOSH GIBSON DIRECTOR	000 00	0		
JIM TURNER DIRECTOR	000 00	0		
SCOTT WRIGHT DIRECTOR	000 00	0		
ANN TUBBS DIRECTOR	000 00	0		
LIBBY WICKHERSHAM SECRETARY	000 00	0		
FELECIA TEDDLETON DIRECTOR	000 00	0		
CARMEDA KEEN DIRECTOR	000 00	0		
NATHAN REED DIRECTOR	000 00	0		
TOM CRIDER DIRECTOR	000 00	0		
BROOKE CARSON DIRECTOR	000 00	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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](http://www.irs.gov/form990).

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

GREATER GIBSON CO CHAMBER OF COMM

Employer identification number

62-0557040

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES CONFERENCES/MEETINGS 2,847 DUES & SUBSCRIPTIONS 249 TAXES AND LICENSES 2,242 ADVERTISING 5,804 MILEAGE 6,095 SUPPLIES 4,079 ORGANIZATIONAL EVENTS EXP 10,955 INSURANCE 6,539 NON-INVESTMENT DEPRECIATION 530 TOTAL 39,340



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 65 65 26,708 26,708 LESS ACCUMULATED DEPRECIATION 25,145 25,677 TOTAL 1,628 1,096

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,232 1,444

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE GREATER GIBSON CO CHAMBER OF COMMERCE SEEKS TO DEVELOP AND MAINTAIN A SUPERIOR ECONOMIC CLIMATE WHICH CREATES JOBS AND ENHANCES THE QUALITY OF LIFE FOR ALL CITIZENS OF GIBSON COUNTY

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	THE GREATER GIBSON COUNTY CHAMBER OF COMMERCE SEEKS TO DEVELOP AND MAINTAIN A SUPERIOR ECONOMIC CLIMATE WHICH CREATES JOBS AND ENHANCES THE QUALITY OF LIFE FOR ALL CITIZENS OF GIBSON COUNTY 2016 ACCOMPLISHMENTS 1 REORGANIZATION OF THE YOUNG PROFESSIONALS OF GIBSON COUNTY 2 HOSTED REGULAR SMALL BUSINESS "LUNCH AND LEARN" SESSIONS AND MONTHLY NETWORKING EVENTS 3 FACILITATION OF GIBSON COUNTY YOUTH LEADERSHIP AND GIBSON COUNTY ADULT LEADERSHIP PROGRAMS 4 SUBMITTING GIBSON COUNTY'S APPLICATION FOR THE GOVERNOR'S THREE STAR PROGRAM TO ENSURE ELIGIBILITY FOR CDBG GRANT FUNDS 5 ATTENDED INTERNATIONAL COUNCIL OF SHOPPING CENTERS(ICSC)TO MARKET/PROMOTE GIBSON COUNTY FOR RETAILERS WISHING TO LOCATE IN WEST TENNESSEE 6 INITATED BRANDON NEWMAN MEMORIAL SCHOLARSHIP FUND 7 CITY WIDE BUSINESS AFTER HOURS 8 PROMOTED SMALL BUSINESS SATURDAY 9 ORGANIZED AND PLANNED NEW WEBSITE