

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

Short Form Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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) _____

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

I Website: N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 132,422

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	70,598
	2	Program service revenue including government fees and contracts	2	61,587
	3	Membership dues and assessments	3	
	4	Investment income	4	237
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	132,422	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	75,767
	13	Professional fees and other payments to independent contractors	13	1,730
	14	Occupancy, rent, utilities, and maintenance	14	13,186
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	38,431
17	Total expenses. Add lines 10 through 16	17	129,114	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,308
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	69,210
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	72,518

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	69,764	22	73,590
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	751	24	499
25 Total assets	70,515	25	74,089
26 Total liabilities (describe in Schedule O).	1,305	26	1,571
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	69,210	27	72,518

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
THE 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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)	
28	See Additional Data Table		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	See Additional Data Table		
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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	

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
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of ATA PLLC Telephone no (731) 855-1097 Located at PO BOX 504 TRENTON, TN ZIP + 4 38382

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

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

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

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

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

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

***** Signature of officer	2019-01-29 Date
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 2019-02-05	Check <input type="checkbox"/> 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>28 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>	28a	

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

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<p>29 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>29a</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.

(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
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

2018**Open to Public
Inspection**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

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 1,596 DUES & SUBSCRIPTIONS 474 ADVERTISING 681 MILEAGE 7,313 SUPPLIES 1,328 ORGANIZATIONAL EVENTS EXP 20,188 INSURANCE 6,494 MISC 105 NON-INVESTMENT D EPRECIATION 252 TOTAL 38,431

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 65 65 26,708 26,708 LESS ACCUMULATED DEPRECIATION 26,022 26,274 TOTAL 751 499

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,305 1,571

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