

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

Short Form Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- 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
111 WEST EATON STREET

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 ▶ \$ 130,379

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	73,857
	2	Program service revenue including government fees and contracts	2	56,230
	3	Membership dues and assessments	3	
	4	Investment income	4	292
	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	130,379	

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	68,796
	13	Professional fees and other payments to independent contractors	13	1,925
	14	Occupancy, rent, utilities, and maintenance	14	12,795
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	35,207
	17	Total expenses. Add lines 10 through 16 ▶	17	118,723
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,656
	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	72,519
	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	84,175

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	73,590	22 85,359
23 Land and buildings		23
24 Other assets (describe in Schedule O)	499	24 246
25 Total assets	74,089	25 85,605
26 Total liabilities (describe in Schedule O)	1,570	26 1,430
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	72,519	27 84,175

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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>ATA PLLC</u> Telephone no ▶ <u>(731) 855-1097</u> Located at ▶ <u>PO BOX 504 TRENTON, TN</u> ZIP + 4 ▶ <u>38382</u>		

		Yes	No
42b	b 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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		No
42c	c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		

		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44b	b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	c Did the organization receive any payments for indoor tanning services during the year?		No
44d	d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		No

	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.

Sign Here Signature of officer LIBBY WICKERSHAM TRUSTEE Type or print name and title	Date 2020-01-22
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Paid Preparer Use Only	Print/Type preparer's name JACK M MATTHIS	Preparer's signature	Date 2020-01-27	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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<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 PRESIDENT	000 00	0		
PAT RILEY DIRECTOR	000 00	0		
EMILY SULLIVAN DIRECTOR	000 00	0		
JOSH GIBSON VICE PRESIDE	000 00	0		
SCOTT WRIGHT DIRECTOR	000 00	0		
NATHAN REED DIRECTOR	000 00	0		
TOM CRIDER DIRECTOR	000 00	0		
BROOKE CARSON DIRECTOR	000 00	0		
SANDY MOSS DIRECTOR	000 00	0		
CINDY FLOWERS DIRECTOR	000 00	0		
BARBARA HUNT DIRECTOR	000 00	0		
CLAYTON WHITE DIRECTOR	000 00	0		
CECE JONES SECRETARY/TR	000 00	0		
LIBBY WICKERSHAM TRUSTEE	000 00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2019

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 1,692 DUES & SUBSCRIPTIONS 334 BANK & CREDIT CARD CHARGE 1,078 ADVERTISING 207 MILEAGE 6,279 SUPPLIES 3,193 ORGANIZATIONAL EVENTS EXP 12,950 INSURANCE 8,884 MISC 92 OTHER TAXES 245 NON-INVESTMENT DEPRECIATION 253 TOTAL 35,207

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 26,274 26,527 TOTAL 499 246

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,570 1,430

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