

**Bain & Company, CPA's, P.C.**  
**PO Box 1090**  
**Pell City, AL 35125-1090**  
**205-884-2332**

April 30, 2019

**CONFIDENTIAL**

GREATER PELL CITY CHAMBER OF  
COMMERCE INC  
P.O. BOX 1090  
PELL CITY, AL 35125

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Short Form of Organization Exempt From Income Tax (Form 990-EZ)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

**Federal Filing Instructions**

None is required. Your Form 990-EZ for the year ended 9/30/18 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Bain & Company, CPA's, P.C.  
PO Box 1090  
Pell City, AL 35125-1090

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no further action is required.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Bain & Company, CPA's, P.C.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 10/01, 2017, and ending 9/30, 20 18**2017**Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

**GREATER PELL CITY CHAMBER OF  
COMMERCE INC**

Employer identification number

**63-1118783**

Name and title of officer

**BRANDON TURNER  
PRESIDENT****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	<b>126,143</b>
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize Bain & Company, CPA's, P.C. to enter my PIN 18783 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ **02/11/18****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**63139331393**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **02/11/18****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)



Form **990-EZ**

# 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)

OMB No. 1545-1150

**2017****Open to Public  
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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning **10/01/17**, and ending **09/30/18**

<b>B</b> Check if applicable:		<b>C</b> Name of organization <b>GREATER PELL CITY CHAMBER OF COMMERCE INC</b>		<b>D</b> Employer identification number <b>63-1118783</b>
<input type="checkbox"/> Address change		Number and street (or P.O. box, if mail is not delivered to street address)		<b>E</b> Telephone number
<input type="checkbox"/> Name change		<b>P.O. BOX 1090</b>		
<input type="checkbox"/> Initial return		Room/suite		
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code		<b>F</b> Group Exemption Number ▶
<input type="checkbox"/> Amended return		<b>PELL CITY AL 35125</b>		
<input type="checkbox"/> Application pending				
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶				
<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).				
<b>I</b> Website: ▶ <b>N/A</b>				
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>6</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				
<b>L</b> 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. ▶ \$ <b>126,143</b>				

**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 ☒

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>49,239</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>23,494</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>53,209</b>
	<b>4</b> Investment income	<b>4</b>	<b>201</b>
	<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>c</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>c</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>	<b>126,143</b>	
<b>Expenses</b>	<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>	<b>36,469</b>
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>790</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>345</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>63,071</b>
<b>17</b> <b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>100,675</b>	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>25,468</b>
	<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>	<b>44,158</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	<b>-2,443</b>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>67,183</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)



**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	37,249	22	61,556
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	8,461	24	5,989
25 Total assets	45,710	25	67,545
26 Total liabilities (describe in Schedule O)	1,552	26	362
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,158	27	67,183

**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?

PROMOTE BUSINESS AND INDUSTRY IN THE CITY OF PELL CITY

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 PROMOTE BUSINESS AND INDUSTRY IN THE CITY OF PELL CITY

(Grants \$ ) If this amount includes foreign grants, check here ☐**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a	
29	
29a	
30	
30a	
31 Other program services (describe in Schedule O)	
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
COURTNEY HOBSON EXECUTIVE DIRECTOR	0.00	33,692	0	0
BRANDON TURNER PRESIDENT	0.00	0	0	0
CHRIS CHRISTIAN VICE PRESIDENT	0.00	0	0	0
ASHLEY ST JOHN TREASURER	0.00	0	0	0
JAMES DAUGHERTY EX OFFICIO	0.00	0	0	0
BOB OSBORN BOARD MEMBER	0.00	0	0	0
TERESA CARDEN BOARD MEMBER	0.00	0	0	0
KELLY FURGERSON BOARD MEMBER	0.00	0	0	0
CHARITY MITCHAM BOARD MEMBER	0.00	0	0	0
BRIAN WORLEY BOARD MEMBER	0.00	0	0	0
BLAIR GOODGAME BOARD MEMBER	0.00	0	0	0
TOMMY BARROWS BOARD MEMBER	0.00	0	0	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 ☐

	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		X
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)		X
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)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35b		
c 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		X
35c		
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		X
36		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
37a		
b Did the organization file Form 1120-POL for this year?		X
37b		
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?		X
38a		
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
39a		
b Gross receipts, included on line 9, for public use of club facilities		
39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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		
40b		
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		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
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		X
40e		
41 List the states with which a copy of this return is filed <input type="checkbox"/> None		
42a The organization's books are in care of <input type="checkbox"/> COURTNEY HOBSON Telephone no. <input type="checkbox"/> 205-338-3377		
1000 BRUCE ETHEREDGE PKWY # 105		
Located at <input type="checkbox"/> PELL CITY AL ZIP + 4 <input type="checkbox"/> 35128		
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)?		X
42b		
If "Yes," enter the name of the foreign country: <input type="checkbox"/>		
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States?		X
42c		
If "Yes," enter the name of the foreign country: <input type="checkbox"/>		
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 <input type="checkbox"/> 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a		
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		X
44b		
c Did the organization receive any payments for indoor tanning services during the year?		X
44c		
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		
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a		
b 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)		X
45b		



**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

	Yes	No
<b>46</b>		<b>X</b>

**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

	Yes	No
<b>47</b>		

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
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**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.

<b>Sign Here</b>	Signature of officer <b>BRANDON TURNER</b>		Date <b>PRESIDENT</b>		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GREGORY D. BAIN, CPA</b>	Preparer's signature	Date <b>04/30/19</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00187496</b>
	Firm's name ▶ <b>Bain &amp; Company, CPA's, P.C.</b>			Firm's EIN ▶ <b>63-1273966</b>	
	Firm's address ▶ <b>PO Box 1090 Pell City, AL 35125-1090</b>			Phone no. <b>205-884-2332</b>	
	May the IRS discuss this return with the preparer shown above? See instructions <span style="float: right;">▶</span> <input type="checkbox"/> Yes <input type="checkbox"/> No				

**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 .....	0	22
23 Land and buildings .....	0	23
24 Other assets (describe in Schedule O) .....	0	24
25 <b>Total assets</b> .....	0	25
26 <b>Total liabilities</b> (describe in Schedule O) .....	0	26
27 <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .....	0	27

**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?

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		
(Grants \$ ) If this amount includes foreign grants, check here	▶	<input type="checkbox"/> 28a
29		
(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)	▶	<input type="checkbox"/> 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 ☐

[illegible]



**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Open to Public  
Inspection**Name of the organization **GREATER PELL CITY CHAMBER OF  
COMMERCE INC**Employer identification number  
**63-1118783****Form 990-EZ, Part I, Line 16 - Other Expenses****Description** **Amount****CHRISTMAS PARADE****PARADE EXPENSES** \$ **1,236****BLOCK PARTY****BLOCK PARTY EXPENSES** \$ **18,347****Expenses****ADVERTISING** \$ **2,077****OFFICE SUPPLIES** \$ **1,961****SEMINARS & CON'T EDUCATION** \$ **125****INTEREST** \$ **1****INSURANCE** \$ **524****FLOWERS AND GIFTS** \$ **159****TELEPHONE** \$ **2,424****OTHER EVENTS** \$ **1,730****WEB DESIGN/SET UP** \$ **802****ANNUAL MEETING EXPENSE** \$ **817****FISHING TOURNAMENT** \$ **26,857****LAKEFEST** \$ **100****REPAIRS AND MAINTENANCE** \$ **468****SUBSCRIPTIONS** \$ **1,706****BANK CHARGES** \$ **74****TOURISM & RECREATION** \$ **2,385****BLUES & BBQ** \$ **899****Non-investment Depreciation** \$ **379**

Schedule O (Form 990 or 990-EZ) (2017)

Page 2

Name of the organization

Employer identification number

GREATER PELL CITY CHAMBER OF

63-1118783

Total \$ 63,071

## Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

## Description

## Amount

Book / Tax Depreciation Difference \$ -2,443

## Form 990-EZ, Part II, Line 24 - Other Assets

## Description

## Beg. of Year

## End of Year

Accounts Receivable \$ 0 \$ 350

BUILDINGS AND EQUIPMENT \$ 46,073 \$ 46,073

Less Accumulated Depreciation \$ 37,612 \$ 40,434

Total \$ 8,461 \$ 5,989

## Form 990-EZ, Part II, Line 26 - Other Liabilities

## Description

## Beg. of Year

## End of Year

FICA \$ 377 \$ 0

FEDERAL WITHHOLDING \$ 629 \$ 0

STATE WITHHOLDING \$ 450 \$ 362

STATE UNEMPLOYMENT \$ 12 \$ 0

FEDERAL UNEMPLOYMENT \$ 84 \$ 0

## Form 990-EZ, Part III, Line 31 - All Other Accomplishment

PROMOTE BUSINESS AND INDUSTRY IN THE CITY OF PELL CITY



Form **4562**Department of the Treasury  
Internal Revenue Service

(99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2017**Attachment  
Sequence No. **179**

Name(s) shown on return

**GREATER PELL CITY CHAMBER OF  
COMMERCE INC**

Identifying number

**63-1118783**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	379
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year			12 yrs.	S/L	
c 40-year			40 yrs.	MM	S/L

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	379
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

DAA

There are no amounts for Page 2

02557 GREATER PELL CITY CHAMBER OF  
63-1118783  
FYE: 9/30/2018

4/30/2019 11:44 AM

## Federal Statements

### Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	\$ 53,209
Total	\$ 53,209