efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492226014067 **Short Form** OMB No 1545-1150 50rm 990-EZ Return of Organization Exempt From Income Tax 2016 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. Department of the Treasury Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection A For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable D Employer identification number C Name of organization JACKSON AREA CHAMBER OF COMMERCE ☐ Address change 31-4358293 ■ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 234 BROADWAY STREET ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return JACKSON, OH 45640 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: > **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☐ 501(c)(6) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 ☑ 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) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 6,000 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 31,745 4 4 2,217 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 33,194 sum of such gross income and contributions exceeds \$15,000) 27.072 Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d 6d6.122 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7c C 8 8 Other revenue (describe in Schedule O) 7,878 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 53,962 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 34,105 12 Salaries, other compensation, and employee benefits . 12 13 1,228 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 5,961 15 15 1,620 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 14,734 17 Total expenses. Add lines 10 through 16 17 57,648 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -3,686 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 122,125 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 118,439 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

	· · · · · · · · · · · · · · · · · · ·						
Part II	Balance Sheets (see the instructions Check if the organization used Schedule		ulestion in this	Part II			🗵
	check if the organization asea senedale	o to respond to any q	acstion in this		aginning of years	• •	(B) End of year
22 Cach ca	vings, and investments			<u>(A) b</u> 	eginning of year 78,592	22	80,941
	d buildings				70,332		00,541
	sets (describe in Schedule O)				44,502	_	38,534
	ssets				123,094		119,475
	abilities (describe in Schedule O).				969		1,036
	ets or fund balances (line 27 of column			<u> </u>	122,125		118,439
Part III	Statement of Program Service	<u> </u>		ions for Pa		7 /	Expenses
raitiii	Check if the organization used Schedule	-			🗆		equired for section 501(c)
	organization's primary exempt purpose?	,	'				and 501(c)(4)
TO PROMOT	E ECONOMIC VITALITY IN JACKSON						anızatıons, optional for ers)
measured by penefited, a	e organization's program service accompli: y expenses In a clear and concise manne nd other relevant information for each pro	r, describe the service					
28 See Addition	nal Data Table						
(Grants \$)	If this amoun	t ıncludes foreign gran	te chack hara		▶ □	28a	
29	II tills alliouil	t includes foreign gran	its, check here	• •	. , .	28a 29a	
23						290	
(G , +)	*C.1.				. \Box		
(Grants \$)	If this amoun	t ıncludes foreign gran	its, check here		. ▶ ⊔		
30						30a	
(Grants \$)	If this amoun	t ıncludes foreign gran	its, check here		. ▶ □		
31 Other pr	ogram services (describe in Schedule O)						
(Grants \$)	If this amoun	t includes foreign gran	its, check here		. ▶ 🗆	31a	
32 Total pr	ogram service expenses (add lines 28a					32	
Part IV	List of Officers, Directors, Trustees,	and Key Employees	(list each one ev	en if not co	ompensated — see the		
	Check if the organization used Schedule	O to respond to any q	uestion in this	Part IV.			🗆
	(a) Name and title	(b) Average	(a) Papar	table	(d) Health bene	-fit-c	(a) Estimated amount
	(a) Name and title	(b) Average hours per week	(c) Repor				(e) Estimated amount of other compensation
		devoted to position	(Forms W-2	/1099-	benefit plans,	and	·
			MISC) (if no enter -		deferred compen	sation	1
			enter -	-			
See Addıtıor	nal Data Table						

OHIII	350-LZ (2010)			Page 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u> </u>	T	
			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	33		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)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
L	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		No
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$	350		
	notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
	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	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
	Did the organization file Form 1120-POL for this year?	37b		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?	38a		No
	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	.		
	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9	.		
	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 ▶			
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 sections4912, 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	40e		No
41	transaction? If "Yes," complete Form 8886-T			
	The organization's books are in care of ▶ SUSAN DANIELS Telephone no ▶	(740) 2	86-2722	2
	Located at ▶ 135 E HURON ST JACKSON, OH ZIP + 4 ▶	4564	10	
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	ſ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	421	Yes	No
	If "Yes," enter the name of the foreign country ▶	42b		No
	If res, 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)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country			
	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			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
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	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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)?	45a		No
	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)	45b		No
			~~~ ==	- 12015

	(2016)							Page
							Yes	No
	organization engage, directly or indirected for public office? If "Yes," complete							
				•		46		No
	<b>Section 501(c)(3) organizatior</b> All section 501(c)(3) organizations	must answer questi	ions 47-49b and 52	, and c	omplete the tab	les for l	ines 50	and 5:
	Check if the organization used Schedul	e O to respond to any q	uestion in this Part VI				Yes	□ No
							163	140
	organization engage in lobbying activit " complete Schedule C, Part II		O1(h) election in effect	_	,	47		
·8 Is the d	organization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes." complete Sch	edule E		48		
	organization make any transfers to an		. ,			49a		
	" was the related organization a section	·				49b		
	ete this table for the organization's five	-	mployees (other than	officers	directors trustee	s and ke	/ employ	ees)
who ea	ch received more than \$100,000 of con	npensation from the org	janization If there is r	none, er	iter "None "			
(a) N	lame and title of each employee	<b>(b)</b> Average hours per week	(c) Reportable compensation	contri	<b>)</b> Health benefits, butions to employ	1 ' '	stımated ıer comp	
		devoted to position	(Forms W-2/1099- MISC)		enefit plans, and rred compensatior	۱		
			,		•			
<b>f</b> Total	number of other employees paid over \$	100,000			<b>-</b> _			
	ete this table for the organization's five insation from the organization. If there i		ndependent contractor	s who e	ach received more	than \$10	00,000 o	f
Соптрет	(a) Name and business address of		actor	<b>(b)</b> Tv	pe of service	(c) Comp	ensation	
		·						
								<u> </u>
								_
								_
<b>d</b> Total	number of other independent contracto	ors each receiving over	\$100,000		• -			_ _ _
	•	-			<b>.</b> _			 
5 <b>2</b> Did t	number of other independent contractors he organization complete Schedule A? located Schedule A	NOTE. All Section 501(	c)(3) organizations mu			► _ v	es 🗹 I	
52 Did t	he organization complete Schedule A? loleted Schedule A	NOTE. All Section 501(	c)(3) organizations mu					
52 Did t comp nder penaltion	he organization complete Schedule A? loleted Schedule A	NOTE. All Section 501(	c)(3) organizations mu	nedules	and statements, a	nd to the	e best of	my
52 Did to compose the compose	he organization complete Schedule A? loleted Schedule A	NOTE. All Section 501(	c)(3) organizations mu	nedules	and statements, a	nd to the	e best of	my
52 Did t comp nder penaltin nowledge an as any know	he organization complete Schedule A? loleted Schedule A	NOTE. All Section 501(	c)(3) organizations mu	nedules	and statements, a	nd to the	e best of	my
Did to composite the composite	he organization complete Schedule A? oleted Schedule A	NOTE. All Section 501(	c)(3) organizations mu	nedules	and statements, and on all information	nd to the	e best of	my
Did to compose the	he organization complete Schedule A? bleted Schedule A	NOTE. All Section 501(i	c)(3) organizations mu	nedules	and statements, and on all information  2017-08-14  Date	nd to the	e best of	my
nder penalti nowledge an as any know	he organization complete Schedule A? bleted Schedule A	NOTE. All Section 501(	c)(3) organizations mu	nedules	and statements, and on all information  2017-08-14  Date  Check Inf PTIN P00	nd to the	e best of	my
nder penaltinowledge an as any know	he organization complete Schedule A? bleted Schedule A	NOTE. All Section 501(i	c)(3) organizations mu	nedules o is base	and statements, and on all information  2017-08-14  Date	nd to the on of which	e best of	my
52 Did t comp	he organization complete Schedule A? bleted Schedule A	NOTE. All Section 501(i	c)(3) organizations mu	nedules o is base	and statements, and on all information  2017-08-14  Date  Check from from from from from from from from	N 013809	e best of	my
nder penaltinowledge an as any knowledge ere	he organization complete Schedule A? bleted Schedule A	NOTE. All Section 501(i	c)(3) organizations mu	nedules o is base	and statements, and on all information  2017-08-14  Date  Check ☐ if PTI P00 self-employed  Firm's EIN ▶ 31-121	N 013809	e best of	my
nder penaltinowledge an as any know	he organization complete Schedule A? bleted Schedule A	NOTE. All Section 501(i	c)(3) organizations mu	nedules o is base	and statements, and on all information  2017-08-14  Date  Check ☐ if PTI P00 self-employed  Firm's EIN ▶ 31-121	N 013809	e best of	my

## **Additional Data**

Software ID:

**Software Version: EIN:** 31-4358293

Name: JACKSON AREA CHAMBER OF COMMERCE

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

Describe the organization's services, as measured by e number of persons benefite	`(c	Expenses equired for section 501 c)(3) and 501(c)(4) ganizations; optional for others.)	
	VIRONMENT THAT SUSTAINS ECONOMIC VITALITY PROMOTES ECONOMIC ES THE APPEAL TO LOCATE AND CONDUCT AND GROW BUSINESSES IN JACKSON OH	28a	
(Grants \$ )	If this amount includes foreign grants, check here $\ldots$ . $\blacktriangleright$		

Check if the organization used Schedule O to i	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (If not paid,	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e)Estimated amount of other compensation
		enter -0-)		
CURT WIGGINS DIRECTOR	1 00	0	0	0
NORMAN GILLILAND DIRECTOR	1 00	0	0	0
MICHELE PHILLIPS PAST PRESIDENT	1 00	0	0	0
SUSAN DANIELS TREASURER	3 00	0	0	0
MICHELE MCMILLEN DIRECTOR	1 00	0	0	0
MARSHA BAISDEN DIRECTOR	1 00	0	0	0
TORIA BROWN DIRECTOR	1 00	0	0	0
BILL COLE DIRECTOR	1 00	0	0	0
DENISE ELLENBERGER DIRECTOR	1 00	0	0	0
BRANDEN MCGHEE 1ST VICE PRESIDENT	1 00	0	0	0
RICK MCNELLY DIRECTOR	1 00	0	0	0
JASON BROWN DIRECTOR	1 00	0	0	0
ALAN TEDDY DESTRENT	1 00	0	0	0

0

0

0

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0

1 00

1 00

KEITH WOOLUM DIRECTOR

JILL SMALLEY 2ND VICE PRESIDENT

DLN: 93492226014067 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990 Name of the organization **Employer identification number** JACKSON AREA CHAMBER OF COMMERCE 31-4358293 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2016 Part II

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **HOME SHOW** BANQUET (add col (a) through (total number) (event type) (event type) col (c)) Revenue 1 Gross receipts. 12,380 5,620 15,194 33,194 2 Less Contributions. 3 Gross income (line 1 minus 12,380 5,620 15,194 line 2) 33,194 4 Cash prizes 5 Noncash prizes 3,534 3,534 Expenses Rent/facility costs 1.047 100 2,280 3,427 7 Food and beverages 3,976 2,486 6,462 8 Entertainment Other direct expenses 6,627 1,821 5,201 13,649 **10** Direct expense summary Add lines 4 through 9 in column (d) 27,072 11 Net income summary Subtract line 10 from line 3, column (d) 6,122 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain .

sche	dule G (Form 990 or 990-EZ) 2016					F	age
L1	Does the organization conduct gaming	activities with nonmembers	s?		☐ Yes	□No	
L <b>2</b>	Is the organization a grantor, beneficial formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No	
L3	Indicate the percentage of gaming act	ivity conducted in					
а	The organization's facility			13a			
b	An outside facility			13b			
.4	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords			
	Name						
	Address •						
.5a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b			ganization ▶ \$ and th	ne			
	amount of gaming revenue retained by	y the third party $ hildsymbol{\blacktriangleright}$ \$					
С	If "Yes," enter name and address of the	ne third party					
	Name						
	Address ►						
.6	Gaming manager information						
	Name ►						
	Gaming manager compensation $ hilde{ ho}$ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under star retain the state gaming license?	te law to make charitable di	stributions from the gaming proceeds to		П.,	П.,	
b	• •	ured under state law distribi	uted to other exempt organizations or spent		☐ Yes	∐ No	
U	in the organization's own exempt activ						
Par	t IV Supplemental Information	on. Provide the explanat 15c, 16, and 17b, as app	tions required by Part I, line 2b, column dicable. Also complete this part to provid				
	Return Reference		Explanation				_
			'	ule G (F	orm 990 or	990-F7)	20

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN:						: 93492226014067
SCHEDUL (Form 990 or EZ)	• <b>990-</b> Treasury	▶ Attach to Form 990 or 990-EZ.			OMB No 1545-0047  2016 Open to Public Inspection	
Name of the org JACKSON AREA CH	HAMBER OF COMM	MERCE mental Informatio	n		<b>Employer ident</b> 31-4358293	ification number
Return Reference				Explanation		
Description of other revenue Part I line 8	Description AmountWELCOME SIGN RENTAL 6,795WORKERS COMP COMMISSION 1,025SUNDRY INCOME 58					

Return Explanation

990 Schedule O, Supplemental Information

Description	Description AmountINSURANCE 1,9120PERATING SUPPLIES 335REPAIRS & MAINTENANCE 707CHRISTMAS
of other	LIGHTS FOR MANPOWER PARK 267MILEAGE REIMBURSEMENT 245OFFICE SUPPLIES 2,143TELEPHONE 1,397D
expenses	UES & SUBSCRIPTIONS 1,114MEALS & ENTERTAINMENT 260DEPRECIATION EXPENSE 5,968SEMINARS & LUN
Part Lline 16	CHEONS 60MISCELLANEOUS TAXES 25MISCELLANEOUS EXPENSES 301

Return Explanation
Reference

990 Schedule O, Supplemental Information

Description of other	Category Beginning of Year End of YearMACHINERY & EQUIPMENT 14,060 11,504FURNITURE & FIXTURES 30,442 27,030
assets Part II	
line 24	

Return Explanation

990 Schedule O, Supplemental Information

Description of total liabilities Part II line 26