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50rm 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)

2018

OMB No 1545-1150

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 for instructions and the latest information.

Open to Public Inspection

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		2018 calendar year, or tax year beginning	and ending			
В	Check if applicab	le C Name of organization	Employer identification number			
	Addre	ess change				
	Name	change JERSEY COUNTY CHAMBER OF COMM	37-0722621			
	Initial	return Number and street (or P.O. box, if mail is not delivered to street add	E Telephone	number		
	Final	return/ 209 N STATE STREET	618-639-5222			
	\neg	city or town, state or province, country, and ZIP or foreign postal c	ode	F Group Exe		
Ē		ation pending JERSEYVILLE, IL 62052	(XO)	Number		
G		nting Method: X Cash Accrual Other (specify)			X if the organization is	
		e: ►JCBA-IL.US			ed to attach Schedule B	
			sert no.) 4947(a)(1) or 527	•), 990-EZ, or 990-PF).	
		f organization: X Corporation Trust Association	Other		<u> </u>	
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$2				
		n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	(► \$	132,595.	
_	art I	Revenue, Expenses, and Changes in Net Assets of	or Fund Balances (see the instruc			
<u> </u>	<u></u>	Check if the organization used Schedule O to respond to any question in the	•		$\overline{\mathbf{x}}$	
	1	Contributions, gifts, grants, and similar amounts received	io r ui c	1		
	2	Program service revenue including government fees and contracts		2	<u></u>	
	3	Membership dues and assessments		3	82,420.	
	4	Investment income		4	02, 420.	
	1	Gross amount from sale of assets other than inventory	5a	7	<u> </u>	
	1.	Less; cost or other basis and sales expenses	5b			
	b	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	5c			
	C		30			
	6	Gaming and fundraising events.				
ī	a	Gross income from gaming (attach Schedule G if greater than	6-			
Revenue	[\$15,000)	6a			
Re	b	Gross income from fundraising events (not including \$	of contributions			
ר		from fundraising events reported on line 1) (attach Schedule G if the sum of s		12		
202		gross income and contributions exceeds \$15,000)				
-4		Less: direct expenses from gaming and fundraising events			22 272	
3	_d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6	1 1	6d	23,272.	
5	7a	Gross sales of inventory, less returns and allowances	7a			
Ž	b	Less, cost of goods sold		 - _		
•	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	CHE COMPANY OF	7c	5.63	
	8	Other revenue (describe in Schedule 0)	CONTRACTOR OF	8	563.	
_	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	100	9	106,255.	
	10	Grants and similar amounts paid (list in Schedule 0)	MAY 1 6 2019	10	1.55	
	11	Benefits paid to or for members	MAY 1 6 2019 S	11	165.	
Expenses	12	Salaries, other compensation, and employee benefits		12	47,356.	
ë	13	Professional fees and other payments to independent contractors	OGDEN, UT	13	2,560.	
꼾	14	Occupancy, rent, utilities, and maintenance		14_	8,629.	
ш,	15	Printing, publications, postage, and shipping		15	678.	
	16	Other expenses (describe in Schedule 0)	SEE SCHEDULE O	16	20,340.	
	17_	Total expenses. Add lines 10 through 16	····	▶ 17	79,728.	
ģ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	26,527.	
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
As		(must agree with end-of-year figure reported on prior year's return)		19	116,853.	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		20	0.	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20		2 1	143,380.	

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2018)

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Form 990-EZ (2018) JERSEY COUNTY CHAMBER OF COMMERCE

37-0722621

Page

complete applicable parts of Schedule N 37a	Pa	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in t	he						
33		instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	is Pa							
actively in Schedule 0 3 Wars any significant Changes made to the organization groverning documents? If "Yes," altach a conformed copy of the amended documents of they reflect a change for the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 5 of the organization have unrelated usuanses gross income of \$1,000 or more during the year from business actives (such as those reported on lines 2, 6a, and 7a, among others)? 5 of If "Yes" to line 3Ss, has the organization field a Form 990-T for the year? If "No," provide an explanation in Schedule 0 6 of Was the organization a section \$10(04), \$0 (c)(5), or \$0 (c)(6) organization subject to section 603(9) notice, reporting, and prizy tax requirements during the year? If "Yes," complete Schedule C, Part III 5 Of the organization undergo a Seudoridor, dissolution, trammation, or significant of specific or organization in degration and provide on explanation in the section of section of the section of th	^^	Did the expense to a consequence of the control of the control of the COCO IS No. 18 are and a detailed described to		Yes	No					
34 Were any significant changes made to the organization in assembly occurrents? If "exit, "attach a conformatic copy of the amended documents if they reflect a change to the organization in assembly one consideration (see assembly of the change) on the state of the reflect and they are the organization share unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lens 2, 6s, and 7s, among others)? 5. Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lens 2, 6s, and 7s, among others)? 6. Was the organization and control of the form 990-T for the year? If "No," provide an explanation in Schedule 0 7. Was the organization and the grown of 150 (sp(5), organization in subject to section 6033(e) notice, reporting, and groxy lax requirements during the year? If "Yes," complete schedule Part of Par	33	·			v					
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (See instructions) 3 bill the organization have unrefleted binaness gross accome of \$1,000 or more during the year from bissness activities (such as those reported on lines 2, 6s, and 7s, among others)? bill the state organization field a Form 990-T for the year? If 'No.' provide an explanation in Schedule 0 (Was the organization associan 501(c)(4), 501(c)(5), 67 c901(c)(6) organization subject to section 6033(c) once, reporting, and proxy tax requirements during the year? If 'Yes', complete Schedule C, Part III bill the organization undergo a building, discissions, erimination, or significant disposition of net assets during the year? If 'Yes', complete applicable parts of Schedule N 35c	24	,	33							
35. Did the organization have unrelisted business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 63, and 72, among others)? b) If Yes' to line 35a, has the organization filled a Form 990-T for the year? If 'No," provide an explanation in Schedule 0 c) Was the organization assets of \$10(k)(4), 501(k)(5), or 501(k)(6) organization subject to section 603(k) endure, reporting, and proxy lax requirements for unity the year? If Yes," complete applies by arts of Schedule (P. part III 37. Enter amount of political expenditures, direct or indirect, as described in the instructions 38. X 37. Enter amount of political expenditures, direct or indirect, as described in the instructions 38. X 38. Did the organization to Form 1210-PD (for this year) 39. Did the organization to Form 1210-PD (for this year) 39. Sechion 501(c)(7) organizations. Enter: 39. If Yes', complete Schedule, P, Part III and enter the total amount involved 39. Sechion 501(c)(7) organizations. Enter: 39. Individual interest and part of tax interest amount of tax interest amount of tax interest and unit of tax interest amount of tax interest amount of tax interest and the section of the organization engage in any section 4958 is N/A 39. Section 501(c)(3) organizations. Enter amount of tax imposed on the organization organization engage in any section 4958 is N/A 39. 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 39. N/A 39. 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 39. N/A 39. N/A 39. N/A 40. Did the organization and organization organization aparty to a prohibited tax shelter transaction? If Yes, complete Form 886-T 40. III Yes's to line in the foreign country; In the during the tax ye	34		24		v					
on lines 2, Sis, and 7a, among others)? If Was's tine a Sis, has the organization field a Form 990-T for the year? If "Vo;" provide an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6003(e) notice, reporting, and proxy tax requirements during the year? If "Ves; complete Schedule C, Part III B. Oth the organization underop a fujiedhon, dissolution, or significant disposition of net assets during the year? If "Ves; complete Schedule C, Part III B. Oth the organization underop a fujiedhon, dissolution, or significant disposition of net assets during the year? If "Ves; complete Schedule C, Part III B. Oth the organization in Form 1120-POL for this year? B. Eiter amonut of plotical sependivers, director indirect, as described in the instructions D. If the organization is form 1120-POL for this year? B. If "Ves; complete Schedule L, Part III and enter the total amount involved in a pinor year and still outstanding at the end of the tax year covered by this return? If "Ves, complete Schedule L, Part III and enter the total amount involved B. Offices receips, included on line 9, for yabic use of club facilities B. Offices receips, included on line 9, for yabic use of club facilities B. Offices receips, included on line 9, for yabic use of club facilities B. Offices receips, included on line 9, for yabic use of club facilities B. Offices receips, included on line 9, for yabic use of club facilities B. Offices receips, included on line 9, for yabic use of club facilities B. Offices receips, included on line 9, for yabic use of club facilities B. Offices receips, included on line 9, for yabic use of club facilities B. Offices receips, included on line 9, for yabic use of club facilities B. Offices receips, included on line 9, for yabic use of club facilities B. Offices receips, included on line 9, for yabic use of club facilities B. Offices receips, included on line 9, for yabic use of club facilities B. Offices receips, in	25.0	· · · · · · · · · · · · · · · · · · ·	34							
b If Yes' to line 35a, has the organization field a Form 990-T for the year? If Yillo, 'provide an explanation in Schedule 0 Was the organization ascelend 5 (16(4), 50 10(6), 50 10(6)), 50 10(6)	J		353		v					
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 duming the year "I" "Yes," complete Schedule (C, Part III "A "Yes") and the organization undergo a liquidation, discolution, termination, or significant disposition of IT "Yes". 38	h			NT /						
nequirements during the year? If "Yes," complete Schedule C, Part III 5 Did the organization undergo a bejudation, dissolution, termanation, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 78 Enter amount of political expenditures, direct or indirect, as described in the instructions 8 Did the organization file Form 119-0°RL for this year? 8 Did the organization file Form 119-0°RL for this year? 8 Did the organization file Form 119-0°RL for this year? 8 Section 50 I(c)(7) organization and at the end of the tax year covered by this return? 8 If "Yes," complete Schedule L, Part II and enter the total amount involved 9 Section 50 I(c)(7) organizations. Enter: 9 Instation files and capital contributions included on line 9 9 Gross receipts, included on line 9, for public use of club facilities 1 Instation files and capital contributions included on line 9 9 Gross receipts, included on line 9, for public use of club facilities 1 Instation files and capital contributions included on line 9 9 Gross receipts, included on line 9, for public use of club facilities 1 Instation files and capital contributions included on line 9 9 Gross receipts, included on line 9, for public use of club facilities 1 Instation files and capital contributions included on line 9 9 Gross receipts, included on line 9, for public use of club facilities 1 Instation files and capital contributions of files and section 4912. In Instation during the year of did it engage in an excess benefit transaction on 4911 Instation and transaction of the organization and provided that section 4912. In Instation during the year of did it engage in an excess benefit transaction and provided and transaction of did it engage in an excess benefit transaction and section and an expert of did it engage in an excess benefit transaction and provided and section or did it engage in an excess benefit transaction and section and an expert of did it engage in an excess benefit transaction and s			335							
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372 a Infer amount of political expenditures, direct or indirect, as described in the instructions ▶ Did the organization file Form 1129-PQL for this year? 383 b Did the organization berrow 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? b If Yes, Complete Schedule L, Part II and enter the total amount involved 386 b N/A 387 b N/A 388 b N/A 388 b N/A 389 Schon 501(c)(7) organizations. Enter: a initiation fies and capital contributions included on line 9 390 b N/A 391 b N/A 392 b N/A 392 b N/A 393 b N/A 394 b Scoton 501(c)(3) postinations. Enter: a initiation fies and capital contributions moluted on line 9 394 b N/A 395 b N/A 396 b Gross receipts, included on line 9, for public use of club facilities 397 b N/A 398 b N/A 399 b N/A 390 b N/A 391 b N/A 392 b N/A 393 b N/A 394 b Scoton 501(c)(3) postinations. Enter amount of tax imposed on the organization engage in any section 4955 b N/A 490 b Scoton 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the year under sections 4912, 4955, and 4956 408 b Scoton 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization. At any time during the tax year, was the organization aparty to a prohibited tax sheller transaction? If Yes, "complete form 8886-T 406 b A any time during the clearly year, did the organization have an interest in or a singilative or other inflancial account in a foreign country. 409 b A any time during the calendary ear, did the organization have an interest in or a singilative or other inflancial account in a foreign country. 409 b A any time during the calendary ear, did the organization maintain an office outside the United States? 400 b A in organization operate one or more hosp										
38 a bit the organization borrow from, or make any lonse to, any officer, director, frustee, 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? b if "Yes," complete Schedule L, Part II and enter the total amount involved school 501(c)(7) organizations. Enter a Initiation less and capatita Contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities section 4911 ► N/A section 4911 ► N/A section 4911 ► N/A section 4912 ► N/A section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under. section 4911 ► N/A section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization during the year under. 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 organization managers or disqualited persons during the year value organization and prior year that has not been reported on any organization managers or disqualited persons during the year organization as prior year that has not been reported on any organization managers or disqualited persons during the year organization as prior year that has not been reported on any organization managers or disqualited persons during the year organization as prior year that has not been reported on any organization managers or disqualited persons during the year organization and prior year did not report year year. 400 N/A 401 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax no line 40c reimbursed by the organizations. At any time during the year organization and prior year, was the organization and prior year. 402 Located at ► 209 N STATE STREET, JERSEYULLE, IL 210 A tay time during the calendary ear, did the organization have an anterest in or a signature or other authority over a financial account in a foreign	37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions								
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b If Yes,* complete Schedule IL, Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter: initiation less and capital contributions included on line 9 5 Gross receipts, included on line 9, for public use of club facilities 39b IN/A 39a IN/A 39b IN/A 39b IN/A 39b IN/A 39ction 4955 ► N/A 39ction 4956 excess benefit transaction during the year, or different analysis of differ	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made								
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of its prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 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 8866-T 40e	U									
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 sheller transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed List the states with which accounts of the state			40h	N/	Δ					
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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 8866-T List the states with which a copy of this return is filed List the states with which a copy of this return to a pop 5-5222 Located at P List the states with which and in	·									
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 8866-T List the states with which a copy of this return is filed ▶ IL 1 The organization's books are in care of ▶ ELIZABETH BEAR Telephone no. ▶ 618-639-5222 Located at ▶ 209 N STATE STREET, JERSEYVILLE, IL 2IP+4 ▶ 62052 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 in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? if "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filling 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? if "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filling 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 44a N/A 44b N/A 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization receive any payments for indoor tanning services during the year? d 1f "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)? b Did the organization receive any payment from or engage in any transaction wit	ď									
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A3 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 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 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 c Did the organization receive any payments for indoor tanning services during the year? 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)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section										
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45 a				v					
·			40a							
	Ü									

orm	990-EZ (2	JERSEY COUNTY CHAMBER OF	COMMERCE		<u>37-07226</u>	
46	Oud the er	ganization engage, directly or indirectly, in political campaign activiti	es on behalf of or in appositio	un to condidates for n	ublic offices	Yes No
		mplete Schedule C, Part I	es on benan of of in oppositio	in to candidates for pr	ľ	46 X
_		Section 501(c)(3) Organizations Only			<u>. </u>	70 71
		All section 501(c)(3) organizations must answer questions 47	'-49b and 52, and complet	e the tables for line	s 50 and 51.	
		Check if the organization used Schedule O to respond to any	•			
				· -	_	Yes No
47	Did the or	ganization engage in lobbying activities or have a section 501(h) elec	ction in effect during the tax y	ear? If "Yes," complete	e Sch. C, Part II	47
	_	inization a school as described in section 170(b)(1)(A)(ii)? If "Yes," o				48
		ganization make any transfers to an exempt non-charitable related o	rganization?		<u> </u>	19a
		as the related organization a section 527 organization?			_	19b
	,	this table for the organization's five highest compensated employee:	,	s, trustees, and key e	mployees) who ea	ch received more
	than \$100	,000 of compensation from the organization. If there is none, enter			1	<u> </u>
		(a) Name and title of each employee	(b) Average hours per week devoted to	(C) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estimated amount of other
		27 / 2	per week devoted to	W-2/1099-MISC)	employee benefit plans, and deferred	compensation
		N/A	Position		compensation	
		· · · · · · · · · · · · · · · · · · ·				
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	T - 1 - 1	, h f - 4b b		<u> </u>	•	<u> </u>
		ber of other employees paid over \$100,000		d mare than \$100	000 of company	
	-	this table for the organization's five highest compensated independent. If there is none, enter "None." ${f N/A}$	ent contractors who each rece	iiveu iiiore uiaii ş iuu,	out of compensal	ion irom the
		ame and business address of each independent contractor) Type of service	(a) C	ompensation
	(a) IV	and business address of each independent contractor	(0) Type of Service	(6) (1	vinpensation
						
			- " "			
		· · · · · · · · · · · · · · · · · · ·	···-			
d	Total num	ber of other independent contractors each receiving over \$100,000		•	l	
		ganization complete Schedule A? Note: All section 501(c)(3) organiz	zations must attach a			
		Schedule A			▶□	Yes No
		of perjury, I declare that I have examined this return, including acco	mpanying schedules and stat	ements, and to the be	est of my knowledo	
	•	d complete. Declaration of pregarer (other than officer) is based on		•		,
,		x CANALO L BOX			v5/10/11	
Sign	ղ 🏲	Signature of officer		***	Date	
Her	e L	Crista L. Bock trea	Surer			
		Type or print name and title	33 0,			
		Print/Type preparer's name Preparer's signature	Date	Check	ıf PTIN	
D-:	_	\(\sigma_{\alpha}\)		self- emplo	- (
Paid		DANNY PHIPPS CPA	CRA 05/09		· }	60585
	parer	Firm's name SCHEFFEL BOYLE	42 664 103/03		→ 37-120	
Use	Only	Firm's address ► 106 W COUNTY ROAD				98-6841
		JERSEYVILLE, IL 62052)	Phone no	. (010) 4	30-0041
Marri	ho IDC dia	·		-	▶ चि	Yes No
iviay I	iie ino als	cuss this return with the preparer shown above? See instructions	 -			
					FC	orm 990-EZ (2018)

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

JERSEY COUNTY CHAMBER OF COMMERCE

Employer identification number 37 - 0722621

	COUNTY CHAMBER OF				37-0722	
Fundraising Activities. (required to complete this part	Complete if the organization answer	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization raise	d funds through any of the followin	g activ	rities	Check all that apply.		·
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		•
c Phone solicitations	g 🔲 Special t	fundra	ising (events		
d In-person solicitations						
2 a Did the organization have a written or	oral agreement with any individual	(includ	ding of	fficers, directors, trus	stees, or	
key employees listed in Form 990, Pai	rt VII) or entity in connection with pr	rofess	ional f	undraising services?	Yes	∟ No
b If "Yes," list the 10 highest paid individ		ant to	agree	ments under which	the fundraiser is to b	e
compensated at least \$5,000 by the c	organization					
		/iii\	Did		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	aiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(,	or con	troi of	from activity	fundraiser listed in col (i)	organization
		Yes	No			
		-				1
				i i		
	1	į				
		1				
otal		4 1				
3 List all states in which the organization or licensing	is registered or licensed to solicit	JOHUIL	JULION	s or has been notine	u it is exempt from t	egistration
or neerong						

· · · · · · · · · · · · · · · · · · ·						
						 .

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Scho		le G (Form 990 or 990-EZ) 2018 JERSEY II Fundraising Events. Complete if the				0722621 Page 2		
تت		of fundraising event contributions and gre						
	•		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			FUNDRAISERS		NONE	(add col (a) through		
	 		(event type)	(event type)	(total number)	col (c))		
Revenue				(Crom type)	(lotal individual)			
Ş	1	Gross receipts	49,612.			49,612.		
	2	Less Contributions						
	3	Gross income (line 1 minus line 2)	49,612.			49,612.		
	4	Cash prizes	2,250.			2,250.		
	5	Noncash prizes	350.			350.		
penses	6	Rent/facility costs	3,589.			3,589.		
Direct Expenses	7	Food and beverages	7,365.			7,365.		
△								
	8	Entertainment	12,786.			12,786.		
	9	Other direct expenses Direct expense summary Add lines 4 through		<u> </u>	<u> </u>	26,340.		
	10 11					23,272.		
Pa	irt		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than			
		\$15,000 on Form 990-EZ, line 6a		, , ,	•			
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
Revenue						1		
<u>~</u>	1	Gross revenue						
ses	2	Cash prizes						
Expenses	3	Noncash prizes			!			
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	Ť		Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	☐ No	□ No			
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		>			
	8	Net gaming income summary Subtract line	from line 1, column (d)		<u>}</u>			
	ls	nter the state(s) in which the organization cond the organization licensed to conduct gaming a "No," explain	ctivities in each of these	states?		Yes No		
	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: Yes No							
	_							

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Schedule G (Form 990 or 990-EZ) 2018

Sch	redule G (Form 990 or 990-EZ) 2018 JERSEY COUNTY CHAMBER OF COMMERCE 37-	-0722621	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in	1 1	
é	a The organization's facility	13a	<u>%</u>
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ı	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
•	c If "Yes," enter name and address of the third party.		
	Name		
	Address ►		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	
	retain the state gaming license?	Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	÷	
_	organization's own exempt activities during the tax year > \$		
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	 	
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Schedule 6	G (Form 990 or 990-EZ)	JERSEY	COUNTY	CHAMBER	OF	COMMERCE	<u> 37-0722621</u>	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	mation (cont	inued)			.,		
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

832211 10-10-18

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 for the latest information.

OMB No 1545-0047 Open to Public Inspection

JERSEY COUNTY CHAMBER OF COMMERCE

Employer identification number 37-0722621

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:		
DESCRIPTION OF OTHER REVENUE:		AMOUNT:
INTEREST		7.
MISCELLANEOUS		556.
TOTAL TO FORM 990-EZ, LINE 8		563.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
AMBASSADORS EXPENSE		589.
TELEPHONE		1,479.
WEBSITE	-	4,150.
INSURANCE		5,071.
ADVERTISING		226.
MISCELLANEOUS		95.
OFFICE EXPENSE		3,298.
LICENSE & FEES		60.
DUES & SUBSCRIPTIONS		755.
TRAVEL		526.
SPONSORSHIPS	· · · · - · · · · · · · · · · · · · · · · · · ·	4,091.
TOTAL TO FORM 990-EZ, LINE 16		20,340.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID GIFT CERTIFICATES	4,071.	22,575.
PREPAID CREDIT CARD EXPENSE	0.	456.
OTHER DEPRECIABLE ASSETS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	21,065. Schedule O (Forn	21,065. n 990 or 990-EZ) (2018)