

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)

2018

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning Oct 1, 2018, and ending Sep 30, 2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 MONTICELLO JEFFERSON COUNTY CHAMBER OF COMMERCE, INC.
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 420 WEST WASHINGTON ST
 City or town, state or province, country, and ZIP or foreign postal code
 MONTICELLO, FL 32344

D Employer identification number
 59-0812041

E Telephone number
 (850) 997-5552

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ www.monticellojeffersonfl.com

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

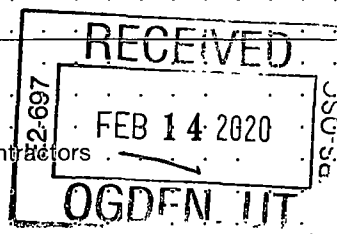
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 168,620.

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	15,779.
	2	Program service revenue including government fees and contracts	2	30,385.
	3	Membership dues and assessments	3	31,877.
	4	Investment income	4	1.
	5a	Gross amount from sale of assets other than inventory	5a	173.
	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	173.
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	7,816.
	b	Gross income from fundraising events (not including \$ 0. 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	79,347.
	c	Less direct expenses from gaming and fundraising events	6c	47,605.
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	39,558.
	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) See Line 8 Stmt.	8	3,242.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	121,015.
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	58,455.
	13	Professional fees and other payments to independent contractors	13	2,005.
	14	Occupancy, rent, utilities, and maintenance	14	14,222.
	15	Printing, publications, postage, and shipping	15	16,292.
	16	Other expenses (describe in Schedule O) See Line 16 Stmt.	16	30,761.
	17	Total expenses. Add lines 10 through 16	17	121,735.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-720.
	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	54,810.
	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	54,090.



SCANNED JUL 14 2020

99-15 21

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	51,726.	22 49,516.
23 Land and buildings	2,525.	23 2,580.
24 Other assets (describe in Schedule O)	1,814.	24 3,199.
25 Total assets	56,065.	25 55,295.
26 Total liabilities (describe in Schedule O)	1,255.	26 1,205.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,810.	27 54,090.

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? See Part III Stmt

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 ADMINISTRATION OF TOURIST DEVELOPMENT COUNCIL SERVICES		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 PRODUCTION OF LOCAL MAP AND GUIDE WITH POINTS OF INTEREST		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 HOSTING SPEAKERS DURING LUNCH ON ITEMS OF LOCAL INTEREST		
(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
RON CICHON DIRECTOR	1.00	0.	0.	0.
JT SURLES NON-VOTING MEMBER	1.00	0.	0.	0.
PAM WILLIS DIRECTOR	1.00	0.	0.	0.
DAVE WOODYARD DIRECTOR	1.00	0.	0.	0.
BETH ADAMS DIRECTOR	1.00	0.	0.	0.
T.B. BIRD DIRECTOR	1.00	0.	0.	0.
SEAN GRAY DIRECTOR	1.00	0.	0.	0.
PAT INMON DIRECTOR	1.00	0.	0.	0.
DORI COLLINS TREASURER	1.00	0.	0.	0.
LYNETTE SIRMON SECRETARY	1.00	0.	0.	0.
GERI ANN DRIGGERS DIRECTOR	1.00	0.	0.	0.
See Part IV Stmt	48.00	45,157.	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

Table with columns for question numbers (33-45b) and Yes/No columns. Contains various questions about organizational activities, financials, and compliance.

	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		X

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		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

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: *Katrina Richardson* Signature of officer Date: 2/6/2020
 Katrina Richardson, Executive Director Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: SANDRA M. GAVINS, CPA Preparer's signature: *Sandra M. Gavins* Date: 02/05/2020 Check if self-employed PTIN: P01052087
 Firm's name: GAVINS & COMPANY, LLC Firm's EIN: 27-4036718
 Firm's address: 240 W WASHINGTON ST, MONTICELLO, FL 32344-1442 Phone no: (850) 997-2646

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more 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 WATERMELON FESTIVAL (event type)	(b) Event #2 BBQ DINNER (event type)	(c) Other events ONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	48,479.	12,051.	5,661.	66,191.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	48,479.	12,051.	5,661.	66,191.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	28,332.	8,720.	2,884.	39,936.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				39,936.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				26,255.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities. _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain. _____

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 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

MONTICELLO JEFFERSON COUNTY CHAMBER OF COMMERCE, INC.

Employer identification number

59-0812041

Pt I, Line 8:

Description: COPY INCOME \$1,126

Description: RENTAL INCOME \$2,116

Pt I, Line 16:

Description: ADVERTISING \$2,539

Description: CONTRACT LABOR \$125

Description: CREDIT CARD FEES \$785

Description: DUES AND SUBSCRIPTIONS \$260

Description: MISCELLANEOUS EXPENSE \$84

Description: OFFICE EXPENSE \$5,940

Description: PUBLIC RELATIONS \$607

Description: SUPPLIES \$1,600

Description: TAXES-EMPLOYMENT \$4,625

Description: TAXES-OTHER \$136

Description: TRAVEL \$341

Description: INSURANCE \$7,178

Description: PROGRAM SERVICE EXPENSES \$5,712

Description: Depreciation \$829

Pt II, Line 24:

Description: NET EQUIPMENT Beginning of Year: \$1,519 End of Year: \$3,199

Description: DUE FROM TDC-FACEBOOK Beginning of Year: \$295 End of Year: \$0

Pt II, Line 26:

Description: PAYROLL TAXES PAYABLE Beginning of Year: \$1,242 End of Year: \$1,180

Description: SALES TAX PAYABLE Beginning of Year: \$13 End of Year: \$25