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

2018

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

| Α | For the | 2018 calendar year, or tax year beginning Oct 1 , 2018, and ending | Sep 30 | , 20 19 |
|------------|--------------|--|-----------------|---------------------------------------|
| В | Check if a | pplicable C Name of organization D Em | ployer identifi | cation number |
| | Address | change <u>MONTICELLO</u> JEFFERSON COUNTY CHAMBER OF COMMERCE, INC. 59 | -0812041 | - |
| | Name ch | Ange Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tel | ephone numbe | |
| | Initial retu | 420 WEST WASHINGTON ST (8 | 50)997-5 | 5552 |
| \Box | | rn/terminated City or town, state or province, country, and ZIP or foreign postal code | oup Exemption | · · · · · · · · · · · · · · · · · · · |
| H | Amended | return | ımber ▶ | • |
| G | | ,,, portouring | ▶ ☐ If the | organization is no |
| | Vebsite | | ed to attach S | |
| | | | 990, 990-EZ, | |
| | | organization 🗵 Corporation 🔲 Trust 🔲 Association 🔲 Other | | |
| | | is 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets | | |
| | | lumn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ | ▶ \$ | 168,620. |
| 1 | art i | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru | ictions for | |
| | | Check if the organization used Schedule O to respond to any question in this Part I. | | . , . |
| _ | 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. | 3.63 | |
| | Ь | Less cost or other basis and sales expenses | | |
| | С | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 173. |
| | 6 | Gaming and fundraising events | 1, (6) | |
| | а | Gross income from gaming (attach Schedule G if greater than | | |
| ne | | \$15,000) 6a 7,816. | | |
| Revenue | ь | Gross income from fundraising events (not including \$ 0 . of contributions | | |
| è | | 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. | | |
| | С | Less. direct expenses from gaming and fundraising events 6c 47,605. | 7, 762 738 | |
| | 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 | \$ 50g | |
| | b | Less cost of goods sold | | |
| | С | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 | Other revenue (describe in Schedule O) | 8 | 3,242. |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 121,015. |
| <u> </u> | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| 50° | 11 | Benefits paid to or for members | 11 | |
| . S | 12 | Benefits paid to or for members | 12 | 58,455. |
| S C | 13 | Professional fees and other payments to independent contractors | 13 | 2,005. |
| Expenses | 14 | Occupancy, rent, utilities, and maintenance | 14 | 14,222. |
| ל מ | 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. |
| S | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -720. |
| set | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with | | |
| As | | end-of-year figure reported on prior year's return) | 19 | 54,810. |
| Net Assets | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| Z | 21 | Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 54,090. |
| | | | | 000 57 |

For Paperwork Reduction Act Notice, see the separate instructions. BAA

| | Balance Sheets (see the instructions | | | ~ | | 153 |
|--|---|--|--|--|--|--|
| | Check if the organization used Schedule | O to respond to a | | | | |
| | | | _ | (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 | | | | 1,255. | 26 | 1,205. |
| 27 | Net assets or fund balances (line 27 of column | | | 54,810. | 27 | 54,090. |
| Pari | | • | | | | Expenses |
| | Check if the organization used Schedule | | | Part III 🗵 | (Req | uired for section |
| | is the organization's primary exempt purpose? | | | | , | c)(3) and 501(c)(4) |
| as m | ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea | nanner, describe the ach program title. | e services provided | rogram services, , the number of | orga | nizations, optional for |
| 28 | ADMINISTRATION OF TOURIST DEVELOP | MENT COUNCIL S | SERVICES | | | |
| | | | | | | |
| | | ıncludes foreign gra | | | 28a | |
| 29 | PRODUCTION OF LOCAL MAP AND GUIDE | WITH POINTS (| OF INTEREST | | | |
| | | | · | | | |
| | | | | | 20- | |
| | · · · · · · · · · · · · · · · · · · · | includes foreign gra | | | 29a | |
| 30 | HOSTING SPEAKERS DURING LUNCH ON | TTEMS OF LOCA | LINTEREST | | | |
| | | *************************************** | · | | | |
| | (Grants \$) If this amount | ıncludes foreign gra | inte check here | | 30a | |
| 24 | Other program services (describe in Schedule O) | | | _ | 00a | <u> </u> |
| 31 | | includes foreign gra | | | 31a | |
| 32 | Total program service expenses (add lines 28a | | | | 32 | |
| | | | | | | L |
| | List of Officers, Directors, Trustees, and Key | / Employees (list each | n one even if not comp | pensated - see the in | istruc | tions for Part IVI |
| rar | List of Officers, Directors, Trustees, and Key Check of the organization used Schedule | | | | | _ |
| rail | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule | O to respond to a | ny question in this (c) Reportable | Part IV (d) Health benefits, | <u></u> | 🗆 |
| r ai | | | ny question in this l | Part IV (d) Health benefits, contributions to employe | ee (e) | 🗆 |
| | Check if the organization used Schedule | (b) Average hours per week | (c) Reportable compensation (Forms W-2/1099-MISC) | Oart IV | ee (e) | Estimated amount of |
| RON | Check if the organization used Schedule (a) Name and title CICHON ECTOR | (b) Average hours per week | (c) Reportable compensation (Forms W-2/1099-MISC) | Oart IV | ee (e) | Estimated amount of |
| RON DIR JT | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | Part IV | ee (e) | Estimated amount of ther compensation |
| RON DIR JT NON | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) | Part IV | ee (e) | Estimated amount of ther compensation |
| RON DIR JT NON PAM | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS | (b) Average hours per week devoted to position 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) | Part IV | ee (e) | Estimated amount of ther compensation 0. |
| RON DIR JT NON PAM DIR | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | Part IV | ee (e) | Estimated amount of ther compensation |
| RON DIR JT NON PAM DIR | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD | (b) Average hours per week devoted to position 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | Part IV | eee (e) | Estimated amount of ther compensation 0. 0. |
| RON DIR JT NON PAM DIR DAV | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR | (b) Average hours per week devoted to position 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) | Part IV | eee (e) | Estimated amount of ther compensation 0. |
| RON DIR JT NON PAM DIR DAV DIR BET | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS | (b) Average hours per week devoted to position 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. | Part IV | ee (e) 0 | Estimated amount of ther compensation 0. 0. |
| RON DIR JT NON PAM DIR DAV DIR BET DIR | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR | (b) Average hours per week devoted to position 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | Part IV | ee (e) 0 | Estimated amount of ther compensation 0. 0. |
| RON DIR JT NON PAM DIR DAV DIR BET DIR T.B | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR BIRD | (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. | Cart IV | (e) (o) (o) (o) (o) (o) (o) (o) (o) (o) (o | Estimated amount of ther compensation 0. 0. |
| RON DIR JT NON PAM DIR DAV DIR BET DIR | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR BIRD ECTOR | (b) Average hours per week devoted to position 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. | Part IV | (e) (o) (o) (o) (o) (o) (o) (o) (o) (o) (o | Estimated amount of ther compensation 0. 0. |
| RON DIR JT NON PAM DIR DAV DIR BET DIR T.B DIR SEA | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR BIRD ECTOR N GRAY | (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. | Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0 0 0 | | Estimated amount of their compensation 0. 0. 0. 0. |
| RON DIR JT NON PAM DIR DAV DIR BET DIR T.B DIR SEA DIR | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR BIRD ECTOR N GRAY ECTOR | (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. | Cart IV | | Estimated amount of ther compensation 0. 0. |
| RON DIR JT NON PAM DIR DAV DIR BET DIR T.B DIR SEA DIR PAT | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR BIRD ECTOR N GRAY ECTOR INMON | (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. | Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0 | | Estimated amount of ther compensation 0. 0. 0. 0. 0. 0. |
| RON DIR JT NON PAM DIR DAV DIR BET DIR T.B DIR SEA DIR PAT DIR | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR BIRD ECTOR N GRAY ECTOR INMON ECTOR | (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. | Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0 0 0 | | Estimated amount of their compensation 0. 0. 0. 0. |
| RON DIR JT NON PAM DIR DIR T.B DIR SEA DIR PAT DIR | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR BIRD ECTOR N GRAY ECTOR INMON ECTOR I COLLINS | (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. | Cart IV | | Estimated amount of ther compensation 0. 0. 0. 0. 0. 0. 0. 0. |
| RON DIR JT NON PAM DIR DIR T.B DIR SEA DIR PAT DIR DOR TRE | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR BIRD ECTOR N GRAY ECTOR INMON ECTOR I COLLINS ASURER | (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. | Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0 | | Estimated amount of ther compensation 0. 0. 0. 0. 0. 0. |
| RON DIR JT NON PAM DIR DAV DIR BET DIR SEA DIR PAT DIR DOR TRE LYN | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR BIRD ECTOR N GRAY ECTOR INMON ECTOR I COLLINS ASURER ETTE SIRMON | (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. | Cart IV | | Estimated amount of ther compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. |
| RON DIR NON PAM DIR DAV DIR SEA DIR PAT DIR TRE. LYN SEC | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR BIRD ECTOR N GRAY ECTOR INMON ECTOR I COLLINS ASURER ETTE SIRMON RETARY | (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. | Cart IV | | Estimated amount of ther compensation 0. 0. 0. 0. 0. 0. 0. 0. |
| RON DIR JT NON PAM DIR DAV DIR BET DIR T.B DIR SEA DIR PAT DIR LYN SEC GER | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR BIRD ECTOR N GRAY ECTOR I NMON ECTOR I COLLINS ASURER ETTE SIRMON RETARY I ANN DRIGGERS | (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0. | Cart IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0 | | Estimated amount of ther compensation O. O. O. O. O. O. O. O. O. O |
| RON DIR JT NON PAM DIR DAV DIR BET DIR T.B DIR SEA DIR PAT DIR LYN SEC GER | Check if the organization used Schedule (a) Name and title CICHON ECTOR SURLES -VOTING MEMBER WILLIS ECTOR E WOODYARD ECTOR H ADAMS ECTOR BIRD ECTOR N GRAY ECTOR INMON ECTOR I COLLINS ASURER ETTE SIRMON RETARY | (b) Average hours per week devoted to position 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 | (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0. 0. | Cart IV | | Estimated amount of ther compensation O. O. O. O. O. O. O. O. O. |



| Part | V Other Information (Note the Schedule A and personal benefit contract statement requirement | s ın th | ne | |
|--------|--|---------------------------------------|-------------------|-------|
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi | s Parl | | |
| 00 | D. 146 | | 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 | | × |
| 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 | | × |
| 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)? | 35a | | × |
| 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 | 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 $\dots \dots \dots \dots \dots \dots \dots$ | 36 | | × |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | (v)/%() Second | 344 |
| b | Did the organization file Form 1120-POL for this year? | 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? . | 38a | 1.20/48968 | X |
| | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| 39 | Section 501(c)(7) organizations. Enter. | | 10 m | |
| a b | Initiation fees and capital contributions included on line 9 | | | 34.20 |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. | | | |
| ,,,, | section 4911 ► ; section 4912 ► ; section 4955 ► | | | |
| 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 | | |
| С | 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 | | | |
| | 4955, and 4958 | · · | | |
| d | 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | transaction? If "Yes," complete Form 8886-T | 40e | <u> </u> | × |
| 41 | List the states with which a copy of this return is filed ▶ FL | | | |
| 42a | The organization's books are in care of ► GAVINS AND COMPANY, LLC Telephone no. ► (850) | 0)99 | 7-26 | 46 |
| | Located at ► 240 WEST WASHINGTON ST, , MONTICELLO FL ZIP + 4 ► 323 | 4 4 | | |
| 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)? | 405 | Yes | |
| | If "Yes," enter the name of the foreign country ► | 42b | STATE | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | | 類的 |
| | Financial Accounts (FBAR). | | | |
| С | 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 ▶ | 42c | and Cardiza | _ × |
| 43 | 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 |
| | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | × |
| | 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 | | × |
| С | Did the organization receive any payments for indoor tanning services during the year? | 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)? | 45a | | × |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | T. S. | | |
| | 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 | | × |

| • | ' | | | | | | | |
|---------------|--|--|---|--|---------------------------------------|-----------|-------|--|
| Form 99 | 0-EZ (2018) ' | | | | | | age 4 | |
| 46 | Did the organization engage, directly or ii | ndirectly in political c | ampaign activities on | hehalf of or in opposit | ion [| Yes | No | |
| 70 | to candidates for public office? If "Yes," | | | | | | | |
| Part \ | (- / (- / -) | | | <u></u> | | | | |
| | All section 501(c)(3) organization | is must answer que | stions 47-49b and | 52, and complete the | e tables f | or line | es | |
| | 50 and 51. | badula O ta uzanand | l to any guartian in t | nio Dart VI | | | | |
| | Check if the organization used Sc | nedule O to respond | to any question in ti | iis ran vi | • • • | Yes | No. | |
| 47 | Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par | | section 501(h) electio | | tax 47 | 100 | | |
| 48 | | | | . 48 | | | | |
| | Did the organization make any transfers to an exempt non-charitable related organization? | | | | | | | |
| 50 | If "Yes," was the related organization a se Complete this table for the organization's | | | | | es an | d key | |
| 00 | employees) who each received more than | | | | | | a ney | |
| <u></u> | (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) Estimate other com | | | |
| | | | - | | | | | |
| | | l <u></u> . | | | | | | |
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| | | | <u></u> | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | | | |
| 51 | otal number of other employees paid over \$100,000 | | | | | | | |
| | (a) Name and business address of each independ | dent contractor | (b) Type of servi | Compensation | on | | | |
| | | | | | | | | |
| | | | | | | | | |
| | W. C. | | . , , - | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | **** | - | | | | - | | |
| | | | | | | | | |
| d | Total number of other independent contra | actors each receiving | over \$100,000 . I | > | | | | |
| | Did the organization complete Scheducompleted Schedule A | lle A? Note: All se | ction 501(c)(3) organ | | a ▶∐ Yes | N | lo | |
| | nalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer fother than | | | | owledge and | belief, i | t is | |
| Sign | Setzina Sichar Signature of officer | drox | | Date 2./6 | /20 | 20 | | |
| Here | Katrina Richardson, E | xecutive Direct | tor | /_/ | | | | |
| | Print/Type preparer's name | Preparer's signature | Dat | e Charle [7] | PTIN | | ' | |
| Paid Prepa | SANDRA M. CAVING CRA. 1 | | | | | | | |
| Use C | 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 | | | | | | | |
| iviay the | e ino discuss this return with the preparer | snown above? See if | nstructions | <u>. </u> | Yes ∑ | <u> </u> | 0 | |

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 59-0812041 MONTICELLO JEFFERSON COUNTY CHAMBER OF COMMERCE, INC. 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. e Solicitation of non-government grants ☐ Internet and email solicitations ☐ Solicitation of government grants Phone solicitations Special fundraising events d 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (IV) Gross receipts (i) Name and address of individual or entity (fundraiser) (or retained by) fundraiser listed in (II) Activity custody or control of contributions? (or retained by) from activity organization col (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

| P | art II | Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that | ng event contributions | ion answered "Yes" o and gross income on | n Form 990, Part IV, Iir Form 990-EZ, Iines 1 | ne 18, or reported more and 6b. List events with |
|-----------------|--------------------|--|---|--|--|--|
| | | | (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. |
| <u></u> | 2 | Less: Contributions . Gross income (line 1 minus line 2) | 48,479. | 12,051. | 5,661. | 66,191. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| sesu | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Direc | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . | 28,332. | 8,720. | 2,884. | 39,936. |
| Pa | 10 11 rt III | Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if th \$15,000 on Form 990-E2 | act line 10 from line 3, c e organization answe | olumn (d) | <u>,</u> ▶ | 39, 936. 26, 255. or reported more than |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| Rev | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct 6 | 4 | Rent/facility costs | | | | |
| _ | 5 | Other direct expenses . | ☐ Yes % | □ Vos | ☐ Yes % | |
| | 6 | Volunteer labor | ☐ No | ☐ Yes % ☐ No | ☐ Yes % ☐ No | , |
| | 7 | Direct expense summary. Ad | - | | | |
| | a Is | Net gaming income summan iter the state(s) in which the or the organization licensed to co 'No," explain: | ganization conducts gai onduct gaming activities | ming activities. | ? | |
| 10 | | ere any of the organization's g 'Yes," explain. | amıng licenses revoked | , suspended, or termina | | Yes ☐ No |

| Sched | ule G (Form 990 or 990-EZ) 2018 | | Page 3 |
|-------|--|--------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | ☐ Yes | ☐ No |
| 12 | 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 | _ | _ |
| а | The organization's facility | | % |
| b | The state of the s | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | · | |
| | Name ▶ | | |
| | Address ► | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | ☐ Yes | □ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the | | |
| С | amount of gaming revenue retained by the third party ► \$ 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. | | |
| а | 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 > \$ | | |
| Part | | | |
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Schedule G (Form 990 or 990-EZ) 2018

SCHEDULE O '(Form 990 or 990-EZ)

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.

2018

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

| Name of the organization | Employer identification number |
|---|--------------------------------|
| MONTICELLO JEFFERSON COUNTY CHAMBER OF COMMERCE, INC. | 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 I | End of Year: \$0 |
| Pt II, Line 26: | |
| Description: PAYROLL TAXES PAYABLE Beginning of Year: \$1,242 | 2 End of Year: \$1,180 |
| Description: SALES TAX PAYABLE Beginning of Year: \$13 End of | f Year: \$25 |
| | |
| | |