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Department of the Treasury

Internal Revenue Service

DLN: 93493123018318

OMB No 1545-0047

Return of Organization Exempt From Income Tax

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

	or the	2017 c	 alendar year, or tax year begir	ning 01-01-2017 and endir	na 12-31	-2017			
		plicable	C Name of organization	•	.g 11 01	2017	D Employe	r identif	fication number
	dress cl		THE GREATER SPRINGFIELD CHAME COMMERCE	BER OF			37-0710	280	
	me cha	-	Doing business as					200	
	tial retu al return,	urn ı/termınated	_						
□ Am	ended	return	Number and street (or P O box if m	nail is not delivered to street address)	Room/suit	ie .	E Telephone	: number	
□Ар	olicatio	n pending					(217) 52	5-1173	
			City or town, state or province, coul SPRINGFIELD, IL 62704	ntry, and ZIP or foreign postal code					
			F Name and address of principa	ol officer			G Gross rec	•	,625,558
			LORI MILOSEVICH	ai officei			s this a group ret	urn for	□Yes ☑ No
			1011 SOUTH SECOND STREET SPRINGFIELD, IL 62704				ubordinates? re all subordinate	2 S	Yes No
Ta	-exem	npt status	☐ 501(c)(3) ☑ 501(c)(6) ◄	(insert no) 4947(a)(1) or [7 527		icluded? "No," attach a li:	st (soo	
w	ehsite	<u></u>	/W GSCC ORG	(Insert no)	32/		roup exemption i		•
•	CDSICC	5. P VV VV	w dace ond						
(Forr	n of org	ganızatıon	☑ Corporation ☐ Trust ☐ Asso	ociation Other		L Year of t	formation 1868	M State	of legal domicile IL
Pa	1 I	Sumi		er most significant activities					
••			scribe the organization's mission o OUR MEMBERS' SUCCESS AND Al						
<u> </u>	_								
<u> </u>	_								
governance	2 (Check thi	is box \blacktriangleright \square if the organization dis	scontinued its operations or dispo	sed of m	ore than	25% of its net as	sets	
	3 1	Number o	of voting members of the governing	ng body (Part VI, line 1a)				3	18
o O			of independent voting members of		•			4	18
į			nber of individuals employed in ca	, , , ,	•			5	13
ACHVILIES &			nber of volunteers (estimate if ned	* *				6	300
τ.			elated business revenue from Pari	* **				7a	60,350
	ь	Net unrel	ated business taxable income from	m Form 990-1, line 34	• •		Duite Ween	7b	0
		Contribut	ions and grants (Part VIII, line 1h	N.			Prior Year 787,9	50	Current Year 739,283
Ģ			service revenue (Part VIII, line 20	885,2	_	868,395			
Ravenua		-	ent income (Part VIII, column (A),		4,7	_	4,690		
ď			venue (Part VIII, column (A), lines	•	_		15,2	_	13,190
	12	Total rev	enue—add lines 8 through 11 (mu	ıst equal Part VIII, column (A), lır	ne 12)		1,693,1	83	1,625,558
	13 (Grants ar	nd similar amounts paid (Part IX,	column (A), lines 1–3)			10,0	00	10,000
	14	Benefits p	paid to or for members (Part IX, c	olumn (A), line 4)				0	0
8	15 9	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines	5-10)		910,4	13	914,389
SUE	16a	Professio	onal fundraising fees (Part IX, colu	mn (A), line 11e)	•			0	0
Expenses	b⊤	Total fundr	raising expenses (Part IX, column (D), l	ıne 25) ▶ <u>0</u>					
ш			penses (Part IX, column (A), lines		•		699,2	_	719,147
		•	enses Add lines 13-17 (must equ				1,619,6	_	1,643,536
_ un	19	Revenue	less expenses Subtract line 18 fr	om line 12	•	Pogin	73,5		-17,978
Net Assets of Fund Balances						begini	ning of Current Ye	"	End of Year
SSP Bala	20	Total ass	ets (Part X, line 16)				1,163,5	05	1,128,573
<u> </u>	21	Total liab	ulities (Part X, line 26)				351,6	91	334,737
211	22	Net asset	s or fund balances Subtract line	21 from line 20	ı		811,8	14	793,836
	t II		ature Block						4h - h - 4 - 6
now	edge a	and belie	erjury, I declare that I have exam f, it is true, correct, and complete						
iny k	nowled	dge							
		*****	*				2018-04-19		
Sign		Signati	ure of officer				Date		
lere	:		MILOSEVICH SECRETARY/TREASURER						
		17	r print name and title	1-			,		
			rint/Type preparer's name ILL M BOYLE CPA	Preparer's signature JILL M BOYLE CPA		nte 118-04-13	Check L If Po	TIN 0124673	4
Paid		<u> </u>	irm's name SIKICH LLP				self-employed Firm's EIN ► 36-3	3168081	
_	oare	ii -	irm's address > 3201 W WHITE OAKS [DR STE 102			Phone no (217) 7		
JSE	Onl	у	SPRINGFIELD, IL 627				(==: / /		
1av +	he IRS	S discuss	this return with the preparer show						Yes 🗆 No
٠-, ١			sine recarri man die preparer silo	aporo (occinociaciono) i				٠ ١	110

Cat No 11282Y

Form **990** (2017)

Form	990 (2017)				Pa	age 2					
Par	t IIII Statemen	t of Program Service Acc	omplishments								
	Check if Sch	edule O contains a response or	note to any line in this Part III .								
1	Briefly describe the	organization's mission									
<u>ENH</u>	ANCE OUR MEMBERS'	SUCCESS AND ADVANCE OUR	ECONOMY								
2	=	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?									
					☐ Yes 🗹 No						
_	If "Yes," describe th										
3	Did the organization										
	services?	□Yes ☑N	lo								
	If "Yes," describe th	ese changes on Schedule O									
4	Section $501(c)(3)$ a		plishments for each of its three large required to report the amount of gra ervice reported								
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
	See Additional Data										
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)						
4d	Other program serv	vices (Describe in Schedule O)									
-	(Expenses \$	including g	rants of \$	(Revenue \$)						
4e	Total program se		,	•	•						

or X as applicable

Checklist of Required Schedules

Section 501(c)(3) organizations.

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space,

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Page 3

7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

Form **990** (2017)

Yes

Yes

Yes

No

Yes

No
No
No
No
No
No
No
No
No

23

29

36

	·			
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	22		No.

Page 4

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35h

36

37

Yes

Yes

Yes

Form **990** (2017)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . 🥞

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

organization? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2017)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 11			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2b	Yes	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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)?			
	, (4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	,	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
0-	Did the changering organization make any tayable distributions under section 49662	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
J	against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>
			orm QQ	0.(2017)

orm	n 990 (2017)						Page 6
Par	8a, 8b, or 10b below, des	ent, and DisclosureFor each "Yes" response to lines 2 scribe the circumstances, processes, or changes in Sche	dule O		" respo	nse to li	_
		ains a response or note to any line in this Part VI $$. $$.					✓
Se	ection A. Governing Body a	ind Management					ı
1a	a Enter the number of voting mer	mbers of the governing body at the end of the tax year	 1a	18		Yes	No
		s in voting rights among members of the governing delegated broad authority to an executive committee or chedule O					
b	Enter the number of voting mer	mbers included in line 1a, above, who are independent	1b	18			
2		e, or key employee have a family relationship or a busin employee?	ess rela	tionship with any other	2		No
3		ontrol over management duties customarily performed b , or key employees to a management company or other			3		No
4	Did the organization make any s	significant changes to its governing documents since the	e prior l	Form 990 was filed?	4		No
5	Did the organization become aw	vare during the year of a significant diversion of the orga	anızatıo	n's assets? .	5		No
6	Did the organization have meml	bers or stockholders?			6	Yes	
7a	 Did the organization have meml members of the governing body 	bers, stockholders, or other persons who had the power	to elec	t or appoint one or more	7a	Yes	
b	Are any governance decisions of persons other than the governing	f the organization reserved to (or subject to approval by		bers, stockholders, or	7b		No
8	Did the organization contemporate the following	aneously document the meetings held or written actions	under	taken during the year by			
а	The governing body?				8a	Yes	
b	Each committee with authority t	to act on behalf of the governing body?			8 b	Yes	
9		ustee, or key employee listed in Part VII, Section A, who If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Secti	ion B requests information about policies not req	uıred b	y the Internal Revenu	e Code	e.)	
						Yes	No
10a	a Did the organization have local	chapters, branches, or affiliates?			10a		No
b		ave written policies and procedures governing the activity perations are consistent with the organization's exempt			10b		
11a	Has the organization provided a form?	complete copy of this Form 990 to all members of its g	overnir •	g body before filing the	11a	Yes	
b	Describe in Schedule O the proc	tess, if any, used by the organization to review this Form	n 990				
12a	a Did the organization have a writ	tten conflict of interest policy? If "No," go to line 13 .			12a	Yes	
b	Were officers, directors, or trust conflicts?	tees, and key employees required to disclose annually ii	nterests • •	that could give rise to	12b	Yes	
С	Did the organization regularly a Schedule O how this was done	nd consistently monitor and enforce compliance with th	e policy	? If "Yes," describe in	12c	Yes	
13	Did the organization have a writ	tten whistleblower policy?			13	Yes	
14	Did the organization have a writ	tten document retention and destruction policy?			14	Yes	
15	Did the process for determining persons, comparability data, and	compensation of the following persons include a review d contemporaneous substantiation of the deliberation a	and ap	pproval by independent sion?			
а	The organization's CEO, Executi	ve Director, or top management official			15a	Yes	
b	Other officers or key employees	of the organization			15b	Yes	
	If "Yes" to line 15a or 15b, desc	ribe the process in Schedule O (see instructions)					
16a		contribute assets to, or participate in a joint venture or s	sımılar a	arrangement with a	16a		No
b		llow a written policy or procedure requiring the organiza inder applicable federal tax law, and take steps to safeg					
	status with respect to such arra	ngements?			16b		
	ection C. Disclosure	y of this Form 990 is required to be filed▶					
17 18	•	•	90	990-T (501/c)/3\c colu\			
18	available for public inspection I	ization to make its Form 1023 (or 1024 if applicable), 9 indicate how you made these available. Check all that a	pply	, , , , , , , , , , , , , , , , , , , ,			
19	Describe in Schedule O whether	r's website					
20	State the name, address, and te	elephone number of the person who possesses the orga SECOND STREET SPRINGFIELD, IL 62704 (217) 525-1	nızatıor 173	's books and records			
		<u> </u>					0 (2017)

organization and any related organizations

Part VII

(17) TIM SMITH

AT-LARGE DIRECTOR

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

Check this box if neither the organization no		ganızat I	ion c			ated a	any o		ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related	pers and	an on on is	e bo boti recto	t che ox, u h an or/tr	nless office ustee	er)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations 을립 등 불용		key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations		
(1) TOM GIHL CHAIRMAN	1 00	х		×				0	0	C
(2) JIM BRITTON CHAIRMAN-ELECT	1 00	×		×				0	0	C
(3) JOHN MCCARTHY 1ST VICE CHAIR	1 00	x		×				0	0	C
(4) LORI MILOSEVICH SECRETARY/TREASURER	1 00	x		x				0	0	C
(5) ELENA KEZELIS IMMEDIATE PAST CHAIRMAN	1 00	×		×				0	0	C
(6) CHARLES LUCORE AT-LARGE DIRECTOR	1 00	x						0	0	C
(7) CHARLOTTE WARREN AT-LARGE DIRECTOR	1 00	х						0	0	C
(8) DIANE RUTLEDGE AT-LARGE DIRECTOR	1 00	x						0	0	C
(9) RUBY DAVIS AT-LARGE DIRECTOR	1 00	×						0	0	C
(10) GREG MATTHEWS AT-LARGE DIRECTOR	1 00	x						0	0	C
(11) JENNIFER GILL AT-LARGE DIRECTOR	1 00	x						0	0	0
(12) JIM SULLIVAN AT-LARGE DIRECTOR	1 00	x						0	0	0
(13) MIKE MURPHY AT-LARGE DIRECTOR	1 00	x						0	0	0
(14) PAMELA FRAZIER AT-LARGE DIRECTOR	1 00	х						0	0	0
(15) RAYLENE DEWITTE GRISCHOW AT-LARGE DIRECTOR	1 00	х						0	0	0
(16) ROGER AUSTIN	1 00	×						0	0	0

1 00

0

0

0

(A)

Name and Title

compensation from the organization ▶ 0

Part VII

(F) Estimated

(E)

Reportable

Page 8

	Name and Title	hours per week (list any hours for related	than o	than one box, unless person Is both an officer and a director/trustee) organization (W- or						compensation from related organizations		amount o compen from organizat	of other sation the
		organizations below dotted line)				key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)		relat organiz	:ed
(18)	SHERYL DAUGHERTY	1 00	l x						0		0		0
AFFO	INTED DIRECTOR		^						ŭ				
	CHRISTOPHER HEMBROUGH	40 00			l x				149,036		o		11,060
	& PRESIDENT	1 00			Ĺ				113,030				
	LISA SCHAFER	40 00			l x				94,485		o		11,986
	OPERATIONS	1 00			<u> </u>				54,403		4		
											\perp		
											+		
											+		
											\perp		
1b 9	Sub-Total		'		-	1	<u> </u>	<u> </u>					
c T	Total from continuation sheets to Part	t VII, Section A				1	•						
d.	Total (add lines 1b and 1c)	<u> </u>			•	1	<u> </u>		243,521	0			23,046
2	Total number of individuals (including b of reportable compensation from the org		those li	sted	abov	/e) v	vho re	ceiv	ed more than \$100,	.000			
												Yes	No No
3	Did the organization list any former off	icer, director or t	rustee.	kev (emp	love	e. or h	uahe	est compensated en	nplovee on			
_	line 1a? If "Yes," complete Schedule J fo			•	•	•					3		No
4	For any individual listed on line 1a, is th	e sum of reporta	ble com	npens	atio	n ar	d othe	er co	mpensation from th	ne –	_		
	organization and related organizations of	reater than \$150	0,000?	īf "Ye	's," (com	olete S	che	dule J for such				
	ındıvıdual		•	•	•	•	•	•		[4	Yes	
5	Did any person listed on line 1a receive services rendered to the organization?					,			•		5		No
Se	ection B. Independent Contractor	·s											
1	Complete this table for your five highest from the organization Report compensation	t compensated in									ens	ation	
	Tom the organization (report compense	(A)	aar ye	ai Cil	anig	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OI W	. 4. 111	c organizacion s	(B)	Т	(C)
	Name and	business address							Descript	ion of services	\perp	Compen	
											+		
											+		
											\neg		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

Position (do not check more

(D)

Reportable

(B)

Average

orm 9			Revenue								Page 9
		Check if Schedul	e O contains	a respo	onse or note to any	line in this Par (A) Total revenu		(B) Related or exempt function	Unre bus	C) elated iness	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaig	ns	1a				revenue			512-514
unts unts	b	Membership dues		1b							
Gra mo		: Fundraising events		1c							
fs. Pa	c	l Related organizatio	ns	1d							
<u>≅</u>	6	Government grants (co	ontributions)	1e	252,500						
tions, er Sin	f	All other contributions and similar amounts nabove	, gıfts, grants, ot ıncluded	1f	486,783						
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution in lines 1a-1f \$	ons included	18,4	<u> 464</u>						
ತ್ರ ಕ	h	Total.Add lines 1a-1	lf		•	739,28	33				
a l	_				Business	Code					
Program Service Revenue	_	MEMBERSHIP DUES				900099			8,887		
- a <u>₹</u>	Ь	CHAMBER PROGRAMS				541800	339	,508 27	9,158	60,3	50
) Y	C			_	_						+
₹	d										
ram	e f	All other program se	rvice revenue								
%		Fotal.Add lines 2a-2f			. 8	68,395					
_		nvestment income (ii			Interest and other	l			T		
		imilar amounts) .			• • • • • • • • • • • • • • • • • • •		4,690				4,690
		ncome from investme									
	5 F	Royalties	(ı) Rea						+		
	6a	Gross rents	(I) Rea	ı	(II) Personal						
	b	Less rental expenses									
	c	Rental income or (loss)				•					
	А	Net rental income o	r (loss)			ļ					
	u	Net rental income o	(i) Securit		(II) Other						
		Gross amount from sales of assets other	(i) Securi		(ii) Care.						
		than inventory									
		Less cost or other basis and sales expenses									
		Gain or (loss) Net gain or (loss)				<u> </u>					
	8a	Gross income from f	undraising ev		•						
Other Revenue		(not including \$ contributions reporte See Part IV, line 18	ed on line 1c)								
Jev		Less direct expense									
er		Net income or (loss)			rents	J					
oth		Gross income from g See Part IV, line 19									
		Less direct expense		a b							
		Net income or (loss)		activit	iles >	1					
i		Gross sales of invent returns and allowand		a							
	b	Less cost of goods s	sold	b							
	С	Net income or (loss)		invent							
-	11:	Miscellaneous amailing Service	Kevenue		Business Code 900099		9,001	9,00	1		
		-MAILING SERVICE					-,	-,			
	b	MISCELLANEOUS			900099		3,613	3,61	3		
	c	INFORMATIONAL MA	ATERIAL		900099		576	57	6		
	ام ا	All other revenue .									
		Total. Add lines 11a			•				+		
	12	Total revenue. See	Instructions				13,190		+		
			J		· · · •	1,6	25,558	821,23	5	60,350	4,690

orm	990 (2017)				Page 10
	t IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			<u></u>
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,000	·		
	Grants and other assistance to domestic individuals See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors, trustees, and key employees	266,567			
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	510,417			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	137,405			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
	Professional fundraising services See Part IV, line 17				-
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,320			
12	Advertising and promotion	27,397			
13	Office expenses	32,445			
14	Information technology				_
	Royalties				_
	Occupancy	132,002			
		15,119			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings	138,988			
	Interest				
	Payments to affiliates				_
	Depreciation, depletion, and amortization	27,771			
	Insurance	9,452			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	LINCOLN LAND OPEN DOOR	151,000			
b	DIVERSITY PROGRAMS	55,000			
c	FURNISHINGS, EQUIPMENT	46,418			
d	DUES & PUBLICATIONS	14,560			
e	All other expenses	24,675			
25	Total functional expenses. Add lines 1 through 24e	1,643,536			
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

1

21

23

24

25

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

21

22 23

24

25

26

27

28

29

30

31

32

33

34

41.950

351,691

811.814

811,814

1.163.505

Page **11**

1,048,371

25.860

334,737

793.836

793,836

1.128.573

Form **990** (2017)

Check if Schedule O contains a response or note to any line in this Part IX

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

	Beginning of year		End of y
Cash-non-interest-bearing	1,065,214	1	
Savings and temporary cash investments		2	

2 3 Pledges and grants receivable, net . . 3 30.655 4 28,101 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . Notes and loans receivable, net

Assets Inventories for sale or use . 8 7.229 9 19.465 Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other 10a 200,555 basis Complete Part VI of Schedule D 170.974 57.352 29.581 Less accumulated depreciation 10b 10c Investments—publicly traded securities . 11

- 1				
12	Investments—other securities See Part IV, line 11		12	
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	3,055	15	3,055
16	Total assets.Add lines 1 through 15 (must equal line 34)	1,163,505	16	1,128,573
17	Accounts payable and accrued expenses	6,548	17	4,043
18	Grants payable		18	
19	Deferred revenue	303,193	19	304,834
20	Tax-exempt bond liabilities		20	

☐ Both consolidated and separate basis

2c

3a

3b

Yes

No

Form 990 (2017)

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Consolidated basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Additional Data

Software ID:

Software Version:

EIN: 37-0710280 Name: THE GREATER SPRINGFIELD CHAMBER OF

COMMERCE

Form 990 (2017)

Form 990, Part III, Line 4a:

PARTNER WITH MEMBERS, INVESTORS, VOLUNTEERS AND THE COMMUNITY AT-LARGE TO PROVIDE SUPERIOR SERVICES TO OUR MEMBERS, PROMOTE OUR COMMUNITY

AS A GREAT PLACE TO LIVE AND WORK, AND ASSIST WITH BUSINESS ATTRACTION, BUSINESS RETENTION, AND BUSINESS EXPANSION ALSO ADVOCATE FOR POLICIES AND PRACTICES THAT CREATE AND ENCOURAGE JOB GROWTH, CAPITAL INVESTMENT, AND ECONOMIC DEVELOPMENT

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493123018318

Open to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

f the	Section 527 organizations Complet corganization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 thave filed Form 5768 (election under 9 thave NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Ta s), then	990-EZ, Part VI, III section 501(h)) Co nder section 501(h	ne 47 (Lobbying Activit omplete Part II-A Do not)) Complete Part II-B D	ti es), com	nplete Part II-E ot complete Pa	art II-A
Nar THE	me of the organization GREATER SPRINGFIELD CHAMBER OF MMERCE			Employer id 37-0710280	lenti	fication nun	nber
Par	t I-A Complete if the orga	nization is exempt under section	on 501(c) or is	a section 527 orga	niza	ation.	
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political car	mpaign activities ir	n Part IV (see instruction	s for	definition of	
2	Political campaign activity expend	itures (see instructions)		>	\$		
3	Volunteer hours for political camp	aign activities (see instructions)					
Par	t I-B Complete if the orga	nization is exempt under section	on 501(c)(3).				
1	Enter the amount of any excise ta	ex incurred by the organization under s	ection 4955	>	\$		
2	Enter the amount of any excise ta	ex incurred by organization managers u	ınder section 4955	>	\$		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for	this year?			☐ Yes	□ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the orga	nization is exempt under section	on 501(c), exce	ept section 501(c)(3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activities	\$		
2	Enter the amount of the filing org function activities	anization's funds contributed to other o	organizations for se	ection 527 exempt	\$		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b ►	\$		
4	Did the filing organization file For	m 1120-POL for this year?			·	Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) or each organization listed, enter the am that were promptly and directly deliver se (PAC) If additional space is needed,	ount paid from the red to a separate p	filing organization's fun olitical organization, suc	ids A	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds If none, enter -0-		(e) Amount contributions and promp directly delives separate personal contributions and contributions and contributions are separated for the contributions are separated for the contributions are separated for the contributions and contributions are separated for the contributions and promp directly deliverable for the contributions and promp directly deliverable for the contributions are separated for the contributions and promp directly deliverable for the contributions are separated for the contributions and promp directly deliverable for the contributions are separated for the contributions and contributions are separated for the contributions are	received otly and vered to a political If none,
1							
2							
3							
4							
5							
6							
D		the instructions for Form 000 or 000-F7					

2a Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 2d, column (e)) Grassroots lobbying expenditures Mailings to members, legislators, or the public?

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Schedule C (Form 990 or 990-EZ) 2017

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

No

Yes

e	Publications, or published or broadcast statements?			+		
f	Grants to other organizations for lobbying purposes?			+		
-	Direct contact with legislators, their staffs, government officials, or a legislative body?			-		
g				-		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?			ļ		
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5).	(5), o	r sectio	n		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				Yes	
3	3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					No
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				01(c	(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4						
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
P.	art IV Supplemental Information					

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No 1545-0047

DLN: 93493123018318

Schedule D (Form 990) 2017

Inspection

(Form 990)

Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization **Employer identification number** THE GREATER SPRINGFIELD CHAMBER OF COMMERCE 37-0710280 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	3111	Organizations Mai	intaining Coll	ections of Ar	t, Histor	ical Ti	<u>reasu</u>	res, or	Other	Similar As	sets (ر	continued)
3		the organization's acqui (check all that apply)	isition, accession	, and other reco	rds, check	any of	the fol	lowing th	at are a	significant u	ise of its	collection	n
а		Public exhibition			d		Loan	or excha	nge prog	rams			
b		Scholarly research			e		Other						
c		Preservation for future	generations										
4	Provide Part	de a description of the or	rganızatıon's coll	ections and expl	aın how th	ey furtl	ner the	organiza	ation's ex	kempt purpo	se in		
5		ig the year, did the organ is to be sold to raise fund								ular	☐ Ye	es 🗌	No
Par	t IV	Escrow and Custo Complete if the orga X, line 21.			Form 990), Part	IV, lır	ne 9, or	reporte	ed an amou	ınt on F	orm 990), Part
1a		e organization an agent, ded on Form 990, Part X		n or other interr	mediary foi	r contril	butions	or other	assets	not	☐ Ye	es 🗌	No
b	If "Y∈	es," explain the arrangen	ment in Part XIII	and complete th	e following	g table				А	mount		
С		nning balance		•	_				1c				
d	_	ions during the year							1d				
e		butions during the year						F	1e				
f		ng balance							1f				
2a		he organization include a	an amount on Fo	rm 990. Part X. I	ıne 21. for	escrow	or cus	∟ stodial ac	count lia	bility?	☐ Ye	s \square	
b		es," explain the arrangen			,					•		_	NO]
Pa	rt V	Endowment Fund	s. Complete ıf	the organization	on answe	red "Y	es" on	Form 9	90, Par	t IV, line 1	0.		
				(a)Current year	(b)	Prior yea	r ((c) Two ye	ars back	(d)Three yea	ırs back	(e)Four ye	ears back
1a	Beginn	ing of year balance .											
b	Contrib	outions											
С	Net inv	estment earnings, gains	s, and losses										
d	Grants	or scholarships											
		expenditures for facilities ograms	s										
f	Admını	strative expenses											
g	End of	year balance											
2	Provid	de the estimated percent	tage of the curre	nt year end bala	nce (line 1	.g, colu	mn (a)) held as					
а	Board	d designated or quasi-en	dowment 🟲										
ь	Perm	anent endowment 🟲											
С	Temp	orarily restricted endowi	ment 🕨										
Ĭ		percentages on lines 2a, .		d equal 100%									
За	Are tl	here endowment funds n	•	•	iization tha	at are h	eld and	d adminis	tered fo	r the		Yes	i No
	(i) ur	nrelated organizations .									3	a(i)	
		elated organizations .										a(ii)	
b		es" on 3a(II), are the rela	-	·			· ·					3b	
4		ribe in Part XIII the inten			ndowment	tunds							
Par	rt VI	Land, Buildings, a Complete if the orga			Form 990) Dart	T\/	no 11 a	Saa En	-m 990 Da	rt V lir	na 10	
	Descri	iption of property	(a) Cost or oth (investme	er basis (b)	Cost or othe					lepreciation		(d) Book va	llue
1a	Land												
	Buildin	-											
		nold improvements		+			18,870			39,046			9,824
		nent					51,685			131,928			19,757
	Other	<u> </u>					.,						
		Ines 1a through 1e (Col	lumn (d) must er	ual Form 990 P	art X. colu	mn (B)	line 1	0(c)) -		•			29.58

Schedule D (Form 990) 2017				Page 3
Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the organizat	tion ansv	wered "Yes" on Form 990, Part IV, line 11b.	•
(a) Description of security or cate (including name of security)	gory	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial derivatives (2) Closely-held equity interests (3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) >			
Part VIII Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 990, P	art IV, lı	ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Bo	ook value	(c) Method of valuation Cost or end-of-year market value	
(1)			,	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
	ion answered 'Yes' on Forma) Description	m 990, Pa	art IV, line 11d See Form 990, Part X, line 15 (b) Book v	alue
(1)	<u></u>			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B				
Other Liabilities. Complete if the org See Form 990, Part X, line 25.	ganization answered 'Yo	es' on Fo	orm 990, Part IV, line 11e or 11f.	
1. (a) Description of liability		(b) B	look value	
(1) Federal Income taxes ACCRUED COMPENSATED ABSENCES			25,214	
ACCRUED PAYROLL			646	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			25,860	
Liability for uncertain tax positions In Part XIII, provious organization's liability for uncertain tax positions under f				

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili					
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4d	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
c					4c	
5		Ic. (This must equal Form 990, Part I, line 18) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro XI,	vide the descriptions required for P lines 2d and 4b, and Part XII, lines	art II, lines 3, 5, and 9, Part III, lines 1a and 4 2d and 4b Also complete this part to provide	4, Part any ac	IV, lines 1b and 2b, Part Iditional information	V, line	e 4, Part X, line 2, Part
	Return Reference		Exp	lanation		
See A	Addıtıonal Data Table					

Page 5	chedule D (Form 990) 2017				
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2017

Additional Data

Software ID: Software Version:

N FOR UNCERTAIN TAX POSITIONS IS REQUIRED

EIN: 37-0710280

Name: THE GREATER SPRINGFIELD CHAMBER OF COMMERCE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE CHAMBER ADOPTED THE REQUIREMENTS RELATED TO THE ACCOUNTING FOR UNCERTAINTY IN INCOME T AXES, WHICH SETS A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECONCILIATION OF THE BENEFIT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN TAX POSITIONS FOR THE OP EN TAX YEARS AS OF DECEMBER 31, 2017 WERE REVIEWED, AND IT WAS DETERMINED THAT NO PROVISIO

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -					DL	N: 93493123018318
Schedule I (Form 990)		ations, d States			2017			
Department of the Treasury Internal Revenue Service			► Attach to Form E I (Form 990) and its i	990.	•			Open to Public Inspection
Name of the organization THE GREATER SPRINGFIEL COMMERCE							ployer identific 0710280	cation number
 Does the organization the selection criteria Describe in Part IV to Part III Grants and O 	used to award the grants he organization's procedui	stantiate the amount of to or assistance? res for monitoring the use nestic Organizations ar	e of grant funds in the Un The document of the Un The document of the United Section o	ited States	for the grants or assistan rganization answered "Yes	•	O, Part IV, line	✓ Yes □ No
(a) Name and address organization or government	s of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		cription of assistance	(h) Purpose of grant or assistance
(1) THE SPRINGFIELD PROJE PO BOX 961 SPRINGFIELD, IL 62705		501(C)(3)	10,000					YOUTH EMPLOYMENT PROGRAM
	of section 501(c)(3) and go of other organizations liste	d in the line 1 table						1 1 needule I (Form 990) 2017

Schedule I (Form 990) 2017					Page 2
	stance to Domestic Individed of the stance to Domestic Individual space is needed		anization answered "Yes"	s" on Form 990, Part IV, line 22	
(a) Type of grant or assistanc	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental In	formation. Provide the ir	nformation required in	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference E	Explanation				
ART I, LINE 2 THE SPRINGFIELD PROJECT - THE GRANTEES REPORT TO THE ORGANIZATION'S MANAGEMENT HOW GRANT FUNDS ARE USED AND PARTICIPATION RATES					

efil	e GRAPHIC p	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19312	23018	318	
Sch	nedule J	C	ompensati	ion Information	10	1B No	1545-0	0047	
•	m 990)	► Complete if the or	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.						
Department of the Treasury Internal Revenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Inspec									
THE	me of the organiz GREATER SPRINGF IMERCE				Employer identificat 37-0710280	ion nu	ımber		
Pa	rt I Questi	ons Regarding Compensa	ation						
1a				the following to or for a person liste y relevant information regarding the			Yes	No	
	Travel for Tax idem	s or charter travel r companions nification and gross-up paymen nary spending account	ts 🔲	Housing allowance or residence for Payments for business use of perso Health or social club dues or initiati Personal services (e g , maid, chaut	nal residence on fees				
b	or provision of a	all of the expenses described ab	ove? If "No," com	•	nent or reimbursement	1 b			
2				or allowing expenses incurred by all r, regarding the items checked in line	e 1a?	2			
3	organization's C used by a relate	CEO/Executive Director Check a	ill that apply Dor	ed to establish the compensation of to not check any boxes for methods CEO/Executive Director, but explain					
		ation committee		Written employment contract					
		lent compensation consultant	✓	Compensation survey or study					
	☐ Form 990	of other organizations	✓	Approval by the board or compensa	ition committee				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	rance payment or change-of-cor	ntrol payment?			4a		No	
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ıfıed retırement plan?		4b		No	
C		or receive payment from, an equ of lines 4a-c, list the persons an		nsation arrangement? olicable amounts for each item in Par	t III	4c		No	
5	For persons list	s), 501(c)(4), and 501(c)(29 ed on Form 990, Part VII, Section contingent on the revenues of	on A, line 1a, did	must complete lines 5-9. the organization pay or accrue any					
а	The organizatio	n?				5a			
b	Any related org					5b			
6		ed on Form 990, Part VII, Section contingent on the net earnings o		the organization pay or accrue any					
а	The organizatio	n?				6a			
b	Any related org	anization?				6b			
	If "Yes," on line	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section lescribed in lines 5 and 67 If "Ye		the organization provide any nonfixe rt III	d	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8			
9	If "Yes" on line 53 4958-6(c)?	8, dıd the organızatıon also follo	ow the rebuttable	presumption procedure described in	Regulations section	9			
For F	Paperwork Redu	uction Act Notice, see the In	structions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Form	1990)	2017	

Schedule J (Form 990) 2017 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (C) Retirement and (E) Total of columns (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 135,236 (i) 13.800 10,649 411 160.096 CHRISTOPHER HEMBROUGH CEO & PRESIDENT 0 (ii)

chedule J (Form 990) 2017							
Part III Supplemental Inform	t III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation						
PART I, LINE 3	THE PRESIDENT/CEO RECEIVED A BONUS OF \$13,800						

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN:	9349312	3018	318
SCH	EDULE M			loncash Contri	hutions		OMB No 1	545-0	047
(Form 990)			1	20	1 7	,			
		▶Complete if the	organizati	20	1/	,			
		► Attach to Form	990.						
Depart	tment of the Treasury	▶Information abo	out Schedu	le M (Form 990) and its i	nstructions is at <u>www.ir</u> s	a.gov/form990	Open to	Pub	lic
Interna	al Revenue Service						Inspe		
	e of the organizat REATER SPRINGFIE					Employer identi	fication n	umbei	•
COMM		ED CHANDER OF				37-0710280			
Pa	rt I Types	of Property							
			(a)	(b)	(c)		(d)		
			1	Number of contributions or items contributed	Noncash contribution amounts reported on	Method noncash cor	of determin		
			applicable	items continuted	Form 990, Part VIII, line	noncash cor	itribution a	mount	.5
					1g				
	Art—Works of an								
	Art—Historical tr								
	Art—Fractional in								
	Books and public Clothing and hou				750	FMV			
_	goods		Х		/30				
6	Cars and other v	ehicles							
7	Boats and planes								
	Intellectual prope	•							
	Securities—Public Securities—Close								
	Securities—Partr	•							
	or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserv								
	contribution—Hi structures .								
14	Qualified conserv								
	contribution—Of								
	Real estate—Res								
16 17	Real estate—Cor Real estate—Oth								
18	Collectibles .								
19	Food inventory		X		17,714	FMV			
20	Drugs and medic				,				
21	Taxidermy .								
	Historical artifact								
	Scientific specim								
	Archeological art					-			
	Other ► (-						
	Other • (
	Other • (•							
	· '	· · · · · · · · · · · · · · · · · · ·	he organiza	ition during the tax year for	contributions				
				3, Part IV, Donee Acknowled		29			
								Yes	No
30a				y contribution any property					
				e of the initial contribution, a			·		l
							30a		No
b	If "Yes," describ	e the arrangement i	n Part II						
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any nonstandard contri	butions?	31		No
32a				or related organizations to s		sh			ı
							32a		No
	If "Yes," describ				and the second s				
33	_	·	amount in	column (c) for a type of pro	perty for which column (a)	is cnecked,			
	describe in Part	nn Act Notice, see the	Tmat	for Earn 000	Cat No. 512271	61.	le M (Form	000	2017

Schedule M (Fo	rm 990) (2017)	Page 2							
Part II	Supplemental Info	rmation.							
	Provide the informat	required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part							
	I, column (b), the nu	imber of contributions, the number of items received, or a combination of both. Also complete							
	this part for any add	itional information.							
Ret	urn Reference	Explanation							
		Schedule M (Form 990) (2017)							

efile GRAPH	C print - DO NOT PROCESS As Filed Date	a -	DLN	I: 93493123018318						
SCHEDUL (Form 990 or EZ)	99()- Complete to provide information Form 990 or 990-EZ or to p ► Attach to b Information about Schedule O (Fc www.ir	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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.								
COMMERCE	O, Supplemental Information		Employer iden 37-0710280	tification number						
Return Reference	Explanation									
FORM 990, PART VI, SECTION A, LINE 6	THE GREATER SPRINGFIELD CHAMBER OF COMMERCE IS A MEMBERSHIP ORGANIZATION ANY BUSINESS FIR M, INDIVIDUAL, ASSOCIATION, CORPORATION, PARTNERSHIP, PUBLIC AGENCY OR ESTATE THAT IS INTE RESTED MAY BECOME A MEMBER									

Return
Reference

Explanation

THE COVERNING BODY IS ELECTED BY MEMBERS

990 Schedule O, Supplemental Information

FORM 990, THE GOVERNING BODY IS ELECTED BY MEMBERS
PART VI,
SECTION A,
LINE 7A

Return Explanation
Reference

FORM 990, THE AUDIT COMMITTEE, AT THE DIRECTION OF THE BOARD, REVIEWED A DRAFT COPY OF FORM 990 BEFO
PART VI, RE IT WAS FILED A COPY OF THE 990 IS PROVIDED TO THE BOARD
SECTION B,

990 Schedule O, Supplemental Information

LINE 11B

Return Explanation

990 Schedule O, Supplemental Information

Reference	
FORM 990, PART VI.	IF KNOWLEDGE OF CONFLICT ON AGENDA, CONFLICTED DIRECTOR IS NOT ALLOWED TO VOTE ON THE MATTER (RECUSE THEMSELVES)
SECTION B,	(NESSSE THEMOLEVES)
LINE 12C	

Explanation Return Reference

990 Schedule O, Supplemental Information

FORM 990. AFTER SUPERVISOR EVALUATION, COMPENSATION IS ADJUSTED WITHIN SALARY RANGES IDENTIFIED BY T PART VI. HE ORGANIZATION AND A SALARY SURVEY DATA COMPARISON DOCUMENTS OUTLINING COMPENSATION ADJU SECTION B. \mid STMENTS ARE PRESENTED TO EMPLOYEE. SIGNED BY SUPERVISOR, AND PLACED IN EMPLOYEE FILE \mid THE LINE 15 ABOVE PROCES IN SIMILAR FOR THE CEO'S COMPENSATION. EXCEPT ALL EVALUATIONS ARE DONE BY AN

EXECUTIVE COMMITTEE MEMBER

Return
Reference

Explanation

FORM 900 DOCUMENTS ARE MADE AVAILABLE LIPON REQUEST

990 Schedule O, Supplemental Information

LINE 19

FORM 990, DOCUMENTS ARE MADE AVAILABLE UPON REQUEST PART VI, SECTION C.

Return Explanation

990 Schedule O, Supplemental Information

Reference	
PART XII,	THERE HAS BEEN NO CHANGE IN THE OVERSIGHT PROCESS IN THE CURRENT YEAR
LINE 2C	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493123018318 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2017 (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization THE GREATER SPRINGFIELD CHAMBER OF COMMERCE 37-0710280 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state Direct controlling Primary activity Total income End-of-year assets

			or foreign c	ountry)			e	ntity	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Complete if the o	organization	answered "`	Yes" on Fo	orm 990,	Part IV, line 34 bed	cause it had one o	r more	
(a) Name, address, and EIN of related organization	(b) Primary activity			(d Exempt Cod) de section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sectio (13) c er	n 512(b) ontrolled tity?
(1)GREATER SPRINGFIELD CHAMBER OF COMMERCE FOUNDATION	EDUCATION, DIVERSITY,	,	IL			LINE 11		Yes	No No

ECONOMIC, & WORKFORCE 1011 SOUTH SECOND STREET DEVELOPMENT SPRINGFIELD, IL 62704 20-8495211 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990) 2017

		(b) Primary	1		1	ı				ı .			
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	total income	Share of end-of-year assets	Disprop		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana parti	ral or iging	(k) Percenta ownersh
					314)			Yes	No		Yes	No	
Identification of Related Organization because it had one or more related organizations.						ızatıon ans	wered "Yes	" on F	orm 99	90, Part IV,	line	34	
(a)	(b)		(c)	st during ti	(d)	(e)	(f)		(g)	(H	1)	$\overline{}$	(1)
Name, address, and EIN of related organization	Primary activity	l do (state	egal omicile or foreign untry)		controlling Ty entity (C o	pe of entity corp, S corp, or trust)	Share of total income		of end- year assets	of- Percel owne	ntage	(13	ction 51 3) contr entity
			unu y)									Y	res
													+
								-		_			_
													-

Schedule R (Form 990) 2017		Pa	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
	 	$\overline{}$	

,	Lease of identification, of other assets from related organization(5)	1	1	
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
r	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
d	Sharing of paid employees with related organization(s)	10	Yes	
P	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved (d) Method of determining amount involved

Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related diganization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Page 5 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Return Reference Explanation PART II, IDENTIFICATION OF RELATED NAME OF RELATED ORGANIZATION GREATER SPRINGFIELD CHAMBER FOUNDATION PRIMARY ACTIVITY EDUCATION, DIVERSITY DEVELOPMENT, ECONOMIC TAX-EXEMPT ORGANIZATIONS DEVELOPMENT, WORKFORCE DEVELOPMENT

Schedule R (Form 990) 2017