Form 990-EZ

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For Paperwork Reduction Act Notice, see the separate instructions.

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 2017

Open to Public

▶ Do not enter social security numbers on this form as it may be made public. Inspection Department of the Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2017 calendar year, or tax year beginning 2017, and ending C Name of organization B Check if applicable D Employer identification number Address change United States Junior Chamber of Commerce of Davenport Jaycees 42-1125511 Name change Room/suite E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Initial return 563-484-0041 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return D C Number ▶ Davenport, IA 52808 Application pending ☐ Cash ☐ Accrual Other (specify) ▶ G Accounting Method H Check ► ✓ If the organization is not Website: ▶ required to attach Schedule B (Form 990, 990-EZ, or 990-PF) ☐ Other ☐ Trust Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 127,627 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . 1 Contributions, gifts, grants, and similar amounts received 0 2 2 Program service revenue including government fees and contracts 0 3 3 Membership dues and assessments 1,378 4 2 Gross amount from sale of assets other than inventory 0 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 126,147 Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 77,017 Gross sales of inventory, less returns and allowances . 7a Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe in Schedule O) 8 100 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 78,497 10 10 Grants and similar amounts paid (list in Schedule O) 69,383 Benefits paid to or for members 11 11 2,689 12 Salaries, other compensation, and employee benefits. 12 0 13 Professional fees and other payments to independent conti-13 0 14 14 Occupancy, rent, utilities, and maintenance 9,577 15 15 Printing, publications, postage, and shipping . . . 137 16 Other expenses (describe in Schedule O) . . . 16 8,870 17 Total expenses. Add lines 10 through 16 . 17 90,656 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 18 -12,159 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 155,485 Set 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 143,326

Cat No 10642I

Form 990-EZ (2017)

Par	t II Balance Sheets (see the instructions	•				
	Check if the organization used Schedu	le O to respond to a	ny question in this			<u> </u>
				(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			155,485		143,326
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			155,485		143,326
26	Total liabilities (describe in Schedule O)				26	
27 Pos	Net assets or fund balances (line 27 of column			155,485	27	143,326
Par					ĺ	Expenses
\A/hat	Check if the organization used Schedulus the organization's primary exempt purpose?	ie O to respond to a	ny question in this	Part III L	(Rec	quired for section
		. 				(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise one benefited, and other relevant information for	manner, describe the			othe	anizations, optional for ers.)
28						
					1	1
					1	1
	(Grants \$) If this amoun	nt includes foreign gra	ants, check here .	▶ 🗆	28a	
29						
					l	
					į	1
	(Grants \$) If this amoun	nt includes foreign gra	ants, check here .	<u> ▶ □</u>	29a	
30					ļ	1
						}
					1	1
		nt includes foreign gra			30a	
31	Other program services (describe in Schedule O				Ì	
	(Grants \$) If this amour	nt includes foreign gra	ants, check here .	<u>···▶↓</u>	31a	+
	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and K Check if the organization used Schedu					
	Check if the organization used Schedu		(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISO (if not paid, enter -0-	contributions to employ benefit plans, and		Estimated amount of their compensation
Chris	tine Bruce					
Presi		10		0	0	0
Dani	Reagle				-	
Secre	etary	10	 	0	0	0
	esa Oprondek					
	dividual Development	10		0	0	9
	Luetzinger				ĺ	
	anagement	10	 	0	<u> </u>	0
	fer Kincaid					_
	man of the Board	10	 	<u>o </u>	<u> </u>	
Nicki	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					_
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	n Depuydt	10				_
Treas	surer	10	 	<u> </u>	0	0
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	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		. <u> </u>
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
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		1
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		1
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		V
С	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		1
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	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		<u> </u>	2.
b	Did the organization file Form 1120-POL for this year?	37b	. 2 338	✓
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
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		1,9	38
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities			1 3 9
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		æÎ 1
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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 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 transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ► N/A			
42a		563-48		1
b	Located at ▶ 2940 N. Brady Street, Davenport, IA ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	528		- No.
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO.
	If "Yes," enter the name of the foreign country: ▶	120	3.1	<u>▼</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c	70- 170.	✓
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		. 1	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	2.40.	✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		\
d c	Did the organization receive any payments for indoor tanning services during the year?	44c	à. 33	√
ŭ	explanation in Schedule O	44d	بخشمة	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		2 4 E	
		45b		•

Form **990-EZ** (2017)

46	Did the organization engage, directly or in to candidates for public office? If "Yes," of	ndirectly, in political complete Schedule C	ampaign activities on Part I	behalf of or in op	position	46	***
Part							
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI			. 🗆
						Ye	s No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio			47	
48	Is the organization a school as described in					48	
49a	Did the organization make any transfers t					49a	
50	If "Yes," was the related organization a se Complete this table for the organization's					49b	
30	employees) who each received more than						
	(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 benefit contributions to emp benefit plans, and de compensation	ts, bloyee (e) Es	stimated am	ount of
			 	 			
			<u> </u> 	-			

			ļ	 			
					}		
	Total number of other employees paid ov	er \$100.000	. ▶				
51	Complete this table for the organization			contractors who	each rece	eived mo	re than
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."				
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	rice	(c) Comp	ensation	
			 				
			†				
			L				
			-				
			 				
			1				
			L	l			
	Total number of other independent contri	-		-			
52	Did the organization complete Sched completed Schedule A	ule A? Note: All se	ection 501(c)(3) orga			Yes 🗍	No
Under r	penalties of periury. I declare that I have examined this	return, including accompan					
	rrect, and complete. Declaration of preparer (other tha						
	Valu Main			2/a.	18		
Sign Here	Signature of officer Rachel Martens, Treasurer 2018			Date	•		
	Type or print name and title	1					
Paid		Preparer's signature	Da		eck L_lif [PTIN	
Prep	I — . — . —	1 () () () () () () () () ()			-employed	P02062	
Use	Ise Only Firm's name ▶ Pepping, Balk, Kincaid & Oloffi, Ltd. Firm's EIN ■ 36-2729830 Firm's address ▶ 105 7th Street, Silvis, № 51282 Phone no 309-755-5096						
May t	he IRS discuss this return with the prepare		instructions	1 1-110116 110		Yes	No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Name	of the organization					Employer identifi	cation number
	d States Junior Chamber of Comme						1125511
Par					vered "Yes" on Fo	orm 990, Part IV,	line 17.
	Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.						
1		on raised funds t			_		
а	Mail solicitations		e L		ion of non-governm		
b	Internet and email solicitation	ns	f		on of government	grants	
C	☐ Phone solicitations		9 L	J Special 1	fundraising events		
d	☐ In-person solicitations						
2a	Did the organization have a writ						·
	or key employees listed in Form	•	=		· · · · · · · · · · · · · · · · · · ·	-	₩ 100 ₩ 110
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pi	ursuant to agreeme	nts under which th	ne fundraiser is to be
	compensated at least \$5,000 by	rine organizatio)11 .				
							,
	(i) Name and address of individual	GO A to out o		draiser have or control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
	or entity (fundraiser)	(ii) Activity		outions?	from activity	fundraiser listed in col. (i)	(or retained by) organization
		┼	Yes	No	 		
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T-4-							
Tota 3	List all states in which the orga	nization is regis	stered or lic	ensed to s	color contributions	or has been notifi	ed it is evernt from
J	registration or licensing.	inization is regic	3.0100 01 110	onoca to t	SONOR COMMIDGUES	or nao boon noun	ca it is exempt from
					•		
					,		
					,		

Pa	art II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions			
		<u> </u>	(a) Event #1 Bridal Expo (event type)	(b) Event #2 Brew Ha Ha (event type)	(c) Other events	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	94,139.49	32,007.70		126,147.19
Œ	2	Less: Contributions Gross income (line 1 minus	0	0		
		line 2)	94,139.49	32,007.70		126,147.19
	4	Cash prizes	0	0		0
	5	Noncash prizes	0	0		
enses	6	Rent/facility costs	16,636.88	7,259.70		23,896.58
Direct Expenses	7	Food and beverages	313.31	727.58		1,040.89
Direc	8	Entertainment	0	800.00		800.00
	9	Other direct expenses .	9,311.45	13,080.73	L	23,392.18
	10 11	Direct expense summary. Ac Net income summary. Subtra	dd lines 4 through 9 in c act line 10 from line 3, c	olumn (d)		49,129.65 77,017.54
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" on Form 99	30, Part IV, line 19, or	reported more
Revenue		man \$13,000 on 1 onn 9	(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				
ect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from I	ıne 1, column (d)		
•	a Is	nter the state(s) in which the or the organization licensed to c "No," explain:	•	s in each of these state		
10		Vere any of the organization's of "Yes," explain:	gaming licenses revoked			

scriedu	ie G (Form 990 of 990-EZ) 2017		Pa	ige ડ
11 12	Does the organization conduct gaming activities with nonmembers?	☐ Yes		
13	Indicate the percentage of gaming activity conducted in:	☐ Yes		No
a	The organization's facility			%
b	An outside facility			%
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 amount of gaming revenue retained by the third party ▶ \$, _	.,,
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: 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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional infor See instructions.	nd (v); a mation.	and	
		•	. .	
-				

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.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

United States Junior Chamber of Commerce Davenport Jaycees 42-1125511 Line 8. Other income includes hall rental and other miscellaneous items such as member payments to reimburse the Chapter for a portion of event costs the Chapter hosts or participates in and cash for events. Line 10. Jaycee Santa and Back to School Santa programs along with donations of Rebuilding Together Quad Cities, Cafe on Vine, Bethany Homes, WQPT - PBS Imagination Station, Hand in Hand, Handicap Development Center, and other local organizations who request funding through the funding approval process. Line 16: Other expenses include costs for membership meetings, chamber dues, travel expenses, meeting expenses and registratoris, and other miscellaneous expenses such as credit card fees, marketing costs, website fees, community events, insurance costs, membership events, post office box fees, software, t-shirts, other Chapter visits, award costs, supply costs, and other items used to fulfill the mission and purpose of the organization.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
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·	
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