

Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning **07/01/17** , and ending **06/30/18**

27-3065786

QUAD CITIES CHAMBER OF COMMERCE

Net Asset / Fund Balance at Beginning of Year 934,198

Revenue

Contributions	<u>4,112,076</u>		
Program service revenue	<u>1,420,002</u>		
Investment income	<u>11,129</u>		
Capital gain / loss			
Fundraising / Gaming:			
Gross revenue	<u>245,504</u>		
Direct expenses	<u>424,685</u>		
Net income	<u>-179,181</u>		
Other income	<u>358,617</u>		
Total revenue		<u>5,722,643</u>	

Expenses

Program services			
Management and general			
Fundraising			
Total expenses		<u>5,284,449</u>	
Excess / (deficit)			<u>438,194</u>

Changes

Net Asset / Fund Balance at End of Year 1,372,392

Reconciliation of Revenue

Total revenue per financial statements	<u>6,147,328</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	<u>424,685</u>
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>5,722,643</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>5,709,134</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	<u>424,685</u>
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>5,284,449</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>4,133,604</u>	<u>3,882,144</u>	
Liabilities	<u>3,199,406</u>	<u>2,509,752</u>	
Net assets	<u><u>934,198</u></u>	<u><u>1,372,392</u></u>	<u><u>438,194</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/19
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2017, or tax year beginning **07/01/17** , and ending **06/30/18**

27-3065786

QUAD CITIES CHAMBER OF COMMERCE

Income

Gross profit		
Capital gain / loss		
Unrelated debt-financed income		
All other income	8,076	
Total income		8,076

Deductions

Officer compensation		
Salaries		
All other deductions	7,476	
Net operating loss		
Specific deduction	1,000	
Total deductions		8,476

Unrelated business taxable income -400

Taxes / Credits / Payments

Regular tax		
Proxy tax		
Alternative minimum tax		
Tax		
Foreign tax credit		
Other credits		
General business credits		
Prior year minimum tax credit		
Total nonrefundable credits		
Other taxes		
Total tax		
Estimated tax payments		
Paid with extension		
Tax withheld		
Other credits / payments		
Estimated tax penalty		
Overpayment applied to next year's tax		
Payments / penalty / application		
Net tax due		

Additions to Tax

Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
Total additions		

Balance due _____
Refund _____

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return _____
 Return / extended due date **05/15/19**

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 7/01, 2017, and ending 6/30, 20 18

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

QUAD CITIES CHAMBER OF COMMERCE

Employer identification number

27-3065786

Name and title of officer

**PAUL RUMLER
PRESIDENT/CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>5,722,643</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ANDERSON, LOWER, WHITLOW, PC to enter my PIN 65786 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 03/26/19

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Date } 03/26/19

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">QUAD CITIES CHAMBER OF COMMERCE</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">1601 RIVER DRIVE, STE 310</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">MOLINE IL 61265</p>	D Employer identification number <p style="text-align: center;">27-3065786</p> E Telephone number <p style="text-align: center;">563-322-1706</p> G Gross receipts \$ 6,147,328
F Name and address of principal officer: <p style="text-align: center;">PAUL RUMLER 1601 RIVER DRIVE, STE 310 MOLINE IL 61265</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.QUADCITIESCHAMBER.COM		L Year of formation: 2010 M State of legal domicile: DE
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">SEE SCHEDULE O</p>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	39
	6 Total number of volunteers (estimate if necessary)	6	27
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,076
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,978,547	Current Year 4,112,076
	9 Program service revenue (Part VIII, line 2g)	1,405,179	1,420,002
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,466	11,129
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-143,354	179,436
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,244,838	5,722,643
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,580,391	2,384,245
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,934,796	2,900,204
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,515,187	5,284,449	
19 Revenue less expenses. Subtract line 18 from line 12	-270,349	438,194	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,133,604	End of Year 3,882,144
	21 Total liabilities (Part X, line 26)	3,199,406	2,509,752
	22 Net assets or fund balances. Subtract line 21 from line 20	934,198	1,372,392

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p style="text-align: center;">PAUL RUMLER</p> Type or print name and title	Date <p style="text-align: center;">PRESIDENT/CEO</p>
	Print/Type preparer's name <p>BARRY L. ANDERSON</p> Preparer's signature Date <p>03/26/19</p> Check <input type="checkbox"/> if self-employed PTIN	
Paid Preparer Use Only	Firm's name } ANDERSON, LOWER, WHITLOW, PC Firm's address } 1805 STATE ST STE 201 BETTENDORF, IA 52722	Firm's EIN } Phone no. 563-359-4757

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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 these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

TO ADVANCE THE ECONOMIC PROSPERITY OF THE QUAD CITIES BY MARKETING THE REGION TO ATTRACT NEW INVESTMENT, SUPPORTING THE GROWTH OF EXISTING BUSINESSES, AND IMPROVING THE OVERALL BUSINESS ENVIRONMENT.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	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? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	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 services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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 to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		
26	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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part 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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	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	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	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)?		X
4b	If "Yes," enter the name of the foreign country: u 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	28	
1b	Enter the number of voting members included in line 1a, above, who are independent	27	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

PAUL RUMLER **1601 RIVER DRIVE, STE 310** **IL 61265** **563-322-1706**
MOLINE

Part VII 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 organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN ANDERSON	0.50									
DIRECTOR	0.00	X					0	0	0	
(2) STEVE BAHL	0.50									
DIRECTOR	0.30	X					0	0	0	
(3) JAYNE BEHAL	0.50									
DIRECTOR	0.00	X					0	0	0	
(4) DOUG CROPPER	0.50									
DIRECTOR	0.00	X					0	0	0	
(5) JOHN DEDONCKER	0.50									
DIRECTOR	0.50	X					0	0	0	
(6) DON DOUCETTE	0.50									
DIRECTOR	1.00	X					0	0	0	
(7) CATHY EDWARDS	0.50									
DIRECTOR	0.00	X					0	0	0	
(8) PATRICK EIKENBERRY	3.00									
CHAIR	0.00	X		X			0	0	0	
(9) MARC ENGLS	1.00									
TREASURER	0.00	X		X			0	0	0	
(10) STEVE GEIFMAN	0.50									
DIRECTOR	0.30	X					0	0	0	
(11) GREG HASS	0.50									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MO HYDER	0.50									
DIRECTOR	0.00	X					0	0	0	
(13) C. DANA WATERMAN III	0.50									
DIRECTOR	0.30	X					0	0	0	
(14) MARY JUNCK	0.50									
DIRECTOR	0.00	X					0	0	0	
(15) KENNETH KOUPAL	0.50									
DIRECTOR	0.30	X					0	0	0	
(16) JOAN LESCINSKI	0.50									
DIRECTOR	0.00	X					0	0	0	
(17) SCOTT LOHMAN	0.50									
DIRECTOR	0.00	X					0	0	0	
(18) AJ LOSS	0.50									
DIRECTOR	0.00	X					0	0	0	
(19) DENNIS MARCHIORI	0.50									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							590,118		49,886	
d Total (add lines 1b and 1c)							590,118		49,886	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 4**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	X	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
STRATEGIC DEVELOPMENT GROUP, INC P.O. BOX 7423 BLOOMINGTON IN 47407	MAN. HUB GRANT	308,329
V MILLER CONSULTING, INC MILAN IL 61264	1782 U.S. HIGHWAY 67 MAN. HUB GRANT	135,417

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	319,550				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,792,526				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	4,112,076				
Program Service Revenue		Busn. Code					
	2a MEMBERSHIP DUES	900099	853,318	853,318			
	b MOLINE MAINSTREET PROGRAM	900099	190,759	190,759			
	c MEMBERSHIP RESOURCES	900099	189,465	189,465			
	d Q2030	900099	92,500	92,500			
	e GOVERNMENT AFFIARS	900099	83,960	83,960			
	f All other program service revenue	900099	10,000	10,000			
g Total. Add lines 2a-2f	u	1,420,002					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	11,129			11,129	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	110,611				
		(ii) Personal					
	b Less: rental exps.						
	c Rental inc. or (loss)	110,611					
	d Net rental income or (loss)	u	110,611	110,611			
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ 319,550 of contributions reported on line 1c). See Part IV, line 18	a	245,504				
		b Less: direct expenses	424,685				
c Net income or (loss) from fundraising events		u	-179,181			-179,181	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS INCOME	900099	139,930	139,930				
b HUB EVENTS/PROGRAMS	900099	100,000	100,000				
c NEWSLETTER & DIRECTORY AD	519100	8,076		8,076			
d All other revenue							
e Total. Add lines 11a-11d	u	248,006					
12 Total revenue. See instructions.	u	5,722,643	1,770,543	8,076	-168,052		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	534,624			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	66,783			
7 Other salaries and wages	1,322,943			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	86,482			
9 Other employee benefits	207,389			
10 Payroll taxes	166,024			
11 Fees for services (non-employees):				
a Management				
b Legal	46,691			
c Accounting	48,960			
d Lobbying				
e 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.)	91,542			
12 Advertising and promotion	34,258			
13 Office expenses	108,401			
14 Information technology	121,057			
15 Royalties				
16 Occupancy	271,254			
17 Travel	21,950			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	28,012			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,032			
23 Insurance	48,184			
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.)				
a ECONOMIC DEVELOPMENT	1,300,687			
b DOWNTOWN PARTNERSHIP	446,539			
c MEMBERSHIP PROGRAMS	127,960			
d COMMUNITY DEVELOPMENT/GOV	83,687			
e All other expenses	35,990			
25 Total functional expenses. Add lines 1 through 24e	5,284,449	0	0	0
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	566,547	1	634,212
	2	Savings and temporary cash investments	360,626	2	361,807
	3	Pledges and grants receivable, net	948,728	3	502,306
	4	Accounts receivable, net	30,667	4	26,500
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	81,861	9	90,388
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 708,860		
	b	Less: accumulated depreciation	10b 434,571	10c 337,154	274,289
	11	Investments—publicly traded securities		11	
	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	1,808,021	15	1,992,642
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,133,604	16	3,882,144	
Liabilities	17	Accounts payable and accrued expenses	923,512	17	625,934
	18	Grants payable		18	
	19	Deferred revenue	655,009	19	713,064
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,620,885	25	1,170,754
	26	Total liabilities. Add lines 17 through 25	3,199,406	26	2,509,752
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	-1,069,976	27	-639,344
	28	Temporarily restricted net assets	2,004,174	28	2,011,736
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	934,198	33	1,372,392	
34	Total liabilities and net assets/fund balances	4,133,604	34	3,882,144	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,722,643
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,284,449
3	Revenue less expenses. Subtract line 2 from line 1	3	438,194
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	934,198
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,372,392

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) CARRIE O'NEILL	0.50									
DIRECTOR	0.00	X					0	0	0	
(21) HEIDI PARKHURST	0.50									
DIRECTOR	0.30	X					0	0	0	
(22) DANIEL PORTES	0.50									
DIRECTOR	0.00	X					0	0	0	
(23) WILLIAM RATZBURG	0.50									
DIRECTOR	0.00	X					0	0	0	
(24) RICHARD SEIDLER	0.50									
DIRECTOR	0.50	X					0	0	0	
(25) JOE SLAVENS	1.00									
VICE CHAIR	0.00	X		X			0	0	0	
(26) AARON TENNANT	1.00									
SECRETARY	0.00	X		X			0	0	0	
(27) LADRINA WILSON	0.50									
DIRECTOR	0.30	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) ROB WOODALL PAST CHAIR	1.00 0.00	X						0	0	0
(29) LESLIE ANDERSON VP FINANCE	40.00 0.30			X				0	0	0
(30) MARY BRANDSGARD FORMER COO	40.00 0.00			X				124,340	0	10,804
(31) KRISTIN GLASS CHIEF STRATEGY OFF.	40.00 0.00			X				103,260	0	12,774
(32) PAUL RUMLER PRESIDENT/CEO	40.00 0.60			X				0	0	0
(33) ELIZABETH MURRAY TALLMAN ECON. DEVEL OFFICER	40.00 40.00			X				138,155	0	14,190
(34) TARA BARNEY FORMER CEO	40.00 0.00					X		224,363	0	12,118
1b Sub-total								590,118		49,886
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

QUAD CITIES CHAMBER OF COMMERCE

Employer identification number

27-3065786

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) u \$

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 u \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$

3 If the organization incurred a section 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.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities u \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 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:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
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			
c 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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	853,318
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).		
a Current year	2a	15,539
b Carryover from last year	2b	
c Total	2c	15,539
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	15,539
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

QUAD CITIES CHAMBER OF COMMERCE

27-3065786

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement and grant fund usage.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, acreage restricted, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment **u**
 - b Permanent endowment **u**
 - c Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations
 - (ii) related organizations
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- | | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		328,143	142,427	185,716
d Equipment		112,016	100,845	11,171
e Other		268,701	191,299	77,402
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				274,289

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(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.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book 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.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM THE CITY OF DAVENPORT - DD	827,128
(2) PROPERTY TAXES RECEIVABLE - DDSSMID	800,000
(3) INTERCOMPANY A/R - RELATED PARTY	182,776
(4) PAYMENT IN LIEU OF TAXES RECEIVABLE	113,090
(5) ANNUITY CONTRACT - 457B	49,095
(6) MEMBERSHIP DUES RECEIVABLE	20,553
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	1,992,642

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTE PAYABLE QCBT RELOCATION	539,538
(3) INTERCOMPANY A/P - RELATED PARTY	274,363
(4) BONDS PAYABLE - CITY OF DAVENPORT	195,000
(5) QCBT NOTE PAYABLE - DC FLIGHT	98,991
(6) DEFERRED COMP PAYABLE - 457B PLAN	49,095
(7) BOND PREMIUM	13,767
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	1,170,754

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,147,328
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	424,685	
e	Add lines 2a through 2d	2e		424,685
3	Subtract line 2e from line 1	3		5,722,643
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included 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 4c. (This must equal Form 990, Part I, line 12.)	5		5,722,643

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,709,134
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	424,685	
e	Add lines 2a through 2d	2e		424,685
3	Subtract line 2e from line 1	3		5,284,449
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		5,284,449

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

QUAD CITIES CHAMBER OF COMMERCE IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE LAW. THE ORGANIZATION EVALUATES THE TAX BENEFITS OF A TAX POSITION USING THE "MORE LIKELY THAN NOT" THRESHOLD. AS OF JUNE 30, 2018, MANAGEMENT IS NOT AWARE OF ANY UNCERTAIN TAX POSITIONS AND RELATED TAX BENEFITS WHICH WOULD BE MATERIAL TO THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION FILES U.S. FEDERAL AND STATE INFORMATIONAL RETURNS WHICH FOR FISCAL YEARS SUBSEQUENT TO FISCAL 2014 ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER FUNDRAISING EXPENSES \$ 424,685

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING EXPENSES **\$ 424,685**

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

⚡ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

QUAD CITIES CHAMBER OF COMMERCE

Employer identification number

27-3065786

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>STREET FEST</u>	<u>ANNUAL MEETING</u>	<u>6</u>	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	166,804	108,605	289,645	565,054
	2	Less: Contributions	19,975	55,745	243,830	319,550
	3	Gross income (line 1 minus line 2)	146,829	52,860	45,815	245,504
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment	7,782		22,925	30,707
	9	Other direct expenses	137,016	92,349	164,613	393,978
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-179,181

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
uGo to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

QUAD CITIES CHAMBER OF COMMERCE

Employer identification number
27-3065786

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		X
2	X	
4a	X	
4b		X
4c		X
5a		
5b		
6a		
6b		
7		
8		
9		

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 aren't 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			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELIZABETH MURRAY TALLMAN ECON. DEVEL OFFICER	(i)	138,155	0	0	14,190	0	152,345	0
	(ii)	0	0	0	0	0	0	0
2 TARA BARNEY FORMER CEO	(i)	224,363	0	0	12,118	0	236,481	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part 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.

PART I, LINE 1B - WRITTEN REIMBURSEMENT POLICY EXPLANATION

PAYMENT FOR SOCIAL CLUB DUES FOR THE PRESIDENT/CEO IS DOCUMENTED IN THE EMPLOYMENT CONTRACT.

PART I, LINE 4 - SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS

	SEVERANCE	NONQUALIFIED	EQUITY-BASED
TARA BARNEY	99,000	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

QUAD CITIES CHAMBER OF COMMERCE

Employer identification number

27-3065786

FORM 990 - ORGANIZATION'S MISSION

THE QUAD CITIES CHAMBER OF COMMERCE IS A COMBINED CHAMBER OF COMMERCE,
ECONOMIC, AND COMMUNITY DEVELOPMENT ORGANIZATION SERVING THE GREATER QUAD
CITIES REGION. THE QUAD CITIES CHAMBER OF COMMERCE'S MISSION IS TO
STRENGTHEN AND ENHANCE THE BUSINESS ENVIRONMENT, REPRESENT THE INTERESTS OF
MEMBERS, AND FOSTER BALANCED GROWTH IN THE QUAD CITIES REGION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

FORM 990 WAS REVIEWS AND APPROVED BY THE FINANCE COMMITTEE AND IT WAS
PROVIDED TO ALL THE BOARD MEMBERS PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE CONFLICT OF INTEREST POLICY IS MONITORED BY THE QUAD CITIES CHAMBER OF
COMMERCE EXECUTIVE SERVICES MANAGER.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE CEO'S SALARY IS DETERMINED BY THE BOARD CHAIR AND THE EXECUTIVE
COMMITTEE AND IT IS DOCUMENTED IN AN EMPLOYMENT AGREEMENT. A COMPARABILITY
STUDY WITH THE AMERICAN CHAMBER OF COMMERCE EXECUTIVES IS USED TO DETERMINE
COMPENSATION FOR THE CEO.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
POLICY AVAILABLE TO THE PUBLIC AT ITS PRINCIPAL PLACE OF BUSINESS. THE
ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE IN ACCORDANCE WITH

Name of the organization

Employer identification number

QUAD CITIES CHAMBER OF COMMERCE

27-3065786

POLICY AND PROCEDURES SET FORTH BY ITS BOARD OF DIRECTORS.

FORM 990, PART VII - ADDITIONAL INFORMATION

TARA BARNEY DEPARTED THE ORGANIZATION IN JULY OF 2017. KRISTIN GLASS SERVED AS THE INTERIM CEO. PAUL RUMLER BECAME PRESIDENT & CEO IN APRIL OF 2018. NO WAGES WERE REPORTED AS PRESIDENT & CEO AS PAUL RUMLER DID NOT RECEIVE A 2017 FORM W-2. LESLIE ANDERSON BEGAN AS VP OF FINANCE IN 2018 AND DID NOT RECEIVE ANY WAGES AS VP OF FINANCE IN 2017.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

27-3065786

QUAD CITIES CHAMBER OF COMMERCE

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GROW QUAD CITIES FUND - IOWA 1601 RIVER DRIVE, STE 310 42-1292789 MOLINE IL 61265	CATALYST	IA	501C3		N/A		X
(2) GROW QUAD CITIES FUND - ILLINOIS 1601 RIVER DRIVE, STE 310 36-4202427 MOLINE IL 61265	CATALYST	IL	501C3		N/A		X
(3) QUAD CITIES FIRST INC 1601 RIVER DRIVE, STE 310 27-3065633 MOLINE IL 61265	PROMOTION	DE	501C6		N/A		X
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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.

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k	X	
1l	X	
1m		X
1n	X	
1o	X	
1p	X	
1q	X	
1r		X
1s		X

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
(1)	GROW QUAD CITIES FUND - IOWA	C	507,417	ECON DEVELOPMENT GRANT
(2)	QUAD CITIES FIRST, INC	E	206,250	VALUE OF DUE TO QC FIRST
(3)	QUAD CITIES FIRST, INC	O	344,793	BASED ON % OF TIME
(4)	QUAD CITIES FIRST, INC	Q	70,896	ALLOCATED BASED ON FTE'S
(5)				
(6)				

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.

(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) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning **07/01/17**, and ending **06/30/18**

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for
501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(C) (6) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) QUAD CITIES CHAMBER OF COMMERCE Number, street, and room or suite no. If a P.O. box, see instructions. 1601 RIVER DRIVE, STE 310 City or town, state or province, country, and ZIP or foreign postal code MOLINE IL 61265	D Employer identification number (Employees' trust, see instructions.) 27-3065786 E Unrelated business activity codes (See instructions.) 519100
C Book value of all assets at end of year 3,882,144	F Group exemption number (See instructions.) u G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity.
u **NEWSLETTER AND DIRECTORY ADVERTISING**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
 If "Yes," enter the name and identifying number of the parent corporation.
u

J The books are in care of **u** **PAUL RUMLER** Telephone number **u** **563-322-1706**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance u	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	8,076		8,076
12	Other income (See instructions; attach schedule)			
13	Total. Combine lines 3 through 12	8,076		8,076

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	7,476
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	7,476
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	600
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	600
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here u [] See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: [] Tax rate schedule or [] Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Tax on Non-Compliant Facility Income. See instructions 39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a
b Other credits (see instructions) 41b
c General business credit. Attach Form 3800 (see instructions) 41c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d
e Total credits. Add lines 41a through 41d 41e
42 Subtract line 41e from line 40 42
43 Other taxes. Check if from: [] Form 4255 [] Form 8611 [] Form 8697 [] Form 8866 [] Other (att. sch.) 43
44 Total tax. Add lines 42 and 43 44 0
45a Payments: A 2016 overpayment credited to 2017 45a
b 2017 estimated tax payments 45b
c Tax deposited with Form 8868 45c
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d
e Backup withholding (see instructions) 45e
f Credit for small employer health insurance premiums (Attach Form 8941) 45f
g Other credits and payments: [] Form 2439 [] Form 4136 [] Other Total u 45g
46 Total payments. Add lines 45a through 45g 46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached u [] 47
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed u 48
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid u 49
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax u Refunded u 50

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here u Yes No
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No
53 Enter the amount of tax-exempt interest received or accrued during the tax year u \$

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign Here u Signature of officer Date Title u PRESIDENT/CEO
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name BARRY L. ANDERSON
Preparer's signature
Date 03/26/19
Check [] if self-employed PTIN
Firm's name } ANDERSON, LOWER, WHITLOW, PC
Firm's EIN }
Firm's address } BETTENDORF, IA 52722
Phone no. 563-359-4757

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional sec. 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes
b Other costs (attach schedule)	4b				No
5 Total. Add lines 1 through 4b	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1) N/A
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u**

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			u	u

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			u	u

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		u		

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		u				

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) NEWSLETTER & DIRECTO	8,076				7,476	
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..		u	8,076	8,076	7,476	7,476

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I u	8,076					7,476
Totals, Part II (lines 1-5) u	8,076	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27. 7,476

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			u

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2017

Attachment Sequence No. **179**

QUAD CITIES CHAMBER OF COMMERCE

Identifying number
27-3065786

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	117,848

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	117,848
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

Federal Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	WATER WAGON, TRAILER, PUMP, HO	6/11/99	8,949			8,949	5 MO S/L	8,949	0
2	JOHN DEERE GATOR	1/04/00	3,000			3,000	5 MO S/L	3,000	0
	Mass Sale: 6/30/18								
3	LITTER VAC	7/14/00	23,261			23,261	7 MO S/L	23,261	0
4	JOHN DEERE GATOR	8/21/02	12,400			12,400	5 MO S/L	12,400	0
	Mass Sale: 6/30/18								
5	JD 4115 COMPACT TRACTOR	2/17/05	15,000			15,000	5 MO S/L	15,000	0
	Mass Sale: 6/30/18								
6	WATER TAX AND WANDS	5/25/05	3,295			3,295	5 MO S/L	3,295	0
7	1989 CHEVY 4X4 PICKUP	11/30/06	1,000			1,000	5 MO S/L	1,000	0
8	54' FRONT BLADE	1/03/08	1,545			1,545	7 MO S/L	1,545	0
	Mass Sale: 6/30/18								
9	ARIENS 1336 SNOWBLOWER	12/14/07	2,973			2,973	7 MO S/L	2,973	0
	Mass Sale: 6/30/18								
10	72' SNOW BLADE FOR JD SUV GATOR	11/27/10	2,800			2,800	5 MO S/L	2,800	0
12	Dport - Backup and Data Recovery System	2/09/11	3,497			3,497	5 MO S/L	3,497	0
14	TRUCK & SNOWPLOW	9/13/11	17,732			17,732	5 MO S/L	17,732	0
15	IL - KITCHEN APPLIANCES	11/11/13	5,116			5,116	7 MO S/L	2,680	731
16	IL - CONFERENCE ROOM AV	11/21/13	15,945			15,945	5 MO S/L	11,427	3,189
17	IL - CASUAL MEETING ROOM FURNIT	11/11/13	7,064			7,064	7 MO S/L	3,700	1,009
18	IL - FRAMED ARTWORK	3/03/14	7,910			7,910	7 MO S/L	3,766	1,130
19	IL - OFFICE FURNITURE	10/31/13	142,720			142,720	7 MO S/L	74,758	20,389
20	IL - (8) CONFERENCE SEATING ROLLIT	2/25/14	2,556			2,556	7 MO S/L	1,217	366
21	IL - (3) CREDENZAS WITH CUSHIONS	1/08/14	3,494			3,494	7 MO S/L	1,747	499
22	IL - (3) GALLERY HALLWAY BANNER	3/19/14	2,598			2,598	7 MO S/L	1,206	371
23	IL - GALLERY HALLWAY MONITORS	11/21/13	11,875			11,875	5 MO S/L	8,510	2,375
24	IL - (3) GLASS WHITEBOARDS	2/25/14	1,801			1,801	5 MO S/L	1,201	360
25	LEAD INVESTOR PANELS (IA/IL)	4/07/14	3,917			3,917	7 MO S/L	1,818	560
26	METAL Q SIGNS (IA/IL)	11/21/13	4,290			4,290	7 MO S/L	2,196	613
27	MITEL 5000 PHONE SYSTEM	12/20/13	23,701			23,701	5 MO S/L	16,591	4,740
28	IL - RIVERSTATION EXTERIOR SIGNA	8/29/13	19,455			19,455	7 MO S/L	10,654	2,779
29	IL - PATIO FURNITURE (TARA)	8/29/13	1,167			1,167	7 MO S/L	639	167
30	IL - ROLLER SHADES	5/23/14	1,840			1,840	7 MO S/L	810	263
31	IL - RIVERSTATION TENANT IMPROVI	2/26/14	318,883			318,883	10 MO S/L	106,294	31,889
32	IL - DATA CABLING	11/21/13	9,260			9,260	10 MO S/L	3,318	926
33	IL - MISC OFFICE FURNITURE	12/31/13	1,175			1,175	7 MO S/L	587	168
34	IL - WALL ART MOLINE	1/17/15	3,533			3,533	7 MO S/L	1,220	504
35	Vaddio Web Camera / Table Top Micropho	9/01/15	5,048			5,048	5 MO S/L	1,851	1,010
36	John Deere 2020A ProGator	6/30/18	9,838			9,838	5 MO S/L	0	8,034
37	John Deere Tractor	6/30/18	20,726			20,726	5 MO S/L	0	16,581
38	John Deere Tractor Parts (Roof to Lights)	6/30/18	20,352			20,352	5 MO S/L	0	16,282
39	Snow Plow Installation - Gator	6/30/18	4,065			4,065	5 MO S/L	0	2,913
	Total Other Depreciation		<u>743,781</u>			<u>743,781</u>		<u>351,642</u>	<u>117,848</u>
	Total ACRS and Other Depreciation		<u>743,781</u>			<u>743,781</u>		<u>351,642</u>	<u>117,848</u>
Amortization:									
11	Membership Software - SBA	1/12/11	42,176			42,176	36 MO Amort	42,176	0
	Mass Sale: 6/30/18								
13	Adobe Software	2/11/11	1,305			1,305	36 MO Amort	1,305	0
	Mass Sale: 6/30/18								
			<u>43,481</u>			<u>43,481</u>		<u>43,481</u>	<u>0</u>
	Grand Totals		787,262			787,262		395,123	117,848
	Less: Dispositions and Transfers		78,399			78,399		78,399	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>708,863</u>			<u>708,863</u>		<u>316,724</u>	<u>117,848</u>

Federal Asset Report

FYE: 6/30/2018

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	WATER WAGON, TRAILER, PUMP, HO	6/11/99	0			0	0 HY	0	0
2	JOHN DEERE GATOR	1/04/00	0			0	0 HY	0	0
3	LITTER VAC	7/14/00	0			0	0 HY	0	0
4	JOHN DEERE GATOR	8/21/02	0			0	0 HY	0	0
5	JD 4115 COMPACT TRACTOR	2/17/05	0			0	0 HY	0	0
6	WATER TAX AND WANDS	5/25/05	0			0	0 HY	0	0
7	1989 CHEVY 4X4 PICKUP	11/30/06	0			0	0 HY	0	0
8	54' FRONT BLADE	1/03/08	0			0	0 HY	0	0
9	ARIENS 1336 SNOWBLOWER	12/14/07	0			0	0 HY	0	0
10	72' SNOW BLADE FOR JD SUV GATOR	11/27/10	0			0	0 HY	0	0
11	Membership Software - SBA	1/12/11	0			0	0 HY	0	0
12	Dport - Backup and Data Recovery System	2/09/11	0			0	0 HY	0	0
13	Adobe Software	2/11/11	0			0	0 HY	0	0
14	TRUCK & SNOWPLOW	9/13/11	0			0	0 HY	0	0
15	IL - KITCHEN APPLIANCES	11/11/13	0			0	0 HY	0	0
16	IL - CONFERENCE ROOM AV	11/21/13	0			0	0 HY	0	0
17	IL - CASUAL MEETING ROOM FURNIT	11/11/13	0			0	0 HY	0	0
18	IL - FRAMED ARTWORK	3/03/14	0			0	0 HY	0	0
19	IL - OFFICE FURNITURE	10/31/13	0			0	0 HY	0	0
20	IL - (8) CONFERENCE SEATING ROLLIN	2/25/14	0			0	0 HY	0	0
21	IL - (3) CREDENZAS WITH CUSHIONS	1/08/14	0			0	0 HY	0	0
22	IL - (3) GALLERY HALLWAY BANNER	3/19/14	0			0	0 HY	0	0
23	IL - GALLERY HALLWAY MONITORS	11/21/13	0			0	0 HY	0	0
24	IL - (3) GLASS WHITEBOARDS	2/25/14	0			0	0 HY	0	0
25	LEAD INVESTOR PANELS (IA/IL)	4/07/14	0			0	0 HY	0	0
26	METAL Q SIGNS (IA/IL)	11/21/13	0			0	0 HY	0	0
27	MITEL 5000 PHONE SYSTEM	12/20/13	0			0	0 HY	0	0
28	IL - RIVERSTATION EXTERIOR SIGNA	8/29/13	0			0	0 HY	0	0
29	IL - PATIO FURNITURE (TARA)	8/29/13	0			0	0 HY	0	0
30	IL - ROLLER SHADES	5/23/14	0			0	0 HY	0	0
31	IL - RIVERSTATION TENANT IMPROVI	2/26/14	0			0	0 HY	0	0
32	IL - DATA CABLING	11/21/13	0			0	0 HY	0	0
33	IL - MISC OFFICE FURNITURE	12/31/13	0			0	0 HY	0	0
34	IL - WALL ART MOLINE	1/17/15	0			0	0 HY	0	0
35	Vaddio Web Camera / Table Top Micropho	9/01/15	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

IL Asset Report

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	IL Prior	IL Current	Federal Current	Difference Fed - IL
Other Depreciation:								
1	WATER WAGON, TRAILER, PUMP, HO	6/11/99	8,949	8,949	8,949	0	0	0
2	JOHN DEERE GATOR	1/04/00	3,000	3,000	3,000	0	0	0
	Mass Sale: 6/30/18							
3	LITTER VAC	7/14/00	23,261	23,261	23,261	0	0	0
4	JOHN DEERE GATOR	8/21/02	12,400	12,400	12,400	0	0	0
	Mass Sale: 6/30/18							
5	JD 4115 COMPACT TRACTOR	2/17/05	15,000	15,000	15,000	0	0	0
	Mass Sale: 6/30/18							
6	WATER TAX AND WANDS	5/25/05	3,295	3,295	3,295	0	0	0
7	1989 CHEVY 4X4 PICKUP	11/30/06	1,000	1,000	1,000	0	0	0
8	54' FRONT BLADE	1/03/08	1,545	1,545	1,545	0	0	0
	Mass Sale: 6/30/18							
9	ARIENS 1336 SNOWBLOWER	12/14/07	2,973	2,973	2,973	0	0	0
	Mass Sale: 6/30/18							
10	72' SNOW BLADE FOR JD SUV GATOR	11/27/10	2,800	2,800	2,800	0	0	0
12	Dport - Backup and Data Recovery System	2/09/11	3,497	3,497	3,497	0	0	0
14	TRUCK & SNOWPLOW	9/13/11	17,732	17,732	17,732	0	0	0
15	IL - KITCHEN APPLIANCES	11/11/13	5,116	5,116	2,680	731	731	0
16	IL - CONFERENCE ROOM AV	11/21/13	15,945	15,945	11,427	3,189	3,189	0
17	IL - CASUAL MEETING ROOM FURNIT	11/11/13	7,064	7,064	3,700	1,009	1,009	0
18	IL - FRAMED ARTWORK	3/03/14	7,910	7,910	3,766	1,130	1,130	0
19	IL - OFFICE FURNITURE	10/31/13	142,720	142,720	74,758	20,389	20,389	0
20	IL - (8) CONFERENCE SEATING ROLLIT	2/25/14	2,556	2,556	1,217	366	366	0
21	IL - (3) CREDENZAS WITH CUSHIONS	1/08/14	3,494	3,494	1,747	499	499	0
22	IL - (3) GALLERY HALLWAY BANNER	3/19/14	2,598	2,598	1,206	371	371	0
23	IL - GALLERY HALLWAY MONITORS	11/21/13	11,875	11,875	8,510	2,375	2,375	0
24	IL - (3) GLASS WHITEBOARDS	2/25/14	1,801	1,801	1,201	360	360	0
25	LEAD INVESTOR PANELS (IA/IL)	4/07/14	3,917	3,917	1,818	560	560	0
26	METAL Q SIGNS (IA/IL)	11/21/13	4,290	4,290	2,196	613	613	0
27	MITEL 5000 PHONE SYSTEM	12/20/13	23,701	23,701	16,591	4,740	4,740	0
28	IL - RIVERSTATION EXTERIOR SIGNA	8/29/13	19,455	19,455	10,654	2,779	2,779	0
29	IL - PATIO FURNITURE (TARA)	8/29/13	1,167	1,167	639	167	167	0
30	IL - ROLLER SHADES	5/23/14	1,840	1,840	810	263	263	0
31	IL - RIVERSTATION TENANT IMPROVI	2/26/14	318,883	318,883	106,294	31,889	31,889	0
32	IL - DATA CABLING	11/21/13	9,260	9,260	3,318	926	926	0
33	IL - MISC OFFICE FURNITURE	12/31/13	1,175	1,175	587	168	168	0
34	IL - WALL ART MOLINE	1/17/15	3,533	3,533	1,220	504	504	0
35	Vaddio Web Camera / Table Top Micropho	9/01/15	5,048	5,048	1,851	1,010	1,010	0
36	John Deere 2020A ProGator	6/30/18	9,838	9,838	0	8,034	8,034	0
37	John Deere Tractor	6/30/18	20,726	20,726	0	16,581	16,581	0
38	John Deere Tractor Parts (Roof to Lights)	6/30/18	20,352	20,352	0	16,282	16,282	0
39	Snow Plow Installation - Gator	6/30/18	4,065	4,065	0	2,913	2,913	0
	Total Other Depreciation		<u>743,781</u>	<u>743,781</u>	<u>351,642</u>	<u>117,848</u>	<u>117,848</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>743,781</u>	<u>743,781</u>	<u>351,642</u>	<u>117,848</u>	<u>117,848</u>	<u>0</u>
Amortization:								
11	Membership Software - SBA	1/12/11	42,176	42,176	7,615	1,074	0	-1,074
	Mass Sale: 6/30/18							
13	Adobe Software	2/11/11	1,305	1,305	233	33	0	-33
	Mass Sale: 6/30/18							
			<u>43,481</u>	<u>43,481</u>	<u>7,848</u>	<u>1,107</u>	<u>0</u>	<u>-1,107</u>
	Grand Totals		<u>787,262</u>	<u>787,262</u>	<u>359,490</u>	<u>118,955</u>	<u>117,848</u>	<u>-1,107</u>
	Less: Dispositions		<u>78,399</u>	<u>78,399</u>	<u>42,766</u>	<u>1,107</u>	<u>0</u>	<u>-1,107</u>
	Less: Start-up/Org Expense		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Net Grand Totals		<u>708,863</u>	<u>708,863</u>	<u>316,724</u>	<u>117,848</u>	<u>117,848</u>	<u>0</u>

Depreciation Adjustment Report

FYE: 6/30/2018

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Future Depreciation Report FYE: 6/30/19

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	WATER WAGON, TRAILER, PUMP, HOOKU	6/11/99	8,949	0	0
3	LITTER VAC	7/14/00	23,261	0	0
6	WATER TAX AND WANDS	5/25/05	3,295	0	0
7	1989 CHEVY 4X4 PICKUP	11/30/06	1,000	0	0
10	72' SNOW BLADE FOR JD SUV GATOR	11/27/10	2,800	0	0
12	Dport - Backup and Data Recovery System	2/09/11	3,497	0	0
14	TRUCK & SNOWPLOW	9/13/11	17,732	0	0
15	IL - KITCHEN APPLIANCES	11/11/13	5,116	730	0
16	IL - CONFERENCE ROOM AV	11/21/13	15,945	1,329	0
17	IL - CASUAL MEETING ROOM FURNITURE	11/11/13	7,064	1,010	0
18	IL - FRAMED ARTWORK	3/03/14	7,910	1,130	0
19	IL - OFFICE FURNITURE	10/31/13	142,720	20,389	0
20	IL - (8) CONFERENCE SEATING ROLLING C	2/25/14	2,556	365	0
21	IL - (3) CREDENZAS WITH CUSHIONS	1/08/14	3,494	499	0
22	IL - (3) GALLERY HALLWAY BANNER PAN	3/19/14	2,598	371	0
23	IL - GALLERY HALLWAY MONITORS	11/21/13	11,875	990	0
24	IL - (3) GLASS WHITEBOARDS	2/25/14	1,801	240	0
25	LEAD INVESTOR PANELS (IA/IL)	4/07/14	3,917	559	0
26	METAL Q SIGNS (IA/IL)	11/21/13	4,290	613	0
27	MITEL 5000 PHONE SYSTEM	12/20/13	23,701	2,370	0
28	IL - RIVERSTATION EXTERIOR SIGNAGE	8/29/13	19,455	2,780	0
29	IL - PATIO FURNITURE (TARA)	8/29/13	1,167	166	0
30	IL - ROLLER SHADES	5/23/14	1,840	263	0
31	IL - RIVERSTATION TENANT IMPROVEME	2/26/14	318,883	31,888	0
32	IL - DATA CABLING	11/21/13	9,260	926	0
33	IL - MISC OFFICE FURNITURE	12/31/13	1,175	168	0
34	IL - WALL ART MOLINE	1/17/15	3,533	505	0
35	Vaddio Web Camera / Table Top Microphones	9/01/15	5,048	1,009	0
36	John Deere 2020A ProGator	6/30/18	9,838	1,804	0
37	John Deere Tractor	6/30/18	20,726	4,145	0
38	John Deere Tractor Parts (Roof to Lights)	6/30/18	20,352	4,070	0
39	Snow Plow Installation - Gator	6/30/18	4,065	813	0
	Total Other Depreciation		<u>708,863</u>	<u>79,132</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>708,863</u>	<u>79,132</u>	<u>0</u>
	Grand Totals		<u>708,863</u>	<u>79,132</u>	<u>0</u>

Future Depreciation Report FYE: 6/30/19

FYE: 6/30/2018

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	WATER WAGON, TRAILER, PUMP, HOOKU	6/11/99	0	0	0
2	JOHN DEERE GATOR	1/04/00	0	0	0
3	LITTER VAC	7/14/00	0	0	0
4	JOHN DEERE GATOR	8/21/02	0	0	0
5	JD 4115 COMPACT TRACTOR	2/17/05	0	0	0
6	WATER TAX AND WANDS	5/25/05	0	0	0
7	1989 CHEVY 4X4 PICKUP	11/30/06	0	0	0
8	54' FRONT BLADE	1/03/08	0	0	0
9	ARIENS 1336 SNOWBLOWER	12/14/07	0	0	0
10	72' SNOW BLADE FOR JD SUV GATOR	11/27/10	0	0	0
11	Membership Software - SBA	1/12/11	0	0	0
12	Dport - Backup and Data Recovery System	2/09/11	0	0	0
13	Adobe Software	2/11/11	0	0	0
14	TRUCK & SNOWPLOW	9/13/11	0	0	0
15	IL - KITCHEN APPLIANCES	11/11/13	0	0	0
16	IL - CONFERENCE ROOM AV	11/21/13	0	0	0
17	IL - CASUAL MEETING ROOM FURNITURE	11/11/13	0	0	0
18	IL - FRAMED ARTWORK	3/03/14	0	0	0
19	IL - OFFICE FURNITURE	10/31/13	0	0	0
20	IL - (8) CONFERENCE SEATING ROLLING C	2/25/14	0	0	0
21	IL - (3) CREDENZAS WITH CUSHIONS	1/08/14	0	0	0
22	IL - (3) GALLERY HALLWAY BANNER PAN	3/19/14	0	0	0
23	IL - GALLERY HALLWAY MONITORS	11/21/13	0	0	0
24	IL - (3) GLASS WHITEBOARDS	2/25/14	0	0	0
25	LEAD INVESTOR PANELS (IA/IL)	4/07/14	0	0	0
26	METAL Q SIGNS (IA/IL)	11/21/13	0	0	0
27	MITEL 5000 PHONE SYSTEM	12/20/13	0	0	0
28	IL - RIVERSTATION EXTERIOR SIGNAGE	8/29/13	0	0	0
29	IL - PATIO FURNITURE (TARA)	8/29/13	0	0	0
30	IL - ROLLER SHADES	5/23/14	0	0	0
31	IL - RIVERSTATION TENANT IMPROVEME	2/26/14	0	0	0
32	IL - DATA CABLING	11/21/13	0	0	0
33	IL - MISC OFFICE FURNITURE	12/31/13	0	0	0
34	IL - WALL ART MOLINE	1/17/15	0	0	0
35	Vaddio Web Camera / Table Top Microphones	9/01/15	0	0	0
Total Other Depreciation			<u>0</u>	<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>0</u>	<u>0</u>	<u>0</u>

IL Future Depreciation Report**FYE: 6/30/19**

FYE: 6/30/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	IL
Other Depreciation:				
1	WATER WAGON, TRAILER, PUMP, HOOKU	6/11/99	8,949	0
3	LITTER VAC	7/14/00	23,261	0
6	WATER TAX AND WANDS	5/25/05	3,295	0
7	1989 CHEVY 4X4 PICKUP	11/30/06	1,000	0
10	72' SNOW BLADE FOR JD SUV GATOR	11/27/10	2,800	0
12	Dport - Backup and Data Recovery System	2/09/11	3,497	0
14	TRUCK & SNOWPLOW	9/13/11	17,732	0
15	IL - KITCHEN APPLIANCES	11/11/13	5,116	730
16	IL - CONFERENCE ROOM AV	11/21/13	15,945	1,329
17	IL - CASUAL MEETING ROOM FURNITURE	11/11/13	7,064	1,010
18	IL - FRAMED ARTWORK	3/03/14	7,910	1,130
19	IL - OFFICE FURNITURE	10/31/13	142,720	20,389
20	IL - (8) CONFERENCE SEATING ROLLING C	2/25/14	2,556	365
21	IL - (3) CREDENZAS WITH CUSHIONS	1/08/14	3,494	499
22	IL - (3) GALLERY HALLWAY BANNER PAN	3/19/14	2,598	371
23	IL - GALLERY HALLWAY MONITORS	11/21/13	11,875	990
24	IL - (3) GLASS WHITEBOARDS	2/25/14	1,801	240
25	LEAD INVESTOR PANELS (IA/IL)	4/07/14	3,917	559
26	METAL Q SIGNS (IA/IL)	11/21/13	4,290	613
27	MITEL 5000 PHONE SYSTEM	12/20/13	23,701	2,370
28	IL - RIVERSTATION EXTERIOR SIGNAGE	8/29/13	19,455	2,780
29	IL - PATIO FURNITURE (TARA)	8/29/13	1,167	166
30	IL - ROLLER SHADES	5/23/14	1,840	263
31	IL - RIVERSTATION TENANT IMPROVEME	2/26/14	318,883	31,888
32	IL - DATA CABLING	11/21/13	9,260	926
33	IL - MISC OFFICE FURNITURE	12/31/13	1,175	168
34	IL - WALL ART MOLINE	1/17/15	3,533	505
35	Vaddio Web Camera / Table Top Microphones	9/01/15	5,048	1,009
36	John Deere 2020A ProGator	6/30/18	9,838	1,804
37	John Deere Tractor	6/30/18	20,726	4,145
38	John Deere Tractor Parts (Roof to Lights)	6/30/18	20,352	4,070
39	Snow Plow Installation - Gator	6/30/18	4,065	813
	Total Other Depreciation		<u>708,863</u>	<u>79,132</u>
	Total ACRS and Other Depreciation		<u>708,863</u>	<u>79,132</u>
	Grand Totals		<u>708,863</u>	<u>79,132</u>

IL Future Depreciation Report**FYE: 6/30/19**

FYE: 6/30/2018

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>IL</u>
Other Depreciation:				
1	WATER WAGON, TRAILER, PUMP, HOOKU	6/11/99	0	0
2	JOHN DEERE GATOR	1/04/00	0	0
3	LITTER VAC	7/14/00	0	0
4	JOHN DEERE GATOR	8/21/02	0	0
5	JD 4115 COMPACT TRACTOR	2/17/05	0	0
6	WATER TAX AND WANDS	5/25/05	0	0
7	1989 CHEVY 4X4 PICKUP	11/30/06	0	0
8	54' FRONT BLADE	1/03/08	0	0
9	ARIENS 1336 SNOWBLOWER	12/14/07	0	0
10	72' SNOW BLADE FOR JD SUV GATOR	11/27/10	0	0
11	Membership Software - SBA	1/12/11	0	0
12	Dport - Backup and Data Recovery System	2/09/11	0	0
13	Adobe Software	2/11/11	0	0
14	TRUCK & SNOWPLOW	9/13/11	0	0
15	IL - KITCHEN APPLIANCES	11/11/13	0	0
16	IL - CONFERENCE ROOM AV	11/21/13	0	0
17	IL - CASUAL MEETING ROOM FURNITURE	11/11/13	0	0
18	IL - FRAMED ARTWORK	3/03/14	0	0
19	IL - OFFICE FURNITURE	10/31/13	0	0
20	IL - (8) CONFERENCE SEATING ROLLING C	2/25/14	0	0
21	IL - (3) CREDENZAS WITH CUSHIONS	1/08/14	0	0
22	IL - (3) GALLERY HALLWAY BANNER PAN	3/19/14	0	0
23	IL - GALLERY HALLWAY MONITORS	11/21/13	0	0
24	IL - (3) GLASS WHITEBOARDS	2/25/14	0	0
25	LEAD INVESTOR PANELS (IA/IL)	4/07/14	0	0
26	METAL Q SIGNS (IA/IL)	11/21/13	0	0
27	MITEL 5000 PHONE SYSTEM	12/20/13	0	0
28	IL - RIVERSTATION EXTERIOR SIGNAGE	8/29/13	0	0
29	IL - PATIO FURNITURE (TARA)	8/29/13	0	0
30	IL - ROLLER SHADES	5/23/14	0	0
31	IL - RIVERSTATION TENANT IMPROVEME	2/26/14	0	0
32	IL - DATA CABLING	11/21/13	0	0
33	IL - MISC OFFICE FURNITURE	12/31/13	0	0
34	IL - WALL ART MOLINE	1/17/15	0	0
35	Vaddio Web Camera / Table Top Microphones	9/01/15	0	0
	Total Other Depreciation		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>	<u>0</u>
	Grand Totals		<u>0</u>	<u>0</u>

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2017
	For calendar year 2017, or tax year beginning 07/01/17 , and ending 06/30/18	

Name QUAD CITIES CHAMBER OF COMMERCE	Employer Identification Number 27-3065786
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		(a) Other event <u>RED, WHITE & BO</u> <small>(event type)</small>	(b) Other event <u>ALTERNATING CUR</u> <small>(event type)</small>	(c) Other event <u>HOB NOSH</u> <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	74,425	59,928	57,007	289,645
	2 Less: Charitable contributions	74,425	50,500	52,525	243,830
	3 Gross income <small>(line 1 minus line 2)</small>		9,428	4,482	45,815
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment		22,925		22,925
	9 Other expenses	67,416	26,970	8,653	164,613

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2017
	For calendar year 2017, or tax year beginning 07/01/17 , and ending 06/30/18	

Name QUAD CITIES CHAMBER OF COMMERCE	Employer Identification Number 27-3065786
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		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u>GOLF OUTING</u> <small>(event type)</small>	<u>MILITARY SALUTE</u> <small>(event type)</small>	<u>ICESTRAVAGANZA</u> <small>(event type)</small>	
Revenue	1 Gross receipts	55,630	28,060	14,595	
	2 Less: Charitable contributions	40,300	26,080		
	3 Gross income (line 1 minus line 2)	15,330	1,980	14,595	
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	26,841	20,511	14,222	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 11,129		14			
TOTAL	<u>\$ 11,129</u>					

27-3065786

Federal Statements

FYE: 6/30/2018

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING	\$ 91,542	\$ 91,542	\$	\$
TOTAL	\$ 91,542	\$ 91,542	\$ 0	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MOLINE MAIN STREET EXPENS	\$ 76,343	\$ 76,343	\$	\$
Q2030 PROGRAM	68,393	68,393		
BAD DEBT EXPENSE	14,000	14,000		
READERSHIP COSTS	7,476	7,476		
MISCELLANEOUS EXPENSE	4,194	4,194		
EXCISE TAX	1,520	1,520		
SUPPORT SERVICES	-135,936	-135,936		
TOTAL	\$ 35,990	\$ 35,990	\$ 0	\$ 0

27-3065786

Federal Statements

FYE: 6/30/2018

Street Fest**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
STREET FEST	\$ 5,035
LICENSE/FEES/INSURANCE	9,853
ADVERTISING	66
REIMBURSEMENTS	1,858
PERSONNEL	19,315
SUPPLIES	100,889
TOTAL	\$ <u>137,016</u>

Federal Statements**Alternating Currents****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$ 7,454
ADVERTISING/MARKETING	2,269
SUPPLIES	4,060
OTHER EXPENSE	13,187
TOTAL	\$ <u>26,970</u>