

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2016

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 09/01/16, and ending 08/31/17

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|
| 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 THE CHAMBER OF COMMERCE OF RICHMOND | | D Employer identification number 43-0910209 |
| | Number and street (or P O box, if mail is not delivered to street address) 104 W NORTH MAIN | | E Telephone number 816-776-6916 |
| | City or town, state or province, country, and ZIP or foreign postal code RICHMOND MO 64085 | | F Group Exemption Number 06 |
| | | | |

G Accounting Method Cash Accrual Other (specify) _____

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

I Website: **WWW.RICHMONDCHAMBER.ORG**

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

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 125,099**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

| | | | | |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 11,880 |
| | 2 | Program service revenue including government fees and contracts | 2 | 2,501 |
| | 3 | Membership dues and assessments | 3 | 38,893 |
| | 4 | Investment income | 4 | 74 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less cost or other basis and sales expenses | 5b | |
| | 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 | Gaming and fundraising events | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b | Gross income from fundraising events (not including \$ 9,500 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 71,751 | |
| c | Less direct expenses from gaming and fundraising events | 6c | 45,229 | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 26,522 | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | |
| b | Less cost of goods sold | 7b | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 | Other revenue (describe in Schedule O) | 8 | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 79,870 | |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 48,086 |
| | 13 | Professional fees and other payments to independent contractors | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 11,395 |
| | 15 | Printing, publications, postage, and shipping | 15 | |
| | 16 | Other expenses (describe in Schedule O) | 16 | 26,233 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 85,714 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -5,844 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 75,227 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | -9,967 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 59,416 |

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

Handwritten notes: 01-11 24

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|----|-----------------|
| 22 Cash, savings, and investments | 63,219 | 22 | 59,416 |
| 23 Land and buildings | 50,785 | 23 | |
| 24 Other assets (describe in Schedule O) | 4,639 | 24 | |
| 25 Total assets | 118,643 | 25 | 59,416 |
| 26 Total liabilities (describe in Schedule O) | 43,416 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 75,227 | 27 | 59,416 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----|--|--------|
| 28 IMPROVING THE RELATIONSHIPS BETWEEN COMPANIES WITHIN RICHMOND AND THE SURROUNDING AREAS BY BRINGING THEM TOGETHER WITH MONTHLY MEETINGS | | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | | 38,883 |
| 29 | | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | | |
| 30 | | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | | |
| 31 Other program services (describe in Schedule O) | | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | | 38,883 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| TONYA WILLIM PRESIDENT | 3.00 | 0 | 0 | 0 |
| GLEN MARTIN VICE PRESIDENT | 1.00 | 0 | 0 | 0 |
| CHRIS BROWN 2ND VICE PRESIDENT | 1.00 | 0 | 0 | 0 |
| JENNIFER BRENTON FINANCIAL DIRECTOR | 2.00 | 0 | 0 | 0 |
| GLENDA POWELL BOARD MEMBER | 1.00 | 0 | 0 | 0 |
| JENNIFER GANT BOARD MEMBER | 1.00 | 0 | 0 | 0 |
| JIMMY CARTER BOARD MEMBER | 1.00 | 0 | 0 | 0 |
| BROCK DOVER BOARD MEMBER | 1.00 | 0 | 0 | 0 |
| JUSTIN WRISINGER BOARD MEMBER | 1.00 | 0 | 0 | 0 |
| TONY HATCHER BOARD MEMBER | 1.00 | 0 | 0 | 0 |
| ATALIE WILLIAMS BOARD MEMBER | 1.00 | 0 | 0 | 0 |
| JUSTIN MEIER BOARD MEMBER | 1.00 | 0 | 0 | 0 |

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year | |
|--------------------------------------------------------------------------------|-----------------------|-----------------|---|
| 22 Cash, savings, and investments | 0 | 22 | |
| 23 Land and buildings | 0 | 23 | |
| 24 Other assets (describe in Schedule O) | 0 | 24 | |
| 25 Total assets | 0 | 25 | 0 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 0 | 27 | 0 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

| | | |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----|
| 28 | (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |
| 29 | (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a |
| 30 | (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a |
| 31 Other program services (describe in Schedule O) | (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a |
| 32 Total program service expenses (add lines 28a through 31a) | | 32 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| NATALIE LAMAR EXECUTIVE DIRECTOR | 40.00 | 29,860 | 0 | 0 |
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)? If "Yes," enter the name of the foreign country
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

b If "Yes," was the related organization a section 527 organization? Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--------------------------------------------------------------|---------------------|------------------|
| | | |
| | | |
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| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here ▶ Yes No

Natalie Lamar 1-9-18
 Signature of officer Date
NATALIE LAMAR **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **RITA RUSSELL** Preparer's signature: *Rita Russell* Date: **1-4-18** Check if self-employed PTIN: **P01233861**

Firm's name ▶ **WESTBROOK & CO., P.C.** Firm's EIN ▶ **43-1628835**

Firm's address ▶ **749 DRISKILL DR RICHMOND, MO 64085-1608** Phone no **816-776-3584**

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

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2016

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

Name of the organization

THE CHAMBER OF COMMERCE OF RICHMOND

Employer identification number

43-0910209

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

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>MUSHROOM FESTIV</u> (event type) | <u>GOLF TOURNAMENT</u> (event type) | <u>3</u> (total number) | (add col (a) through col (c)) | |
| Revenue | 1 | Gross receipts | 34,415 | 12,145 | 28,015 | 74,575 |
| | 2 | Less Contributions | 9,500 | | | 9,500 |
| | 3 | Gross income (line 1 minus line 2) | 24,915 | 12,145 | 28,015 | 65,075 |
| Direct Expenses | 4 | Cash prizes | 2,025 | 600 | | 2,625 |
| | 5 | Noncash prizes | 154 | | 440 | 594 |
| | 6 | Rent/facility costs | 1,200 | 1,834 | 550 | 3,584 |
| | 7 | Food and beverages | | 212 | 3,082 | 3,294 |
| | 8 | Entertainment | 1,198 | | 12,784 | 13,982 |
| | 9 | Other direct expenses | | 1,917 | 13,988 | 15,905 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) | | | | |
| 11 | Net income summary Subtract line 10 from line 3, column (d) | | | | | 25,091 |

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)) | |
|-----------------|-------------------------------------------------------------------|-----------------------|---------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------|--|
| | | 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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in
 - a The organization's facility

| | |
|-----|---|
| 13a | % |
| 13b | % |
 - b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
See instructions

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

THE CHAMBER OF COMMERCE OF RICHMOND

Employer identification number

43-0910209

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

| DESCRIPTION | AMOUNT |
|-----------------------------|------------------|
| EXPENSES | |
| ADVERTISING | \$ 1,477 |
| OFFICE EXPENSE | \$ 5,989 |
| TRAVEL | \$ 882 |
| BOARD-COMMITTEE MEETINGS | \$ 825 |
| INTEREST | \$ 2,007 |
| INSURANCE | \$ 5,310 |
| DUES | \$ 1,683 |
| MISCELLANEOUS | \$ 1,990 |
| SUPPLIES | \$ 499 |
| PURCHASED SERVICES | \$ 3,423 |
| NON-INVESTMENT DEPRECIATION | \$ 2,148 |
| TOTAL | \$ 26,233 |

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

| DESCRIPTION | AMOUNT |
|--------------------|---------------|
| OTHER CHANGES | \$ -9,967 |

OTHER CHANGES OF \$9,967 CONSISTS OF A \$12,008 PRIOR PERIOD ADJUSTMENT TO CORRECT THE TAX RETURN TO CASH BASIS REPORTING, AND A \$2,041 ADJUSTMENT FOR CURRENT YEAR ACCRUAL TO CASH DIFFERENCES.

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--------------------|---------------------|--------------------|
|--------------------|---------------------|--------------------|

Name of the organization

Employer identification number

THE CHAMBER OF COMMERCE OF RICHMOND

43-0910209

| | | | | |
|-------------------------------|----|--------|----|-------|
| EQUIPMENT | \$ | 16,134 | \$ | 0 |
| LESS ACCUMULATED DEPRECIATION | \$ | 11,495 | \$ | 0 |
| FURNITURE AND FIXTURES | \$ | 4,824 | \$ | 0 |
| LESS ACCUMULATED DEPRECIATION | \$ | 4,824 | \$ | 0 |
| | | TOTAL | \$ | 4,639 |
| | | | \$ | 0 |

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

| DESCRIPTION | | BEG. OF YEAR | | END OF YEAR |
|---------------------------------------|----|--------------|----|-------------|
| ACCOUNTS PAYABLE AND ACCRUED EXPENSES | \$ | 1,408 | \$ | 0 |
| UNSECURED NOTES AND LOANS PAYABLE | \$ | 42,008 | \$ | 0 |

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO SERVE ITS MEMBERS BY FOCUSING ON BUSINESS, TOURISM, MEMBER EDUCATION AND ECONOMIC STABILITY.