Form **990-EZ**

Short Form (C)
Return of Organization Exempt From Income Tax

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs gov/Form990EZ for instructions and the latest information.

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| Accounting Method X Cash Accrual Other (specify) Website: WWW.RTCHMONDCRAMBER.ORG Tare-exempt status (rebot only one) Storicy Sto | П | Amended | d return | City or town, state or province, country, and ZIP or foreign postal code | \ F | Grou | p Exemption | | |
| Website: WWW. RICHMONIDCHAMBER.ORG Taxa-exempt status (check only one) 501(o)(3) \$301(o) \$0 4947(a)(1) or 527 (Form 907) 990-EZ, or 990-PF) | \Box | Application | on pending | RICHMOND MO 64085 | | Num | ber > | | |
| Tax-exempt status (check only one) | G | Accour | nting Method | X Cash Accrual Other (specify) ▶ H | Check | ▼ [X] | if the organization is not | | |
| Form of organization | ı | Websit | te: WWW | .RICHMONDCHAMBER.ORG | require | | | | |
| Add thes 50, 6c, and 70 to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990 EZ Part II column (B) are \$500,000 or more, file Form 990 instead of Form 990 EX Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I Check if the organization used Schedule O to respond to any question in this Part I I combibitions, gifts, graits, and similar amounts received I combibitions gifts, graits, and similar amounts gevents (and inventory (Subtract line 5b from line 5a) I compare the similar gifts graits and sales expenses I compare the similar gifts graits and sales expenses I compare the similar gifts graits and similar amounts grait (grait in the 5b from line 5a) I compare the similar grait grai | J | Tax-exe | empt status (ch | eck only one) — 501(c)(3) X 501(c) (6) 4 (insert no) 4947(a)(1) or 527 | (Form 9 | 990, 99 | 0-EZ, or 990-PF) | | |
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| sum of such gross income and contributions exceeds \$15,000) c Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 8 83,527 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 56, 194 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) | ven | b | Gross incom | e from fundraising events (not including \$ of contributions | | | | | |
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| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 56, 194 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) | | | | · | | | | | |
| Iline 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 83,527 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 1,940 | | С | Less direct e | expenses from gaming and fundraising events 6c 45 | <u>, 803</u> | | | | |
| Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, | CD | d | Net income of | or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract | | | | | |
| Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, | Ö | | • | 1 1 | | 6d | 36,357 | | |
| Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, | Z | 7a | | | \neg | - 1 | | | |
| Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, | Z | b | | | -0 - | 1_1 | | | |
| Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Total revenue. Add lines 1, 2, | 巴 | С | - | | | $\overline{}$ | | | |
| 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 1, 940 | | | | 1%1 NUV 2 9 6919 | 1.1.1 | \vdash | 02 507 | | |
| 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (explain in Schedule O) 20 1, 940 | <u> </u> | | | 127 130 miles 1, 2, 6, 1, 66, 66, 76, and 5 | 105 | | 83,527 | | |
| 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 1, 940 | Z | | | imilar amounts paid (list in Schedule O) | "" | - | | | |
| 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 16 44,236 17 104,959 18 -21,432 19 56,194 20 1,940 | 0 | | | to or for members | | $\overline{}$ | EE 130 | | |
| 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 16 44,236 17 104,959 18 -21,432 19 56,194 20 1,940 | seg | | | | | $\overline{}$ | 55,139 | | |
| 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 16 44,236 17 104,959 18 -21,432 19 56,194 20 1,940 | 5 | | | • • | | $\overline{}$ | F E04 | | |
| 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 16 44,236 17 104,959 18 -21,432 19 56,194 20 1,940 | Š | | | | | $\overline{}$ | 5,384 | | |
| 17 Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 19 56,194 | ш | | • • • | | | $\overline{}$ | 44 226 | | |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 1,940 | | | - | · | | | 104 050 | | |
| 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 1,940 | _ | | | | | | | | |
| end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) 19 | ħ | | | | | 18 | | | |
| 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Not execute as fund balances at and of year Combine large 18 through 20 22 36 702 | SSe | 19 | | | | 40 | 56 10A | | |
| Z Other Granges in het assets or fund balances (explain in Scriedule O) | Ĭ, | 20 | - | • | | | 1 040 | | |
| | Š | 20 | = | · | _ | 20 | 36 702 | | |

Form 990-EZ (2018)

For Paperwork Reduction Act Notice, see the separate instructions.

| Part II | Balance Sheets (see the Check if the organization use | | · | question in this Part II | | | X |
|----------------|--|------------------------|-------------------------------|---|--------------------------------------|---------|---------------------------------------|
| | | | | | ginning of year | | (B) End of year |
| 22 Cash, sav | ings, and investments | | | | 56,194 | 22 | 36,70 |
| 23 Land and | buildings | | | | 0 | 23 | |
| 24 Other ass | ets (describe in Schedule O) | | | | 0 | 24 | |
| 25 Total ass | ets | | | | 56,194 | 25 | 36,70 |
| 26 Total liab | ilities (describe in Schedule O) | | | | 0 | 26 | |
| | ts or fund balances (line 27 of co | olumn (B) must agree | e with line 21) | | 56,194 | 27 | 36,70 |
| Part III | Statement of Program | | | e the instructions for F | Part III) | | |
| | Check if the organization us | sed Schedule O to | respond to any | question in this Part III | , X | | Expenses |
| What is the or | ganization's primary exempt purp | | | • | | (Re | quired for section |
| SEE SCHED | • | | | | | | (c)(3) and 501(c)(4) |
| | organization's program service acc | complishments for ea | ch of its three large | est program services | | | inizations, optional for |
| | by expenses In a clear and conci | • | | • • | | othe | • • |
| persons benef | fited, and other relevant information | on for each program to | ıtle | | | | , |
| <u> </u> | /ING THE RELATIONSHIPS BE | | • | ID AND THE | | | · · · · · · · · · · · · · · · · · · · |
| | JNDING AREAS BY BRINGING | | | | | | |
| | | | | | | | |
| (Grants \$ |) If th | nis amount includes fo | oreign grants, chec | k here | ▶ □ | 28a | 91,10 |
| 29 | | | orong regression | | | - | |
| | | | | | | | |
| | • | | | | | | |
| (Grants \$ |) If th | nis amount includes fo | nreign grants, chec | k here | ▶ □ | 29a | |
| 30 | | iis amount moidaés it | oreign grants, chec | KIICIC | | 234 | |
| 30 | | | | | | | |
| | | | | | | | |
| (Grants \$ | \ f+\ | nis amount includes fo | areign grants, chec | k hara | ▶ [1] | 30a | |
| <u> </u> | gram services (describe in Schedi | | oreign grants, chec | N HOLG | | 30a | |
| Grants \$) | • | nis amount includes fo | arough grants, chao | k horo | ▶ □ | 31a | |
| | gram service expenses (add line | | oreign grants, chec | K Hele | | 32 | 91,10 |
| Part IV | List of Officers, Directors, Tr | | nplovees (list each | one even if not compens | ated — see the II | | |
| | Check if the organization used | | | n this Part IV | | | |
| | (a) Name and title | | (b) Average hours per week | (c) Reportable compensation | (d) Health ben contributions to e | | (e) Estimated amount of |
| | (a) Name and title | | devoted to position | (Forms W-2/1099-MISC) (If not paid, enter -0-) | benefit plans, deferred comper | and | other compensation |
| JUSTIN | METED | | | (ii not paid, enter 40-) | delerred compet | isation | |
| PRESIDE | | | 3.00 | o | | 0 | , |
| | FARABEE | | 3.00 | 0 | | | |
| | E PRESIDENT | | 1.00 | o | | 0 | , |
| MARK MC | | | 1.00 | | | | <u> </u> |
| | E PRESIDENT | | 1.00 | 0 | | 0 | , |
| | ILLIAMS | | 1.00 | | | | - |
| BOARD M | | | 1.00 | o | | 0 | , |
| | WILLIAMS | | 1.00 | <u> </u> | | | |
| BOARD M | · · - · · · · · · · · · · · · · · · · · · · | | 1.00 | o | | 0 | , |
| JENNIFE | | | 1.00 | | | - 0 | |
| BOARD M | | | 1.00 | 0 | | 0 | , |
| | | | 1.00 | | | | |
| JAMES F | | | 1 00 | | | ^ | , |
| BOARD M | | | 1.00 | 0 | | 0 | |
| | ANDIVER | | 1 00 | | | | _ |
| BOARD M | | . | 1.00 | 0 | | 0 | |
| KAYLA H | | | | _ | | | _ |
| BOARD M | | | 1.00 | 0 | | 0 | C |
| | CKENZIE | | | _ | | اء | _ |
| BOARD M | | | 1.00 | 0 | | 0 | |
| | R WELCH | | | | | | |
| BOARD M | | | 1.00 | 0 | | 0 | C |
| BETH SM | ITH | | | | | | |
| BOARD M | EMBER | | 1.00 | 0 | | 0 | |

| Form 990-EZ (2018) THE CHAMBER OF COMMER | CE OF RIC | CHMOND | 43-09 | 10209 | | Pag | ge 2 |
|--|---------------------------------------|-----------------------|-----------------------|--------------------------------------|--|--|---------------|
| Part II Balance Sheets (see the instructions for Pa | ırt II) | | | | | | _ |
| Check of the organization used Schedule O to | respond to any | question in t | this Part II | | | | |
| <u>(</u> | | | (A) Be | ginning of year | | (B) End of year | |
| 22 Cash, savings, and investments | | | | 0 | - | | |
| 23 Land and buildings | | | <u> </u> | 0 | - | | |
| 24 Other assets (describe in Schedule O) | | | <u> </u> | 0 | | | |
| 25 Total assets | | | | 0 | | | 0 |
| 26 Total liabilities (describe in Schedule O) | | _ | | 0 | | | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree | | / | | 0 | 27 | | 0 |
| Part III Statement of Program Service Accomp | | | | | | | |
| Check if the organization used Schedule O to | respond to any | <u>question in t</u> | this Part III | <u> </u> | | Expenses | |
| What is the organization's primary exempt purpose? | \times | | | | 1 ' | equired for section | |
| B. I. II. II. II. II. II. II. II. II. II | | | | | 1 | I(c)(3) and 501(c)(4) | _ |
| Describe the organization's program service accomplishments for ear as measured by expenses. In a clear and concise manner, describe the | | | | | 1 - | anizations, optional for | ī |
| persons benefited, and other relevant information for each program ti | | ied, trie.Humb | ei oi | | otn | ers) | |
| | | | $\overline{}$ | | | | |
| 28 | | | | | | | |
| | | | | | | | |
| (Grants \$) If this amount includes for | reign grante chec | k hara | | | 28a | | |
| 29 | reign grants, chec | A Here | | | 204 | | |
| | | | | | | | |
| | | | | ` | | | |
| (Grants \$) If this amount includes fo | reign grants, chec | k here | | ▶ □ | 29a | | |
| 30 | | | | | | \ | |
| | | | | | | | |
| | | | | | | | |
| (Grants \$) If this amount includes for | reign grants, chec | k here | | ▶ □ | 30a | | |
| 31 Other program services (describe in Schedule O) | | | | | | | $\overline{}$ |
| (Grants \$) If this amount includes for | reign grants, chec | k here | | | 31a | | _ |
| 32 Total program service expenses (add lines 28a through 31a) | | | | > | 32 | | |
| Part IV List of Officers, Directors, Trustees, and Key Em | | | | sated — see the ii | nstructio | ons for Part IV) | \neg |
| Check if the organization used Schedule O to respon | (b) Average | (c) Rep | ortable | (d) Health ben | efits. | 1 | |
| (a) Name and title | hours per week | comper (Forms W-2/ | nsation 1099-MISC) | contributions to e benefit plans, | mployee | (e) Estimated amount other compensation | |
| | devoted to position | (if not paid | | deferred comper | nsation | - Cirier compensation | |
| NATALIE LAMAR | | | 1 | | | | |
| EXECUTIVE DIRECTOR | 40.00 | | 35,421 | | | | 0 |
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| | | | | | | 1 | |
| | | L | | | | 50m 990-F7/20 | |

| Pa | 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 | | | |
|----------|--|------|------|-------------|
| | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | | |
| | detailed description of each activity in Schedule O | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | | |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | | |
| | change on Schedule O See instructions | 34 | | X |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | X |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, | | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | 7.7 |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a | ٠,,, | | X |
| b | Did the organization file Form 1120-POL for this year? | 37b | | Λ. |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | 304 | | |
| ъ 39 | Section 501(c)(7) organizations Enter | | | |
| ээ a | Initiation fees and capital contributions included on line 9 | | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | 1 | | |
| | section 4911 ▶, section 4912 ▶, section 4955 ▶ | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 | | | |
| | excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | | | |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed | | | |
| | on organization managers or disqualified persons during the year under sections 4912, | | | |
| | 4955, and 4958 | | 1 | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line | | | |
| | 40c reimbursed by the organization | | | |
| е | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | İ | X |
| 41 | List the states with which a copy of this return is filed NONE | 406 | | |
| 42a | | 5-77 | 6-6 | 916 |
| | 104 W NORTH MAIN | | | |
| | Located at ▶ RICHMOND MO ZIP + 4 ▶ 64 | 085 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | Yes | No |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | | X |
| | If "Yes," enter the name of the foreign country | | I | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | | 1 | |
| С | Financial Accounts (FBAR) At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | Ī | X |
| · | 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 | | | |
| | | | Yes | No |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | |
| | completed instead of Form 990-EZ | 44a | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | Ī | |
| | completed instead of Form 990-EZ | 44b | | <u> </u> |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | | ŧ | |
| | explanation in Schedule O | 44d | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | Ī | |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions | 45b | ŧ | x |
| | TOTAL OUG HIGH UCTIONS | | 1 57 | |

Form 990-EZ (2018)

Form 990-EZ'(2018)

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

QUIO

Employer identification number Name of the organization 43-0910209 THE CHAMBER OF COMMERCE OF RICHMOND 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 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 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? 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 (III) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (I) Name and address of individual (Iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity control of fundraiser listed in organization contributions? col (i) Yes 10

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

43-0910209 Page 2

Part # 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

| | | gross receipts g | reat | er than \$5 | ,000 | | | | | | , | | | |
|-----------------|--|---|----------|-----------------|----------------------|----------|---------------|---------------|----------|-----------|------------|---|--------------|--------------|
| | | , , | | (a) Ever | | | (b) Event | | | (c) Othe | er events | | (d) Total e | vents |
| | | | M | JSHROOM | FESTIV | CH CH | RISTMA | S EXTRA | 2 | | | | (add col (a) | through |
| a) | | ļ | | (event ty | pe) | | (event typ | e) | <u> </u> | (total | number) | | col (c | <u> </u> |
| Revenue | 1 | Gross receipts | <u> </u> | | 39,445 | | | 17,250 | | | 20,4 | 91 | | 77,186 |
| | | Less Contributions Gross income (line 1 minus line 2) | - | | 39,445 | | | 17,250 | , | | 20,4 | 91 | | 77,186 |
| | 4 | Cash prizes | | | 2,127 | | | | | | | | | 2,127 |
| | 5 | Noncash prizes | _ | · - | | | | | | | | , 491 77,186 2,127 200 200 ,786 7,786 ,650 10,650 ,674 22,200 ▶ 42,963 ▶ 34,223 reported more (d) Total gaming (add col (a) through col (c)) % % ▶ | | |
| enses | 6 | Rent/facility costs | | | | | | | | | | | | |
| Direct Expenses | 7 | Food and beverages | | | · | | | - | | | | | | |
| ۵ | 8 | Entertainment | | | ··· | | | | | | | | | |
| | 9 Other direct expenses 338 16,188 5,674 22,20 | | | | | | | | 22,200 | | | | | |
| | | Direct expense summary . Net income summary Sub | | • | | | | | | | | > | 3 | 2,963 |
| P | art | | | | | vered | l "Yes" on | Form 990, P | art l' | V, line | 19, or re | porte | | , |
| | | than \$15,000 o | n Fo | orm 990-E | Z, line 6a | | | | | | | | | |
| Revenue | | | | (a) Bi | ngo | | (b) Pull tabs | | | (c) Oth | ner gaming | | - | |
| ď | 1 | Gross revenue | | | | | | | | | | _ | | |
| Expenses | | Cash prizes | | | | | | | | | | | | |
| ct Exp | | Noncash prizes | | <u> </u> | | | | | | | | | , | - |
| Direct | | Rent/facility costs | | | | | | | | | | | | |
| | 5 | Other direct expenses | | 7., | | | 1 | | | | | | | |
| | 6 | Volunteer labor | | Yes No | % | | Yes No | % | | Yes No | | % | | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | | | | | | | | | | |
| | 8 | Net gaming income summa | ary S | Subtract line 7 | from line 1, colu | mn (d) | | | | | | • | <u> </u> | |
| 9 | Ent | er the state(s) in which the | organ | iization condu | icts gaming activ | ities | | | | | | | | |
| | | he organization licensed to o No," explain | condu | uct gaming ac | ctivities in each of | these | states? | | | | | | _ Y | es 🗌 No |

| 10a | Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? |
|-----|--|
| | If the state of th |

b If "Yes," explain

| _ | Yes | Ш | N |
|---|-----|---|---|
|---|-----|---|---|

| Sche | edule G (Form 990 or 990-EZ) 2018 THE CHAMBER OF COMMERCE OF RICHMOND 43-09102 | 09 Page 3 |
|------|--|-------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity | _ _ |
| | formed to administer charitable gaming? | Yes No |
| 13 | Indicate the percentage of gaming activity conducted in | |
| а | The organization's facility | a % |
| b | An outside facility | <u>%</u> |
| 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 ▶ \$ | |
| С | If "Yes," enter name and address of the third party | |
| | Name ▶ | |
| | Address ► | |
| 6 | Gaming manager information | |
| | Name ▶ | |
| | Gaming manager compensation ▶ \$ | |
| | Description of services provided ▶ | |
| | Director/officer Employee Independent contractor | |
| 7 | Mandatory distributions | |
| а | Is the organization required under state law to make chantable 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 ▶ \$ | |
| Pa | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v | |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information | n. |
| | See instructions. | |
| | | |
| | | |
| | | |

SCHEDULE O . (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

FORM 990-EZ

DADT T

PURCHASED SERVICES

NON-INVESTMENT DEPRECIATION

CAPITAL OUTLAY

Department of the Treasury

THE CHAMBER OF COMMERCE OF RICHMOND

TINE 16 - OTHER EXPENSES

Employer identification number

43-0910209

| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | | | | | | |
|---|----|-------|--|--|--|--|
| DESCRIPTION AMOUNT | | | | | | |
| EXPENSES | | | | | | |
| ADVERTISING | \$ | 360 | | | | |
| OFFICE EXPENSE | \$ | 8,402 | | | | |
| TRAVEL | \$ | 699 | | | | |
| INTEREST | \$ | 1,039 | | | | |
| INSURANCE | \$ | 5,567 | | | | |
| DUES | \$ | 471 | | | | |
| MISCELLANEOUS | \$ | 2,638 | | | | |
| EVENT SUPPLIES | \$ | 301 | | | | |

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

\$

\$

9,798

13,021

1,940

44,236

CURRENT YEAR DEPRECIATION \$ 1,940

TOTAL \$

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

| DESCRIPTION | BEG. | OF YEAR | END (| OF YEAR |
|-------------------------------|------|---------|-------|---------|
| | \$ | 0 | \$ | 0 |
| LESS ACCUMULATED DEPRECIATION | \$ | . 0 | \$ | 0 |
| TOTAL | \$ | 0 | Ś | 0 |

Name of the organization

THE CHAMBER OF COMMERCE OF RICHMOND

Employer identification number

43-0910209

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO SERVE ITS MEMBERS BY FOCUSING ON BUSINESS, TOURISM, MEMBER EDUCATION,

AND ECONOMIC STABILITY.