

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **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/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 PARK HILLS-LEADINGTON CHAMBER OF COMMERCE INC
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 12 MUNICIPAL DRIVE
 City or town, state or province, country, and ZIP or foreign postal code
 PARK HILLS, MO 63601

D Employer identification number
 43-0978393
E Telephone number
 (573) 431-1051
F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶
I Website: ▶ WWW.PHLCOOC.NET
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

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

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 ▶ \$ 62,277

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	26,159
	2	Program service revenue including government fees and contracts	2	9,340
	3	Membership dues and assessments	3	
	4	Investment income	4	625
	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		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	14,111	
6c	Less direct expenses from gaming and fundraising events	6c	6,625	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	7,486	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	12,042	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55,652	
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	23,379
	13	Professional fees and other payments to independent contractors	13	696
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	189
	16	Other expenses (describe in Schedule O)	16	34,881
17	Total expenses. Add lines 10 through 16	17	59,145	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,493
	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	191,249
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	187,756

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	156,568	22	146,795
23 Land and buildings	41,440	23	41,440
24 Other assets (describe in Schedule O)	1,856	24	2,063
25 Total assets	199,864	25	190,298
26 Total liabilities (describe in Schedule O).	8,615	26	2,542
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	191,249	27	187,756

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?
TO PROMOTE BUSINESS AND ECONOMIC GROWTH IN THE PARK HILLS AND LEADINGTON AREAS

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 See Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		29a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
30		30a	
(Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>		
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
See Additional Data Table				

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 46 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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization a section 527 organization? 49b

Table with 5 columns: (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.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation.

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 Signature of officer: TISH ROBERTS PRESIDENT Date: 2018-05-07

Paid Preparer Use Only Print/Type preparer's name: TAMARA L BARANOVIC CPA Preparer's signature Date: 2018-05-04 Check self-employed PTIN: P00366324 Firm's name: MWR CPAS LLC Firm's EIN: 43-0987432 Firm's address: 150 WESTMOUNT DR FARMINGTON, MO 636402970 Phone no: (573) 756-6656

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

Additional Data

Software ID:

Software Version:

EIN: 43-0978393

Name: PARK HILLS-LEADINGTON CHAMBER
OF COMMERCE INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 TO PROMOTE ECONOMIC GROWTH IN THE PARK HILLS AND LEADINGTON AREAS (Grants \$)	28a	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

Form 990EZ, 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
TISH ROBERTS PRESIDENT	2 00	0		
MELISSA HOSNA 1ST VICE PRE	1 00	0		
LINDA DICKERSON-BELL TREASURER	1 00	0		
ROB BAKER DIRECTOR	1 00	0		
DANIELLE BASLER DIRECTOR	1 00	0		
CHELLEY ODLE 2ND VICE PRE	1 00	0		
URSULA WARREN DIRECTOR	1 00	0		
RITA MARTIN DIRECTOR	1 00	0		
CHAD SPEAKAR DIRECTOR	1 00	0		
BRAD DUSH PAST PRESIDE	1 00	0		
BRENDA JORDAN DIRECTOR	1 00	0		
TRACY FISHER DIRECTOR	1 00	0		
TAMARA COLEMAN EXECUTIVE DI	24 00	21,656		
SHAWN MERRITT DIRECTOR	1 00	0		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
PARK HILLS-LEADINGTON CHAMBER
OF COMMERCE INC**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

2017**Open to Public
Inspection**

Employer identification number

43-0978393

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	SOLAR ECLIPSE 3,845 BATTLE OF THE BADGES 3,225 CHRISTMAS PARADE 2,714 CITY WIDE YARD SALE 978 COPIES 784 CHAMBER APP 470 MISCELLANEOUS 26 TOTAL 12,042

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 500 OFFICE EXPENSE 596 WEBSITE 580 INSURANCE 2,469 BANQUET EXPENSE 4,661 BATTLE OF THE BADGES 3,411 CHAMBER MASTERS 2,651 CHRISTMAS PARADE 2,221 CITY WIDE YARD SALE 83 COMMITTEES 1,458 COPIER LEASE 1,472 COPIER USAGE 2,707 CREDIT CARD FEES 225 DUES & SUBSCRIPTIONS 1,362 GENERAL MEETINGS 3,650 MILEAGE 880 MISCELLANEOUS 1,342 SCHOLARSHIPS 1,000 SUMMER CONCERT SERIES 250 TELEPHONE 960 SOLAR ECLIPSE EXPENSE 1,986 HOMECOMING PARADE 99 NON-INVESTMENT DEPRECIATION 318 TOTAL 34,881

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 550 1,075 EQUIPMENT 5,926 5,926 LESS ACCUMULATED DEPRECIATION 4,620 4,938 TOTAL 1,856 2,063

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 7,128 875 PAYROLL TAXES 1,487 1,667

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	TO PROMOTE BUSINESS AND ECONOMIC GROWTH IN THE PARK HILLS AND LEADINGTON AREAS