

Form **990EZ**
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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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) ▶

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

I Website: ▶ WWW.PHLCOG.NET

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 ▶ \$ 68,001

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 29,056 |
| 2 | Program service revenue including government fees and contracts 10,243 |
| 3 | Membership dues and assessments |
| 4 | Investment income 1,349 |
| 5a | Gross amount from sale of assets other than inventory 5a |
| b | Less cost or other basis and sales expenses 5b |
| c | 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 \$ 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 17,152 |
| c | Less direct expenses from gaming and fundraising events 6c 8,641 |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 8,511 |
| 7a | Gross sales of inventory, less returns and allowances 7a 1,200 |
| b | Less cost of goods sold 7b 1,221 |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c -21 |
| 8 | Other revenue (describe in Schedule O) 8 9,001 |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 58,139 |
| 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 25,577 |
| 13 | Professional fees and other payments to independent contractors 13 700 |
| 14 | Occupancy, rent, utilities, and maintenance 14 960 |
| 15 | Printing, publications, postage, and shipping 15 514 |
| 16 | Other expenses (describe in Schedule O) 16 27,772 |
| 17 | Total expenses. Add lines 10 through 16 17 55,523 |
| 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) 18 2,616 |
| 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) 19 187,757 |
| 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 21 190,373 |

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 columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of TAMARA COLEMAN Telephone no (573) 431-1051 Located at 501 SIMMONS AVENUE PARK HILLS, MO ZIP + 4 63601

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

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 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

| | | | |
|--|-----------|------------|-----------|
| | | Yes | No |
| 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

| | | | |
|--|------------|------------|-----------|
| | | Yes | No |
| 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 | | |

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 |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 | 2019-05-07 Date |
| MELISSA HOSNA PRESIDENT Type or print name and title | |

| | | | | | |
|-------------------------------|---|----------------------|--------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name TAMARA L BARANOVIC CPA | Preparer's signature | Date 2019-05-07 | Check <input type="checkbox"/> if 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 \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | |

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 DIRECTOR | 1 00 | 0 | | |
| MELISSA HOSNA PRESIDENT | 2 00 | 0 | | |
| LINDA DICKERSON-BELL TREASURER | 1 00 | 0 | | |
| DANIELLE BASLER DIRECTOR | 1 00 | 0 | | |
| CHELLEY ODLE 1ST VICE PRE | 1 00 | 0 | | |
| URSULA WARREN 2ND VICE PRE | 1 00 | 0 | | |
| RITA MARTIN DIRECTOR | 1 00 | 0 | | |
| CHAD SPEAKAR DIRECTOR | 1 00 | 0 | | |
| BRENDA JORDAN DIRECTOR | 1 00 | 0 | | |
| TRACY FISHER DIRECTOR | 1 00 | 0 | | |
| TAMARA COLEMAN EXECUTIVE DI | 24 00 | 23,196 | | |
| SHAWN MERRITT DIRECTOR | 1 00 | 0 | | |
| JAN ALSUP DIRECTOR | 1 00 | 0 | | |
| RONNI CONLEY-CONWAY DIRECTOR | 1 00 | 0 | | |

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 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

Department of the Treasury
Internal Revenue Service

Name of the organization
PARK HILLS-LEADINGTON CHAMBER
OF COMMERCE INC

Employer identification number
43-0978393

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 ten 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) |
|------------------------|---|-------------------------------------|--|-----------------|---|
| | | TRIVIA NIGHT (event type) | FIRECRACKER RUN (event type) | (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 6,500 | 5,737 | | 12,237 |
| | 2 Less Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 6,500 | 5,737 | | 12,237 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 3,300 | 2,763 | | 6,063 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 6,063 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | 6,174 |

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 | % |
| 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 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.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2018**Open to Public
Inspection**

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.

Department of the Treasury

Name of the organization

PARK HILLS-LEADINGTON CHAMBER
OF COMMERCE INC

Employer identification number

43-0978393

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990-EZ, PART I, LINE 8 | CHRISTMAS PARADE 2,500 COPIES 1,679 TOWNSQUARE PUBLICATIONS 1,576 CITY WIDE YARD SALE 1,373 MISCELLANEOUS 1,283 CHAMBER APP 590 TOTAL 9,001 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990-EZ, PART I, LINE 16 | EXPENSES OFFICE EXPENSE 1,195 WEBSITE 77 INSURANCE 2,480 BANQUET EXPENSE 5,288 CHAMBER MASTERS 2,651 CHRISTMAS PARADE 686 CITY WIDE YARD SALE 74 COMMITTEES 611 COPIER LEASE 1,583 COPIER USAGE 2,285 CREDIT CARD FEES 436 DUES & SUBSCRIPTIONS 1,378 GENERAL MEETINGS 4,112 MILEAGE 694 MISCELLANEOUS 1,903 SCHOLARSHIPS 500 SUMMER CONCERT SERIES 250 MYCHAMBER APP 300 RELIEF EXPENSE 900 SCHOLARSHIP TRANSFER 50 NON-INVESTMENT DEPRECIATION 319 TOTAL 27,772 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|---|
| FORM 990-EZ, PART II, LINE 24 | INVENTORIES FOR SALE OR USE 0 7,259 PREPAID EXPENSES AND DEFERRED CHARGES 1,075 1,750 EQUIPMENT 5,926 5,926 LESS ACCUMULATED DEPRECIATION 4,938 5,257 TOTAL 2,063 9,678 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|--|
| FORM 990-EZ, PART II, LINE 26 | DEFERRED REVENUE 875 6,400 PAYROLL TAXES 1,667 1,593 |

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 |