

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/form990.**

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization
 SULLIVAN MISSOURI CHAMBER OF
 COMMERCE INC
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
 P O BOX 536
 City or town, state or province, country, and ZIP or foreign postal code
 SULLIVAN, MO 63080

D Employer identification number
 43-1162649
E Telephone number
 (573) 468-3314
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.SULLIVANMOCHAMBER.COM
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. ▶ \$ 117,026

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
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)				
6c	Less direct expenses from gaming and fundraising events				
6d	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				
7b	Less cost of goods sold				
7c	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				

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	32,749	22 17,878
23 Land and buildings		23
24 Other assets (describe in Schedule O)	122	24 640
25 Total assets	32,871	25 18,518
26 Total liabilities (describe in Schedule O).	17,050	26 11,964
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,821	27 6,554

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?
BUILD AND IMPROVE THE BUISNESS REALTIONSHIP BETWEEN MEMBERS AND OTHER BUSINESSES

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	73,130

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
CINDY MILSTEAD	000 00	0		
EXECUTIVE DI				
PEGGY BRYANT	000 00	0		
VICE PRESIDE				
PAULA LANG	000 00	0		
PRESIDENT				
NATALIE PARKS	000 00	0		
SECRETARY/TR				

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 foreign accounts.

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** 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 **47** Yes No

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

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

b If "Yes," was the related organization a section 527 organization? **49b** 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

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

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. **d** _____

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: _____ Date: 2017-07-24
 Type or print name and title: CINDY MILSTEAD EXECUTIVE DIRECTOR

Paid Preparer Use Only

Print/Type preparer's name KIMBERLY KING	Preparer's signature	Date 2017-07-24	Check <input type="checkbox"/> if self-employed	PTIN P00950928
Firm's name ▶ CPA AND TAX CONSULTING GROUP LLC			Firm's EIN ▶ 43-1906896	
Firm's address ▶ 157 E SPRINGFIELD SULLIVAN, MO 63080			Phone no (573) 468-8026	

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

Additional Data

Software ID:

Software Version:

EIN: 43-1162649

Name: SULLIVAN MISSOURI 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 ALL INCOME AND EXPENSES ARE FOR THE OPERATION OF THE CHAMBER OF COMMERCE (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 INCOME AND EXPENSES FOR MISCELLANEOUS PROGRAMS IN THE CHAMBER WE ONLY RECEIVE GRANT MONEY FROM LOCAL BUSINESSES TO HELP RUN THE CHAMBER (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p style="text-align: right;">73,130</p>

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SULLIVAN MISSOURI CHAMBER OF
COMMERCE INC

Employer identification number

43-1162649

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	AWARDS BANQUET AWARDS 788 AUCTION 872 DINNER COST 8,190 CASH BAR 120 FARMERS MARKET ADVERTISING AND PROMOTION 71 MUSIC 600 CREDIT CARD FEES 196 HOME & GARDEN ADVERTISING AND PROMOTION 356 OFFICE 15 DOOR PRIZES 33 MERAMEC COMMUNITY FAIR SUPPLIES 62 TICKETS/BOOTHES 90 WEDDING EXPO ADVERTISING AND PROMOTION 842 MISCELLANEOUS 178 AIRPORT FLY-IN ADVERTISING AND PROMOTION 177 MISCELLANEOUS 15 CHRISTMAS INCOME ADVERTISING AND PROMOTION 260 SUPPLIES 530 EXPENSES ADVERTISING AND PROMOTION 601 OFFICE 1,205 TRAVEL 700 INSURANCE 2,020 AFTER HOURS 162 BENEVOLENT 90 BOOKS, SUBSCRIPTIONS, REF 45 CHAMBER BUCKS 2,020 CHAMBER DIRECTORY 3,744 CREDIT CARD FEES 1,292 DATA MANAGEMENT 1,527 FOOD 2,999 LINEN CLEANING 109 MAIL PERMIT 215 OTHER EXPENSES 985 PUBLIC REALTIONS 646 REPAIRS & MAINTENANCE 165 SCHOLARSHIPS 300 SERVICE FEE 1 TAXES - OTHER 25 TELEPHONE 2,438 TICKETS 18,510 TOURISM 3,216 UTILITIES 1,304 EMPLOYEE BENEFITS 2,449 EQUIPMENT LEASE 1,049 MEDICAL EXAM 140 NON-INVESTMENT DEPRECIATION 122 TOTAL 61,474

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	PRIOR ACCUMULATED DEPRECIATION 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	PREPAID EXPENSES AND DEFERRED CHARGES 0 640 17,724 17,724 LESS ACCUMULATED DEPRECIATION 17,602 17,724 TOTAL 122 640

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,457 1,816 DEFERRED REVENUE 15,593 10,148

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	BUILD AND IMPROVE THE BUISNESS REALTIONSHIP BETWEEN MEMBERS AND OTHER BUSINESSES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	INCOME AND EXPENSES FOR MISCELLANEOUS PROGRAMS IN THE CHAMBER WE ONLY RECEIVE GRANT MONEY FROM LOCAL BUSINESSES TO HELP RUN THE CHAMBER