

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
 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 ▶ \$ 152,881

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	12,000
	2	Program service revenue including government fees and contracts	2	88,910
	3	Membership dues and assessments	3	41,013
	4	Investment income	4	101
	5a	Gross amount from sale of assets other than inventory	5a	
	b	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 \$ 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	4,047
c		Less direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	4,047	
7a	Gross sales of inventory, less returns and allowances	7a	6,787	
	b	Less cost of goods sold	7b	2,945
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,842
8	Other revenue (describe in Schedule O)	8	23	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	149,936	
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	54,868
	13	Professional fees and other payments to independent contractors	13	4,653
	14	Occupancy, rent, utilities, and maintenance	14	3,169
	15	Printing, publications, postage, and shipping	15	11,637
	16	Other expenses (describe in Schedule O)	16	66,228
17	Total expenses. Add lines 10 through 16	17	140,555	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,381
	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	6,554
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	147
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	16,082

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	17,878	22	20,210
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	640	24	
25 Total assets	18,518	25	20,210
26 Total liabilities (describe in Schedule O).	11,964	26	4,128
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	6,554	27	16,082

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 BUSINESS 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 See Additional Data Table		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	76,706

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
SHAWNA SPEAKS DIRECTOR	40 00	19,255		
PAULA LANG PRESIDENT	000 00	0		
PEGGY BRYANT VICE PRESIDE	000 00	0		
NATALIE PARKS SECRETARY/TR	000 00	0		

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 2018-11-06 Date
SHAWNA SPEAKS DIRECTOR Type or print name and title

Paid Preparer Use Only Print/Type preparer's name KIMBERLY KING Preparer's signature Date 2018-11-06 Check if self-employed PTIN P00950928
Firm's name LANGENBERG STRUBBERG ARAND & KING 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 THE CITY OF SULLIVAN 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;">76,706</p>

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.

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

2017**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 8	MO TIMELY PAYMENT DISC 23 TOTAL 23

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	AWARDS BANQUET AWARDS 866 AUCTION 530 ADVERTISING 66 BASKET ITEMS 237 PREMIUMS 217 DINNER COST 7,080 CASH BAR 120 FARMERS MARKET ADVERTISING AND PROMOTION 71 HOME & GARDEN ADVERTISING 242 DOOR PRIZE 103 WORLD BIRD SANCTUARY 350 OFFICE 16 MERAMEC COMMUNITY FAIR ADVERTISING AND PROMOTION 127 SUPPLIES 18 TICKETS/BOOTHES 7,190 WEDDING EXPO ADVERTISING AND PROMOTION 901 AIRPORT FLY-IN ADVERTISING AND PROMOTION 192 CHRISTMAS INCOME ADVERTISING AND PROMOTION 450 CRAFT FAIR ADVERTISING AND PROMOTION 80 TOY DRIVE TOYS & SUPPLIES 6,920 EXPENSES ADVERTISING AND PROMOTION 6,439 OFFICE 5,004 CONFERENCES/MEETINGS 3,222 INSURANCE 2,147 AFTER HOURS 561 CHAMBER BUCKS 730 DUES & SUBSCRIPTIONS 490 BANK/CREDIT CARD FEES 1,477 REPAIRS & MAINTENANCE 29 TICKETS 16,637 SUPPLIES 877 LICENSES & PERMITS 25 EQUIPMENT/STORATE RENT 1,124 MISCELLANEOUS 1,690 TOTAL 66,228

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 20	PRIOR PERIOD ADJ 147

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 1,816 2,532 DEFERRED REVENUE 10,148 1,596

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	BUILD AND IMPROVE THE BUSINESS 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 THE CITY OF SULLIVAN TO HELP RUN THE CHAMBER