





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 3 columns: Question ID, Question Text, Yes, No. 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 SHAWNA SPEAKS Telephone no (573) 468-3314
Located at PO BOX 536 PO BOX 536 SULLIVAN, MO ZIP + 4 63080

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 42b, 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 3 columns: Question ID, Question Text, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<b>46</b>	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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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.

<b>Sign Here</b> ▶ ***** Signature of officer	2019-11-12 Date
▶ SHAWNA SPEAKS EXECUTIVE DIRECTOR Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name KIMBERLY KING	Preparer's signature	Date 2019-11-14	Check <input type="checkbox"/> 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.)	
<b>28 BUSINESS DEVELOPMENT</b> (Grants \$ ) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	

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

<p><b>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.</b></p>	<p><b>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p>	
<p><b>29</b>                      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><b>29a</b></p>	<p style="text-align: right;">86,102</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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

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	EXPENSES ADVERTISING 120 PUBLIC RELATIONS 51 JOB FAIR ADVERTISING 120 TOURISM 1,224 SHOP S MALL AD 81 ADVERTISING 75 SUPPLIES 66 EQUIPMENT 674 OFFICE EXPENSE 32 TELEPHONE 2,557 DATA MANAGEMENT 378 WEB SITE 149 AUTO EXPENSE 800 INSURANCE 2,178 PROGRAM COSTS 65,898 BOOKS & REFERENCE 100 CREDIT CARD FEES 1,916 MISCELLANEOUS 391 MERCHANT CARD PROCESSING 49 SCHOLA RSHIP 250 BENEVOLENT 200 SUPPLIES 1,180 DUES & SUBSCRIPTIONS 1,345 TOTAL 79,834

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART I, LINE 20	CHANGE IN BEG A/P 1,608



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 24	17,724 17,724 LESS ACCUMULATED DEPRECIATION 17,724 17,724 TOTAL 0 0

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 2,532 1,183 DEFERRED REVENUE 1,596 3,717

## 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