

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
HOUSTON AREA CHAMBER OF COMMERCE

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 374

City or town, state or province, country, and ZIP or foreign postal code
HOUSTON, MO 65483

D Employer identification number
43-1360620

E Telephone number

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.CHAMBERHOUSTONMO.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 ▶ \$ 124,431

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

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																										4,000	
	2	Program service revenue including government fees and contracts																										52,746	
	3	Membership dues and assessments																										11,955	
	4	Investment income																										25	
	5a	Gross amount from sale of assets other than inventory														34,380													
	b	Less cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)														34,380													
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	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)																											
c	Less direct expenses from gaming and fundraising events																												
d	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																												
b	Less cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O)																										21,325		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																										124,431		
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																										26,225	
	13	Professional fees and other payments to independent contractors																											
	14	Occupancy, rent, utilities, and maintenance																										16,755	
	15	Printing, publications, postage, and shipping																										489	
	16	Other expenses (describe in Schedule O)																										67,664	
17	Total expenses. Add lines 10 through 16 ▶																										111,133		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																										13,298	
	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)																										392,493	
	20	Other changes in net assets or fund balances (explain in Schedule O)																											
	21	Net assets or fund balances at end of year Combine lines 18 through 20																										405,791	

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	5,678	22	24,118
23 Land and buildings	442,665	23	438,209
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	448,343	25	462,327
26 Total liabilities (describe in Schedule O).	55,850	26	56,536
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	392,493	27	405,791

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
TO PROMOTE THE LOCAL BUSINESS COMMUNITY

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

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
BRUCE SCHEETS PRESIDENT	10 00	0	0	0
AMBER STONE DIRECTOR	10 00	0	0	0
JUSTIN BROWN DIRECTOR	10 00	0	0	0
BOBBI MARTIN SECRETARY	10 00	0	0	0
DANA LEWIS TREASURER	10 00	0	0	0
TAMMY RAMSEY DIRECTOR	10 00	0	0	0
RUSS STIGALL DIRECTOR	10 00	0	0	0
BOBBY DIXON VICE PRESIDENT	10 00	0	0	0
CASSIE CARTER DIRECTOR	10 00	0	0	0
ANGELA QUINLAN EXECUTIVE DIRECTOR	40 00	26,225	0	0
RUSTIN MARTIN DIRECTOR	10 00	0	0	0
KEVIN CARTER DIRECTOR	10 00	0	0	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 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 ANGELA QUINLAN Telephone no (417) 967-2220
Located at PO BOX 374 HOUSTON, MO ZIP + 4 65483

Table with columns for question number, question text, and Yes/No columns. 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 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.

***** Signature of officer	2019-07-22 Date
ANGELA QUINLAN EXECUTIVE DIREC Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Jerod M Ostermeier CPA CFP	Preparer's signature	Date 2019-07-24	Check <input type="checkbox"/> if self-employed	PTIN P00964749
	Firm's name ▶ Ostermeier CPA LLC			Firm's EIN ▶ 27-0890540	
	Firm's address ▶ 1613 Gibson St West Plains, MO 65775			Phone no (417) 256-9299	

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

Additional Data

Software ID:

Software Version:

EIN: 43-1360620

Name: HOUSTON AREA CHAMBER OF COMMERCE

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 PROMOTION OF THE HOUSTON MO BUSINESS COMMUNITY (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	

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 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

HOUSTON AREA CHAMBER OF COMMERCE

Employer identification number

43-1360620

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other revenue Part I line 8	DESCRIPTION AMOUNTRENT INCOME 16,297OTHER INCOME 5,028

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of other expenses Part I line 16	DESCRIPTION AMOUNT ADVERTISING 4,197 BANK SERVICE CHARGES 99 DUES AND SUBSCRIPTIONS 250 OUTSIDE CONTRACTORS 2,155 INSURANCE 6,377 PROGRAM SERVICE EXPENSES 38,175 SUPPLIES 1,289 OFFICE EXPENSE 602 PRIZE MONEY PAID 7,885 SPONSORSHIPS 75 TRAVEL EXPENSE 694 WEBSITE EXPENSE 1,188 PAYROLL TAXES 1,840 MISC FEES 13 INTEREST EXPENSE 2,825

990 Schedule O, Supplemental Information

Return Reference	Explanation
Description of total liabilities Part II line 26	CATEGORY BEGINNING OF YEAR END OF YEAR NOTES PAYABLE 55,850 48,059 LINE OF CREDIT 0 8,477