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)

2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Ā	For the 2018 calendar year, or tax year beginning , 2018, and ending , 20									
В	Check if ap	plicable	C Name of organization D En	Employer identification number						
	Address c	mange <u>Eure</u> ka Chamber of Commerce 4			13-1505967					
	Name cha	nge	Number and street (or P O box, if mail is not delivered to street address) Room/suite E Te	lephone n	umber					
닠	Initial retui		113 Hilltop Village Center Dr. Ste. C	(636) 938-6062						
님		inal return/terminated City or town, state or province, country, and ZIP or foreign postal code 1 F.G.			Group Exemption					
Ħ		mended leturn pplication pending Eureka, MO 63025								
G		ing Method	< ▶ 🛛	f the organization is not						
	Website	•			ach Schedule B					
				orm 990, 990-EZ, or 990-PF)						
		organization								
		-	7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total asset	ts						
			\$500,000 or more, file Form 990 instead of Form 990-EZ	▶ €	179,695.					
_	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions						
_	arer		the organization used Schedule O to respond to any question in this Part I							
	4			<u></u>	· · · · · · ·					
	1		. , , , ,		11 777					
	2	-	ervice revenue including government fees and contracts		11,777.					
	3		up dues and assessments	3	40,045.					
	4	Investmen		4	1,972.					
	5ล		ount from sale of assets other than inventory 5a -945	-						
2019	b		or other basis and sales expenses	_	0.45					
7	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-945.					
હ	6	Gaming and fundraising events:								
د. ت	а		ome from gaming (attach Schedule G if greater than							
בי ב		\$15,000)	_ 	_						
SCANNED Revenue	b	Gross inco	l Ì							
ھے			raising events reported on line 1) (attach Schedule G if the							
L		sum of suc	ch gross income and contributions exceeds \$15,000) 6b 126,846							
Z	C		ct expenses from gaming and fundraising events 6c 47, 963							
z	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	t						
$\stackrel{\sim}{\circ}$		line 6c) .		6d	78,883.					
S	7a	Gross sale	s of inventory, less returns and allowances	_						
	b	Less: cost	of goods sold							
	С	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c						
	8	Other reve	nue (describe in Schedule O)	8						
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	131,732.					
	10		d similar amounts paid (list in Schedule O)	10	4,000.					
	11	Benefits pa	aid to or for members	11	8,491.					
S)	12	Salaries, o	ther compensation, and employee benefits	12	46,117.					
use	13		al fees and other payments to independent contractors	13	1,493.					
Expenses	14		y, rent, utilities, and maintenance OGDEN, UT .	14	11,500.					
Ж	15		ublications, postage, and shipping	15	1,148.					
	16	_	enses (describe in Schedule O) See. Line 16 Stmt .	16	16,058.					
	17		enses. Add lines 10 through 16	17	88,807.					
	10	Excess or	(deficit) for the year (Subtract line 17 from line 9)	18	42,925.					
ets	19		s or fund balances at beginning of year (from line 27, column (A)) (must agree with		,					
Net Assets			ar figure reported on prior year's return)		122,554.					
t A	20		nges in net assets or fund balances (explain in Schedule 0)	20						
Ž	21		and and bullion and a state of the Co. 1. 1. 40.0. 1.00	21	165,479.					
F			tion Act Notice, see the separate instructions. BAA Cat No 106421 REV 12/18		Form 990-EZ (2018)					
	· · abou		Cat No 100421 REV 12/18	OFRU	(2010)					

Par	Balance Sheets (see the instructions t	•				_
	Check if the organization used Schedule	O to respond to ar				<u> X</u>
•			_	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22	120,993.
23	Land and buildings				23	42,481.
24	Other assets (describe in Schedule O)				24	2,050.
25	Total liabilities (describe in Sabadule O)				25 26	165,524.
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	(D) must save suit	· · · · _	+	26 27	45. 165,479.
Par					21	103,473.
<u> </u>	Check if the organization used Schedule					Expenses
 What			iness Develop			uired for section
Desc as m	ribe the organization's program service accomplisions are accomplisive assured by expenses. In a clear and concise mons benefited, and other relevant information for ea	shments for each of anner, describe the	its three largest pr	ogram services,	,	c)(3) and 501(c)(4) nizations, optional for rs)
			lont o			1
20	Information is provided to tourist to promote the local business community to promote the local business community to promote the local business community to the provided to tourist to provide the local business community to the local business community		nents			
	to promote the rocar business com	muni c y				
	(Grants \$) If this amount		nts, check here .		28a	
29	Provide support to local charities					
	TIOVIAG SUPPORT TO TOCAL CHARICIO.	<u></u>				ļ
		·				
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29a	
30	Provide educational opportunities					
	members.					
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
		includes foreign are	nte chack hara	▶ □ ↓	31a	į.
	(Grants \$) If this amount	includes loreign gra	nts, theth here .			
	Total program service expenses (add lines 28a t	hrough 31a)		>	32	
32 Par	Total program service expenses (add lines 28a t	hrough 31a)	one even if not comp	> pensated—see the in	32	tions for Part IV)
	Total program service expenses (add lines 28a t	hrough 31a)	one even if not comp ny question in this f	► loensated—see the in Part IV	32	tions for Part IV)
	Total program service expenses (add lines 28a t	hrough 31a)	one even if not comp ny question in this f (c) Reportable	pensated—see the in Part IV (d) Health benefits, contributions to employe	struc	<u>.</u> . <u> </u>
Par	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	hrough 31a) . r Employees (list each O to respond to an (b) Average hours per week	one even if not comp ny question in this f (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struc	Estimated amount of
Par	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	hrough 31a) . r Employees (list each O to respond to an (b) Average hours per week	one even if not comp ny question in this f (e) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struc	Estimated amount of
Chu Pre BJ	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ck Maher sident Hillermann	hrough 31a)	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	Estimated amount of ther compensation
Chu Pre BJ Vic	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ck Maher sident Hillermann e President	hrough 31a)	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	struc	Estimated amount of ther compensation
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Chu Pre BJ Vic Mik	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ck Maher sident Hillermann e President e Klenke asurer	hrough 31a)	n one even if not comp ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	32 struc	Estimated amount of ther compensation
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Chu Pre BJ Vic Mik Tre Jul Sec Gre	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ck Maher sident Hillermann e President e Klenke asurer ie Wood retary g Brown	hrough 31a) Femployees (list each O to respond to ar (b) Average hours per week devoted to position 10.00 5.00 5.00	one even if not company question in this formation (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	pensated—see the in Part IV	32 struc	Estimated amount of ther compensation 0. 0. 0.
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Chu Pre BJ Vic Mik Tre Jul Sec Gre Dir Jer Dir Ste Dir Kat	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title ck Maher sident Hillermann e President e Klenke asurer ie Wood retary g Brown ector hael Wiegand ector ry Kirk ector ve Parker ector hleen Meier ector	hrough 31a) Femployees (list each O to respond to are hours per week devoted to position 10.00 5.00 5.00 1.00 1.00	one even if not company question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0.	censated—see the in Part IV	32 struc	Estimated amount of ther compensation 0. 0. 0. 0. 0.
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Chu Pre BJ Vic Mik Tre Jul Sec Gre Dir Mic Dir Ste Dir Kat Dir Pat Bla	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Name and title (c) Maher Sident Hillermann E President E Klenke asurer I E Wood retary G Brown ector hael Wiegand ector ry Kirk ector ve Parker ector hleen Meier ector rick Feder ector ke Hutchcraft	hrough 31a)	one even if not company question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0. 0. 0.	Deensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	32 struc	Estimated amount of ther compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0
Chu Pre BJ Vic Mik Tre Jul Sec Gre Dir Mic Dir Ste Dir Kat Dir Pat Bla	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (b) Name and title (c) Maher sident Hillermann e President e Klenke asurer ie Wood retary g Brown ector hael Wiegand ector ry Kirk ector ve Parker ector hleen Meier ector rick Feder ector	hrough 31a)	one even if not company question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) 0. 0. 0. 0. 0.	Densated—see the in Part IV	32 struc	Estimated amount of ther compensation 0. 0. 0. 0. 0. 0. 0. 0. 0.



Part				<u> </u>
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	S Part		
22	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
33	detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			<u> </u>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	├
c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c	×	×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file Form 1120-POL for this year?	37b		×
38 .3	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	<u></u>	- <u>-</u> -
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			-
a	Initiation fees and capital contributions included on line 9	-	 	
ь 40а	Gross receipts, included on line 9, for public use of club facilities	,		
4-	section 4911 ▶ , section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Ron Kurtz Telephone no. ▶ (63)		8-60	62
b	Located at ► 113 Hilltop Village Center Dr., Eureka MO ZIP + 4 ► 6302 At any time during the calendar year, did the organization have an interest in or a signature or other authority over	<u> </u>	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	No ×
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	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	•	. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		×
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			}
	Form 990-EZ. See instructions	45b		×

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Form 99	00-EZ (201	8)							age 4
46 .		e organization engage, directly or indidates for public office? If "Yes," o						Yes	No ×
Part	VI S A 5	ection 501(c)(3) Organizations Ill section 501(c)(3) organization 0 and 51. Check if the organization used Sci	s Only s must answer que	stions 47–49b and s	52, and co			or lin	
47 48 49a b	Did the year? I Is the o Did the If "Yes	e organization engage in lobbying f "Yes," complete Schedule C, Par organization a school as described in a corganization make any transfers to," was the related organization a se	activities or have a set II	section 501(h) election in the section of the sect	n in effect		47 48 49a 49b	Yes	No
50		ete this table for the organization's yees) who each received more than							
		ame and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans		(e) Estimate	d amo	unt of
	•••••								
	Total	number of other employees paid ov	or \$100,000					- 1 ,	
51	Compl	ete this table for the organization 100 of compensation from the orga	's five highest compe	ensated independent	contractor	s who each	received	more	than
		lame and business address of each independ		(b) Type of serv	ıce	(c)) Compensati	on	
								-	
	Tatal								
52 	Did th	number of other independent contra ie organization complete Schedu eted Schedule A	-	•	nizations r	nust attach	n a . ▶ Ye s		No_
		f perjury, I declare that I have examined this complete. Declaration of preparer (other than					nowledge and	l belief,	ıt ıs
Sign	(Signature of officer	D -1		Da	5/13/19	3		
Here		Ron Kurtz, Executive Type or print name and title	Director		 _				
Paid Prep		Print/Type preparer's name I Laura Faust		a face of 05	/13/201		of PTIN PO 4		3
Use Only Firm's name ► AVAIL ACCOUNTING & TAX, INC				CUREKA, MO 6302		n's EIN ▶43 one no (6	-182413 36)938-		

► ☐ Yes ☐ No

SCHEDULE'G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2018

Open to Public

Open to Public Inspection

Employer identification number Name of the organization 43-1505967 Eureka Chamber of Commerce Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations d In-person solicitations 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? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser have (or retained by) fundraiser listed in (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) or entity (fundraiser) from activity organization col (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 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

Pa	art II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	ng event contributions	on answered "Yes" o and gross income on	n Form 990, Part IV, lir Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
			(a) Event #1 Swap Meet	(b) Event #2 Scarecrow Festival	(c) Other events	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	56,994.	28,551.	38,583.	124,128.
_	3	Less: Contributions Gross income (line 1 minus line 2)	56,994.	28,551.	38,583.	124,128.
	4	Cash prizes	30, 334.	20,331.	30,303.	124, 120.
	5	Noncash prizes				
enses	6	Rent/facility costs	5,787.		,	5,787.
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .		22,427.	17,217.	39,644.
	10 11	Direct expense summary. Ad Net income summary. Subtra			>	45,431. 78,697.
Pa	ırt III	Gaming. Complete if the \$15,000 on Form 990-EZ	e organization answe	red "Yes" on Form	990, Part IV, line 19,	or reported more than
Revenue		\$10,000 ON TOTAL COOK	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
 Re	1	Gross revenue				
Expenses	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses .				·
	6	Volunteer labor	☐ Yes	☐ Yes % ☐ No	☐ Yes% ☐ No	- - -
	7	Direct expense summary. Add	d lines 2 through 5 in co	olumn (d)		
	8	Net gaming income summary	. Subtract line 7 from li	ne 1, column (d) .		
9	a Is	nter the state(s) in which the org the organization licensed to co "No," explain:	nduct gaming activities	in each of these states		🗌 Yes 🗒 No
10		ere any of the organization's ga	amıng licenses revoked	, suspended, or termin	ated during the tax year'	

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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:		
а	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
	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		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
_	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	(iii) and (nal infori	v); and mation.
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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.

2018

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

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OMB No 1545-0047

Eureka Chamber of Commerce	43-1505967
Pt I, Line 10:	
Description: Scholarship	
Class of activity: Scholarship	
Grantee's name: St. Louis Community College	
Grantee's address: 26454 Generations Dr. Wildwood MO 63038	
Grantee's relationship: N/A	
Amount given: \$1,000	
Description: Scholarship	
Class of activity: Scholarship	·
Grantee's name: Missouri State University	- ,
Grantee's address: 901 S. National Ave. Springfield MO 65897	
Grantee's relationship: N/A	
Amount given: \$2,000	
Description: Scholarship	
Class of activity: Scholarship	
Grantee's name: University of Kansas	
Grantee's address: 1450 Jayhawk Blvd Lawrence KS 66045	
Grantee's relationship: N/A	
Amount given: \$1,000	
Pt I, Line 16:	
Description: Insurance \$1,882	· · · · · · · · · · · · · · · · · · ·
Description: Telephone & Web Site \$3,718	
Description: Penalties \$119	
Description: Bank & Credit Card Fees \$2,510	
Description: Dues & Subscriptions \$831	