2949205156819

Form 990-EZ

# **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) OMB No 1545-0047

2019

**Open to Public** Inspection

Department of the Treasury

SCANNED APR

▶ 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.

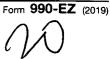
Internal Revenue Service A For the 2019 calendar year, or tax year beginning 2019, and ending . 20 B Check if applicable C Name of organization D Employer identification number 43-1505967 Address change <u>Eureka</u> Chamber of Commerce Name change Number and street (or P O box if mail is not delivered to street audress) Room/suite E Telephone number Initial return 113 Hilltop Village Center Dr. Ste. C (636) 938-6062 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Eureka, MO 63025 Number ▶ Application pending G Accounting Method. H Check ► X if the organization is not I Website: ▶ http://eurekachamber.org/ required to attach Schedule B J Tax-exempt status (check only one) — 501(c)(3) X 501(c) ( 6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF) 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check it the organization used Schedule O to respond to any queston this Part Contributions, gifts, grants, and similar amounts received. 1 Program service revenue including government fees and contracts 6,554. 2 2 MAY **2 0** 2020 3 3 Membership dues and assessments . . . . . 44,619. 4 Investment income . . . . . . . . . 5,293. OGDEN UI 5a Gross amount from sale of assets other than inventory Less. cost or other basis and sales expenses . . . . Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: Gross income from gaming latrach Schedule G if greater than Revenue \$15,000) . . . . . . . . . 6a **b** Gross income from fundraising events (not including \$ 136, 284 . of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). . . 94,697. 6c Less direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 94,697. 7a Gross sales of inventory, less returns and allowances . . . 7a 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . . . 7c 8 8 744. 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 151,907. 10 Grants and similar amounts paid (list in Schedule O) . . . 10 5,362. Benefits paid to or for members . . . . . 11 9,094. 11 12 Salaries, other compensation, and employed benefits 12 63,460. 13 Professional fees and other payments to independent contractors . . . . 13 3,879. 14 Occupancy rent, utilities, and maintenance 14 12,038. 15 Printing, publications, postage, and shipping. 15 3,912. 16 Other expenses (describe in Schedule O) 16 14,847. 17 Total expenses. Add lines 10 through 16. 17 112,592. 18 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . 39,315. 18 Asset 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 165,479. Net 20 Other changes in net assets or fund balances (explain in Schedule O). 20 21 204,794. Net assets or fund balances at end of year. Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions. BAA

REV 03/04/20 PRO





Pa	rt II Balance Sheets (see the instructions	for Part II)	<u> </u>			
	Check if the organization used Schedule	O to respond to a	ny question in this		· ·	🗵
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			120,993.	22	156,303.
23	Land and buildings			42,481.	23	46,528.
24	Other assets (describe in Schedule O)			2,050.	24	2,050.
25	Total assets			165,524. 45.	25 26	204,881. 87.
26 27	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	(P) must garee with		165,479.	27	204,794.
	till Statement of Program Service Accom			· · · · · · · · · · · · · · · · · · ·	21	204, 194.
ı aı	Check if the organization used Schedule	-				Expenses
Wha	it is the organization's primary exempt purpose?	· · · · · · · · · · · · · · · · · · ·				uired for section
Desc as n	cribe the organization's program service accomplineasured by expenses. In a clear and concise mons benefited, and other relevant information for each	shments for each on nanner, describe the ach program title.	f its three largest p e services provided	rogram services,		c)(3) and 501(c)(4) nizations, optional for rs)
28	Information is provided to touris to promote the local business com		dents			
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28a	
29	·					
			<b>E</b>			
	(Grants \$ ) If this amount	ıncludes foreign gra	ints, check here .	🕨 🗌	29a	
30	Provide educational opportunities	to benefit b	usiness			
	members.					
		ıncludes foreign gra		▶ 🗆	30a	
31	Other program services (describe in Schedule O)				04-	
		ıncludes foreign gra	ints, check here .	🖊 📖	31a	
32	Total program service expenses (add lines 28a)	through 31a)		<b>•</b>	33	1
	Total program service expenses (add lines 28a List of Officers, Directors, Trustees, and Ke				32 nstruc	tions for Part IV)
	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	/ Employees (list each	one even if not com	pensated-see the in		tions for Part IV)
	t IV List of Officers, Directors, Trustees, and Ke	/ Employees (list each	one even if not com	pensated—see the in Part IV	nstruc 	
Par	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule	y Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV	nstruc 	Estimated amount of
Chu	t IV List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the ir Part IV	nstruc 	Estimated amount of
Chu	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	nstruc 	Estimated amount of ther compensation
Chu Pre Jef Vic	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title ack Maher esident of Fitter	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the in Part IV	nstruc 	Estimated amount of ther compensation
Chu Pre Jef Vic	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title ack Maher esident f Fitter ce President cry Kirk	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	eee (e) l	Estimated amount of ther compensation  0.
Chu Pre Jef Vic Jer Sec	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title ack Maher esident f Fitter te President try Kirk	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	eee (e) l	Estimated amount of ther compensation
Chu Pre Jef Vic Jer Sec	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title ack Maher esident ff Fitter ce President cry Kirk cretary	(b) Average hours per week devoted to position  10.00  5.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	pensated—see the ir Part IV	nstruc 	Estimated amount of ther compensation  0.  0.
Chu Pre Jef Vic Jer Sec Ron	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title uck Maher esident ff Fitter ee President cry Kirk eretary a Kurtz ecutive Director	(b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated—see the ir Part IV	nstruc 	Estimated amount of ther compensation  0.
Chu Pre Jef Vic Jer Sec Ron Exe	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title ack Maher esident ff Fitter te President try Kirk tretary n Kurtz ccutive Director	(b) Average hours per week devoted to position  10.00  5.00  40.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  48,308.	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstruc 	Estimated amount of ther compensation  0.  0.  0.
Chu Pre Jef Vic Jer Sec Ron Exe Dir	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title  ack Maher esident  f Fitter  ce President  rry Kirk  rretary  n Kurtz  ecutive Director  ag Brown  rector	(b) Average hours per week devoted to position  10.00  5.00	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	pensated—see the ir Part IV	nstruc 	Estimated amount of ther compensation  0.  0.
Chu Pre Jef Vic Jer Sec Ron Exe Gre Dir	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title  ack Maher esident  f Fitter e President  rry Kirk eretary  a Kurtz ecutive Director  eg Brown eector  chael Wiegand	(b) Average hours per week devoted to position  10.00  5.00  40.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  48,308.	pensated—see the ir Part IV	nstrucc	Estimated amount of ther compensation  0.  0.  0.
Chu Pre Jef Vio Jer Sec Rom Exe Gre Dir	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title  ack Maher esident  f Fitter ee President  rry Kirk eretary  Kurtz ecutive Director  eg Brown eector  chael Wiegand eector	(b) Average hours per week devoted to position  10.00  5.00  40.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  0.  48,308.	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstrucc	Estimated amount of ther compensation  0.  0.  0.
Chu Pre Jef Vic Jer Sec Ron Exe Dir Mic	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title  ack Maher esident  f Fitter e President  rry Kirk eretary  a Kurtz ecutive Director  eg Brown eector  chael Wiegand	(b) Average hours per week devoted to position  10.00  5.00  40.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  48,308.	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation  0  0  0	sstruc (e) (o)	Estimated amount of ther compensation  0.  0.  0.  0.
Chu Pre Jef Vic Jer Sec Ron Exe Dir Mic Dir Pat	List of Officers, Directors, Trustees, and Kercheck if the organization used Schedule  (a) Name and title  ack Maher esident ff Fitter fie President fry Kirk firstary fix Kurtz fix Cutive Director fix Brown fiector fix Hall Wiegand fix Feder  rick Feder	temployees (list each O to respond to an (b) Average hours per week devoted to position 10.00 5.00 40.00 1.00	n one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  48,308.	pensated—see the ir Part IV	sstruc (e) (o)	Estimated amount of ther compensation  0.  0.  0.
Chu Pre Jef Vic Jer Sec Ron Exe Dir Mic Dir Pat	Check if the organization used Schedule  (a) Name and title  (b) Check if the organization used Schedule  (a) Name and title  (b) Check if the organization used Schedule  (c) Name and title  (d) Name and title  (e) Check if the organization used Schedule  (e) Name and title  (f) Fitter  (g) President  (g) From  (g) Brown  (g) Brown  (g) Brown  (g) Brown  (g) Brown  (g) Brown  (g) Check if the organization used Schedule  (g) Name and title	temployees (list each O to respond to an (b) Average hours per week devoted to position 10.00 5.00 40.00 1.00	n one even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  48,308.	pensated—see the ir Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation  0  0  0	struc (e) (o)	Estimated amount of ther compensation  0.  0.  0.  0.
Chu Pre Jef Vic Jer Sec Ron Exe Gre Dir Mic Dir Law Dir	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title  ack Maher esident ff Fitter te President try Kirk tretary trustees Director te Brown tector thael Wiegand tector trick Feder tretary trence Troket	(b) Average hours per week devoted to position  10.00  5.00  40.00  1.00  1.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  48,308.  0.	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0	struc (e) (o)	Estimated amount of ther compensation  0.  0.  0.  0.  0.
Chu Pre Jef Vic Jer Sec Ron Exe Gre Dir Mic Dir Law Dir Eri	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title  ack Maher esident  f Fitter ee President ary Kirk eretary a Kurtz ecutive Director eg Brown ector chael Wiegand ector arick Feder ector arector	temployees (list each O to respond to an (b) Average hours per week devoted to position 10.00 5.00 40.00 1.00 1.00 1.00	n one even if not company question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  48,308.  0.	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation 0	(e) (o)	Estimated amount of ther compensation  0.  0.  0.  0.  0.
Chu Pre Jef Vio Jer Seo Rom Exe Dir Dir Pat Dir Erı Dır Bob	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule  (a) Name and title  ack Maher esident  f Fitter ee President ry Kirk eretary a Kurtz cutive Director eg Brown ector chael Wiegand ector rick Feder ector vence Troket ector ca Trtan ector by Jones	temployees (list each O to respond to an (b) Average hours per week devoted to position 10.00 5.00 40.00 1.00 1.00 1.00 1.00	none even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  48,308.  0.  0.  0.	pensated—see the ir Part IV	eee (e) of	Estimated amount of ther compensation  0.  0.  0.  0.  0.  0.  0.
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Chu Pre Jef Vio Jer Seo Rom Exe Dir Dir Pat Dir Erı Dır Bob	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule  (a) Name and title  ack Maher esident  f Fitter ee President ry Kirk eretary a Kurtz cutive Director eg Brown ector chael Wiegand ector rick Feder ector vence Troket ector ca Trtan ector by Jones	temployees (list each O to respond to an (b) Average hours per week devoted to position 10.00 5.00 40.00 1.00 1.00 1.00 1.00	none even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  48,308.  0.  0.  0.	pensated—see the ir Part IV	eee (e) of	Estimated amount of ther compensation  0.  0.  0.  0.  0.  0.  0.
Chu Pre Jef Vio Jer Seo Rom Exe Dir Dir Pat Dir Erı Dır Bob	List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule  (a) Name and title  ack Maher esident  f Fitter ee President ry Kirk eretary a Kurtz cutive Director eg Brown ector chael Wiegand ector rick Feder ector vence Troket ector ca Trtan ector by Jones	temployees (list each O to respond to an (b) Average hours per week devoted to position 10.00 5.00 40.00 1.00 1.00 1.00 1.00	none even if not company question in this  (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)  0.  48,308.  0.  0.  0.	pensated—see the ir Part IV	eee (e) of	Estimated amount of ther compensation  0.  0.  0.  0.  0.  0.  0.

Form 990-EZ (2019)

Part	· · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part	V Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	No
	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	•		<del>  ^-</del>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	×	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	×	ļ
С	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	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 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b	5400	×
<b>50</b> 4	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	~33° ?		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	(C4.9)		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	- · · ·	(1) }} (1) } (1) } (2) (1) }	
400	section 4911 ► ; section 4912 ► ; section 4955 ►	. ,		
, <b>b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	* 55	. ;};	
	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		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	, J. J.		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		4	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			3.
_	40c reimbursed by the organization		4	
е	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 ► 630.  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	25	Yes	No
~	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	×
	If "Yes," enter the name of the foreign country ▶	-	1.18.1	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	100		
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		. 1	
	and enter the amount of tax-exempt interest received or accrued during the tax year			NI.
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	Yes	No ×
b	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		×
С	Did the organization receive any payments for indoor tanning services during the year?	44c		×
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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	11 5 18	* 11 No	20
	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	<u> </u>	×
		1400	L	· ^

Pa	age	4

								Yes	No
46	Did t	he organization engage, directly or li	idirectly, in political c	ampaign activities on	behalf of or	in opposit	tion		
D		indidates for public office? If "Yes," o		Parti		· · ·	· 46		<u> </u>
Part	VII.	Section 501(c)(3) Organization: All section 501(c)(3) organization		etione 47–49h and	52 and cou	molete th	o tables (	for lin	00
		50 and 51.	is must answer que	Stions 47-490 and	oz, and cor	Tiblete tri	e lables i	OF III	62
		Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
		Officer if the organization used oc	ricadic o to respond	to any question in t	11151 (41)	· · ·	· · · ·	Yes	No
47	Did t	the organization engage in lobbying	activities or have a s	section 501(h) electio	n in effect o	luring the	tax	1.00	
		PIf "Yes," complete Schedule C, Par					. 47		ŀ
48	Is the	e organization a school as described in	n section 170(b)(1)(A)(ii	)? If "Yes," complete	Schedule E		. 48		
49a	Dıd t	he organization make any transfers t	o an exempt non-cha	ritable related organiz	ation?		. 49a		
b		es," was the related organization a se					. 49b		
50		plete this table for the organization's							
	empl	oyees) who each received more than	1 \$100,000 of comper	nsation from the organ	·		e, enter "N	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 contributions to benefit plans, a compen	o employee and deferred	(e) Estimate other con		
***************************************									
								<del></del>	
	*								
					L				
f		number of other employees paid ov		· · · · · · · · · · · · · · · · · · ·					
51		plete this table for the organization			contractors	who each	ı received	more	than
		,000 of compensation from the orga		ine, enter None.					
	(a)	Name and business address of each independ	dent contractor	(b) Type of serv	ice	(c)	) Compensati	ion	
									<del></del>
								_	
d	Total	number of other independent contra	actors each receiving	over \$100.000	<u> </u>		****		
52		the organization complete Schedu	=		nızatıons m	ust attach	——— 1 а		
		oleted Schedule A	<u> </u>	· · · · · · · · · · · · · · · · · · ·			.► ☐ Yes		No
		of perjury, I declare that I have examined this					nowledge and	d belief,	ıt ıs
true, cor	rect, ar	d complete Declaration of preparer (other than	n officer) is based on all info	rmation of which preparer r	as any knowled	<del></del>	,		
Qian.		Signature of officer			Dot-	<u> 5/12/</u>	2020		
Sign Here		Ron Kurtz, Executive	Director		∟ate	•			
. 1016		Type or print name and title			····				
		Print/Type preparer's name	Preparer's signalure	A Da	te	Ta m	PTIN		
Paid		Laura Faust	Lauta Faust	10/	5/11/2020	Check L	yed P004	3587	3
Prepa		Firm's name  AVAIL ACCOUNT				s EIN ▶43			
Use (	JNIY	Firm's address ▶ 700 NIEHOFF DF		UREKA, MO 6302			36) 938-		<u> </u>
May th	e IRS	discuss this return with the prepared					► ☐ Yes	<u> </u>	No

#### SCHEDULE G (Form 990 or 990-EZ)

## **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.

OMB No. 1545-0047

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** Eureka Chamber of Commerce 43-1505967 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 Special fundraising events ☐ 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? ☐ Yes ☐ No 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 (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts (or retained by) fundraiser listed in custody or control of contributions? (ii) Activity (or retained by) from activity organization col (I) Yes No 1 2 3 5 6 7 8 9 10 Total  $\triangleright$ List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

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Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18	, or reported more
than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6	ib. List events with
gross receipts greater than \$5,000.	
	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18 than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6 gross receipts greater than \$5,000.

			(a) Event #1  Swap Meet  (event type)	(b) Event #2 Scarecrow Festival (event type)	(c) Other events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	76,267.	19,302.	35,540.	131,109.
ш.	2	Less: Contributions Gross income (line 1 minus line 2)	76,267.	19,302.	35,540.	131,109.
	4	Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs			_	
<b>Direct Expenses</b>	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	12,010.	919.	25,788.	38,717.
	10 11	Direct expense summary. Ad Net income summary. Subtra	ld lines 4 through 9 in c	olumn (d)		38,717. 92,392.
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E2	e organization answe	ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/iristant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Be Be	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Orrect	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
		nter the state(s) in which the or the organization licensed to co "No," explain:				
10		ere any of the organization's g "Yes," explain.	<u> </u>	l, suspended, or termina	•	

Schedu	ule G (Form 990 or 990-EZ) 2019		Page 3
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 ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name >		
46	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ▶		
	□ Director/officer □ Employee □ Independent contractor		
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а Ь	retain the state gaming license?	☐ Yes	☐ No
J	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.		
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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.

2019

OMB No 1545-0047

Open to Public Inspection

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

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

Name of the organization	Employer identification number
Eureka Chamber of Commerce	43-1505967
Pt I, Line 8:	
rt 1, bille 0.	
Description: Miscellaneous Income \$275	
Description: Scholarship Returned \$469	
Pt I, Line 10:	
Description: Scholarship	
Class of activity: Scholarship	
Grantee's name: Cooper Rul	
Grantee's relationship: None	
Amount given: \$1,000	
Description: Scholarship	
Class of activity: Scholarship	
Grantee's name: Jacob Edwards	
Grances 5 name. Oddob bawards	
Grantee's relationship: None	
Amount given: \$1,000	
74ROUTE GIVOIT. VI, 000	
Description: Scholarship	
Class of activity: Scholarship	
Class of activity. Denotating	
Grantee's name: Abıgail Schreiber	
Grantee's relationship: None	
Grantee 3 relacionality. None	
Amount given: \$1,000	
Description: Charitable Contribution	
Description. Charitable Contribution	
Class of activity: Donation	
Grantee's name: Backstoppers	
Grantee's name: Backstoppers	
Grantee's address: 10411 Clayton Rd Ste 203 St. Louis MO 63131	
Crantoole relationship, None	
Grantee's relationship: None	
Amount given: \$2,286	

*	Employer identification number
Eureka Chamber of Commerce	43-1505967
Description: Charitable Contribution	·····
Class of activity: Donation	
Grantee's name: Blevins Elementary School	
Grantee's address: 25 E North St Eureka MO 63025	
Grantee's relationship: None	
Amount given: \$76	
Pt I, Line 16:	
Description: Insurance \$1,963	
Description: Telephone \$4,086	·
Description: Bank & Credit Card Fees \$3,319	
Description: Dues & Subscriptions \$2,392	
Description: Property Taxes \$34	
Description: Gifts \$283	
Description: Repairs & Maintenance \$242	
Description: Miscellaneous \$1,213	
Description: Depreciation \$1,315	
Pt II, Line 24:	
Description: Security Deposits Beginning of Year: \$2,050 End of Ye	ar: 0
Pt II, Line 26:	
Description: General Luncheon Beginning of Year: \$45 End of Year:	0
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