

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: ODESSA CHAMBER OF COMMERCE INC  
Number and street (or P O box, if mail is not delivered to street address): 112 SOUTH 2ND STREET  
Room/suite:   
City or town, state or province, country, and ZIP or foreign postal code: Odessa, MO 64076

**D** Employer identification number: 43-1764857  
**E** Telephone number: (816) 633-4044  
**F** Group Exemption Number:   
▶

**G** Accounting Method:  Cash  Accrual Other (specify)   
**I** Website:   
**J** Tax-exempt status (check only one) -  501(c)(3)  501(c)(6) (insert no )  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 82,267

**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	
<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .
<b>2</b>	Program service revenue including government fees and contracts . . . . .
<b>3</b>	Membership dues and assessments . . . . . 18,075
<b>4</b>	Investment income . . . . . 191
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . . <b>5a</b>
<b>b</b>	Less cost or other basis and sales expenses . . . . . <b>5b</b>
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . . <b>5c</b>
<b>6</b>	Gaming and fundraising events
<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) <b>6a</b>
<b>b</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) . . . . . <b>6b</b>
<b>c</b>	Less direct expenses from gaming and fundraising events . . . . . <b>6c</b>
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) <b>6d</b>
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>7a</b>
<b>b</b>	Less cost of goods sold . . . . . <b>7b</b>
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . . <b>7c</b>
<b>8</b>	Other revenue (describe in Schedule O) . . . . . <b>8</b> 64,001
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . <b>9</b> 82,267
Expenses	
<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . . <b>10</b>
<b>11</b>	Benefits paid to or for members . . . . . <b>11</b>
<b>12</b>	Salaries, other compensation, and employee benefits . . . . . <b>12</b> 9,315
<b>13</b>	Professional fees and other payments to independent contractors . . . . . <b>13</b> 569
<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . . <b>14</b> 7,355
<b>15</b>	Printing, publications, postage, and shipping . . . . . <b>15</b> 30
<b>16</b>	Other expenses (describe in Schedule O) . . . . . <b>16</b> 51,920
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . <b>17</b> 69,189
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . <b>18</b> 13,078
Net Assets	
<b>19</b>	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) . . . . . <b>19</b> 50,524
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . . <b>20</b>
<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . <b>21</b> 63,602



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 boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

		Yes	No
<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>		

**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
<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
NONE				

**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
NONE		

**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	2018-11-05 Date
SHELBY VARNER TREASURER Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JANET L ALUMBAUGH	Preparer's signature	Date 2018-05-07	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00648415
	Firm's name ▶ A and T ACCOUNTING TAX SERVICES			Firm's EIN ▶ 80-0271638	
	Firm's address ▶ PO BOX 366 ODESSA, MO 64076			Phone no (816) 230-8882	

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

## Additional Data

**Software ID:** 17005072

**Software Version:**

**EIN:** 43-1764857

**Name:** ODESSA 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.)	
<p><b>28</b> ODESSA RODEO--FAMILY &amp; COMMUNITY ENTERTAINMENT FOR APPROX 6000--APPROX 200 PARTICIPANTS PROCEEDS USED FOR COMMUNITY BENEFIT (Grants \$ )</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<b>28a</b>	

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

ODESSA CHAMBER OF COMMERCE INC

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public Inspection**

Employer identification number

43-1764857

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ - PART 1 - LINE 8 OTHER REVENUE	REVENUE FROM COMMUNITY RODEO, BREAKFAST/LUNCH MEETINGS FOR MEMBERS AND COMMUNITY, AND COMMUNITY BUSINESS AND FOOD SHOW

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ - PART 1 - LINE 16 - OTHER EXPENSES	EXPENSES RELATED TO COMMUNITY RODEO, BREAKFAST AND LUNCH MEETINGS, COMMUNITY FOOD SHOW EXPENSE, ADVERTISING, AND OTHER OPERATING SUPPLIES AND NECESSARY EXPENSES

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990-EZ - PART II - LINE 26 - TOTAL LIABILITIES	LIABILITY BALANCE FOR BUILDING NOTE PAYABLE