

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
ODESSA CHAMBER OF COMMERCE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
112 SOUTH 2ND STREET

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) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ _____

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 ▶ \$ 96,875

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																										
	2	Program service revenue including government fees and contracts																										
	3	Membership dues and assessments																								17,228		
	4	Investment income																								382		
	5a	Gross amount from sale of assets other than inventory										5a																
	b	Less cost or other basis and sales expenses										5b																
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)										5c																
	6	Gaming and fundraising events																										
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)										6a																
	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)										6b																
c	Less direct expenses from gaming and fundraising events										6c																	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)										6d																	
7a	Gross sales of inventory, less returns and allowances										7a																	
b	Less cost of goods sold										7b																	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)										7c																	
8	Other revenue (describe in Schedule O)																								79,265			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶																								96,875			
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																								9,810		
	13	Professional fees and other payments to independent contractors																								728		
	14	Occupancy, rent, utilities, and maintenance																								15,217		
	15	Printing, publications, postage, and shipping																										
	16	Other expenses (describe in Schedule O)																								69,028		
17	Total expenses. Add lines 10 through 16 ▶																								94,783			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)																								2,092		
	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)																								63,602		
	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																								65,694		

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	59,855	22	59,594
23 Land and buildings	6,100	23	6,100
24 Other assets (describe in Schedule O)		24	
25 Total assets	65,955	25	65,694
26 Total liabilities (describe in Schedule O).	2,353	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	63,602	27	65,694

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

What is the organization's primary exempt purpose?
COMMUNITY ACTIVITIES & SERVICES

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 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
CATHY THOMPSON PRESIDENT	0	0		
ALAN BERRY VICE PRES	0	0		
SHELBY VARNER TREASURER	0	0		
CANDY HALL SECRETARY	0	0		
CASSIE FISHER DIRECTOR	0	0		
CRAIG KIDWELL DIRECTOR	0	0		
SHANNON QUICK DIRECTOR	0	0		
KIM RIDER DIRECTOR	0	0		
LARRY SHUTT DIRECTOR	0	0		
LINDA WASHAM DIRECTOR	0	0		
NICI WILSON DIRECTOR	0	0		
ROGER FEAGAN DIRECTOR	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 questions 33 through 41e regarding organizational activities, financials, and tax shelter status.

42a The organization's books are in care of CHAMBER OF COMMERCE Telephone no (816) 633-4044 Located at 112 SOUTH 2ND STREET ODESSA , MO ZIP + 4 64076

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	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
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

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.

Sign Here ***** Signature of officer	2019-09-16 Date
SHELBY VARNER TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JANET L ALUMBAUGH	Preparer's signature	Date 2019-09-16	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: 18007443

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

ODESSA CHAMBER OF COMMERCE INC

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

Return Reference	Explanation
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