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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 2017

Inspection

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/Form990 for instructions and the latest information.

Open to Public

Ā	For the	2017 cale	ndar year, or tax year beginning	9	, 2017, and en	ding			, 20	
В	Check if	applicable	C Name of organization LEE 'S S	UMMIT CHAMBER OF	COMMERCE,	INC.	D	Employ	er identification number	
	Address	change	Doing business as CHAMBER					44-0	620561	
	Name cl	hange	Number and street (or P O box if m	nail is not delivered to street addr	ess) Room	/suite	E	Telepho	ne number	
	Initial ret	turn	220 SE MAIN STREET			,		(816)	524-2424	
	Final retu	m/terminated	City or town, state or province, cou	ntry, and ZIP or foreign postal co	de					
	Amende	d return	LEES SUMMIT, MO 640	063			G	Gross re	ceipts \$ 1,296,413.	
	Applicat	ion pending	F Name and address of principal office	er		H(a) is	his a group	return for	subordinates? Yes X No	
			BLAKE FRY, 220 SE MAI	IN STREET, LEE'S SUM	MIT, MO 64	1063 ⁻ Н(b) А	re all sub	ordinate	s included? Tyes No	
1	Тах-ехе	mpt status	☐ 501(c)(3) 🔀 501(c)	(6) ◀ (insert no) 🔲 4947((a)(1) or 527	112	If "No,"	attach a	list (see instructions)	
J	Website	: ► W	WW.LSCHAMBER.COM	A		77 H(c) (Group exe	mption	number 🕨	
K	Form of	organization	Corporation Trust Associa	ation ☐ Other ► \	L Year of for	mation :	L964 I	M State	of legal domicile MO	
P	art I	Summ		`						
	1	Briefly de	scribe the organization's miss	sion or most significant ac	tivities: THE	CHAMBER WAS	FORMED TO	PROVI	DE SERVICS FOR THE BUSINESS	
Activities & Governance		COMMUN	ITY BY CREATING OPPO	RTUNITIES FOR BUS	INESS SUC	CESS T	IROUG	H NE	TWORKING,	
nar			CY AND BUSINESS AND				 -			
Ver	2		is box ▶☐ if the organization			d of more	than 25	5% of	its net assets.	
ဖိ	3	Number of	of voting members of the gove	erning body (Pa <u>rt VI, line 1</u>	a)			3	24	
ა	4	Number of	of independent voting membe	rs of the governing body	Partythme	b) .		4	24	
iţį	5	Total num	nber of individuals employed i	n calendar year 20 17 (P àr	t V, (ine 2a)			5	14	
Ęį	6	Total num	nber of volunteers (estimate if	necessary) . 8. No.	فيون في لا	. 8		6	560	
ĕ	7a	Total unre	elated business revenue from	Part VIII, column (C), Illie	421 A CO18	. O:S		7a	132,182.	
_	b	Net unrel	ated business taxable income	from Form 990-T line 34		· 100 l	<u> </u>	7b	-28,700.	
				l og	DEN, U	T Pri	or Year		Current Year	
2010 Revenue	8		ions and grants (Part VIII, line	111)	D 211, O	' 	312,9	78.	972,665.	
	9	-	service revenue (Part VIII, line	-			907,1	L73.	322,851.	
€ §	10		nt income (Part VIII, column (A	•		ļ		183.	897.	
	11		enue (Part VIII, column (A), lin		•		28,8	321.		
6	12		nue-add lines 8 through 11 (r			1,	250,4	155.	1,296,413.	
	13		id similar amounts paid (Part I		· · · ·					
SCANNED FEB	14		oald to or for members (Part I)							
Пã	15		other compensation, employee	-			538,4	167.	529,120.	
	16a		nal fundraising fees (Part IX, o							
TŞ.	b		draising expenses (Part IX, col		231,486.					
	17	-	penses (Part IX, column (A), lin				717,6		823,716.	
Ķ	18		enses. Add lines 13-17 (must	The state of the s	line 25) .	1,	256,0		1,352,836.	
	19	Revenue	less expenses. Subtract line 1	18 from line 12		<u> </u>	-5,6		-56,423.	
Sor						Beginning			End of Year	
Sset	20		ets (Part X, line 16)				569,1		539,359.	
Net Assets Fund Balanc	21		lities (Part X, line 26)				133,2		159,948.	
			s or fund balances. Subtract I	line 21 from line 20	· · · ·	<u> </u>	435,8	334.	379,411.	
_	ırt II		ure Block							
			y, I declare that I have examined this ete Declaration of preparer (other than						ny knowledge and beller, it is	
			· Vil	<u>-</u>		<u> </u>	111/	13/2	010	
Sig	n	Slana	iture of officer	<u></u>			Date	13/2	010	
He		1 (AKE FRY, PRESIDENT							
			or print name and title			•			_	
_		Print/Typ	pe preparer's name	Preparer's signature		Date			, PTIN	
Pa		_ A	E. HAMPTON	JULIA E. HAMPTON		11/15/2		Check [self-emp		
	epare	' 			<u> </u>	,, -			33-0999072	
US	e Onl	у ——	ddress ► 26 SE 3rd STREE		SUMMIT. M	0 64063			16) 554 - 0394	
Ma	the IF		this return with the preparer						⊠ Yes □ No	
			tion Act Notice, see the separa			REV 10/16/18 I	PRO		Form 990 (2017)	





	90 (2017)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u>. D</u>
1	Briefly describe the organization's mission:	
	THE CHAMBER WAS FORMED TO PROVIDE SERVICS FOR THE BUSINESS	
	COMMUNITY BY CREATING OPPORTUNITIES FOR BUSINESS SUCCESS THROUGH NETWORKING,	
	ADVOCACY AND BUSINESS AND PROFESSIONAL DEVELOPMENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	⊠ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	⊠ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	
	the total expenses, and revenue, if any, for each program service reported.	Others,
	, and a process, and a process	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	PROVIDE SERVICES FOR THE BUSINESS COMMUNITY BY CREATING OPPORTUNITIES	
	FOR BUSINESS SUCCESS THROUGH NETWORKING, ADVOCACY AND BUSINESS AND	
	PROFESSIONAL DEVELOPMENT.	
	·	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	·····	
	······	
	·····	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
40	(Jode:) (Expenses \$\psinicluding graits of \$\psi) (nevenue \$\psi)	,
	•	
	<u></u>	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program carving expenses	

D60

Part IV Checklist of Required Schedules

		-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		×
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	·	×
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	•	×
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e	×	×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
_	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
		Cara	000	(0017)

Part	V Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception:	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		×
0.4	conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
		Forn	1 990	(2017)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer if ochedule o contains a response of flote to any line in this hait v	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	×	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	×	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		×
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	i l		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-		10-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
U	and the second of the second o			
_				
C	L-1-1	46-	-	V
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	structi	ions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI	· ·	<u></u>	. <u>×</u>
3601	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6 7a	Did the organization have members or stockholders?	6 7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			١.,
Sacti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	9_ UB C	nde)	×
Jecui	ion B. Policies (This Section B requests information about policies not required by the internal never	00	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	_		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	×	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
16a		16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	.va		
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year.	erest (oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and red BLAKE FRY, 220 SE MAIN, LEE'S SUMMIT, MO 64063 (816) 524-2424	cords:	>	

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Par	10	•

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII
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Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
					C)					
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average	box, unless person is be						Reportable	Reportable	Estimated
	hours per					or/trust			compensation from	amount of
	week (list any hours for	익호	2	Q	Š	3 =	77	from the	related organizations	other compensation
	related	물	*	Officer	y e	등등	Former	organization	(W-2/1099-MISC)	from the
	organizations	Ct al	tion		를	ye st c	٦	(W-2/1099-MISC)		organization
	below dotted line)	Individual trustee or director	Institutional trustee	ŀ	Key employee	ğ				and related organizations
	,	l tee	uste		"	ens			•	
			ě			Highest compensated employee				
(1) VICKY CUNDIFF	2.00									
CHAIR EMERITUS	2.00	×						0.	0.	0.
(2) TYLER MOREHEAD	2.00		-	-	_			0.	0.	
CHAIR	2.00	×						0.	ο.	0.
(3) ROSALIE NEWKIRK	2.00		\vdash	М			┢	· · · · · ·		
CHAIR ELECT	12	×						0.	0.	0.
(4) TIM DENKER	2.00		-	_						
TREASURER	1	×						О.	0.	0.
(5) COLLEEN SLIFFE	2.00									
VICE CHAIR	<u></u>	×						О.	0.	0.
(6) CARSON GRAFF	2.00									
BOARD MEMBER		×						0.	0.	0.
(7) TRISHA GOODALE	2.00									
BOARD MEMBER		×						0.	0.	0.
(8) AMY ROBERTSON	2.00									
BOARD MEMBER		×						0.	0.	0.
(9) ANDREW FELKER	2.00							i		
BOARD MEMBER		×						0.	0.	0.
(10) CARL CHINNERY	2.00									
BOARD MEMBER		×						0.	0.	0.
(11) JEREMY WOOD	2.00									
BOARD MEMBER		×						0.	0.	0.
(12) LATONYA BURGETTE	2.00									
BOARD MEMBER		×						0.	0.	0.
(13) BEN SEIDEL	2.00									
BOARD MEMBER		×					<u> </u>	0.	0.	0.
(14) KIM KLOCKENGA	2.00									
BOARD MEMBER		×	L.					0.	0.	0.

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and title	(B) Average hours per	verage box, unless person is burs per officer and a director/t						(D) Reportable compensation	(E) Reportable compensation fron related	n from	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organızatı (W-2/1099-I	ons	other compensation from the organization and related organizations
	USAN COFFMAN OARD MEMBER	2.00	×						0.		0.	0.
(16) M	ATTHEW SOGARD OARD MEMBER	2.00	×						0.		0.	0.
(17) K	IRK NOOKS OARD MEMBER	2.00	×						0.		0.	0.
(18) M	IKE MAKSIN OARD MEMBER	2.00	×						0.		0.	0.
	LINT HAYNES OARD MEMBER	2.00	×						0.		0.	0.
	ELISSA CLOGSTON OARD MEMBER	2.00	×						0.		0.	0.
3	ARLA FRANKLIN OARD MEMBER	2.00	×						0.		0.	0.
	ELLY SPENCER OARD MEMBER	2.00	×						0.		0.	0.
	ESLEY MCKEONE OARD MEMBER	2.00	×						0.		0.	0.
	ONATHAN GARLOW OARD MEMBER	2.00	×						0.		0.	0.
	IM ARBEITER RESIDENT	50.00				×			102,000.		0.	0.
1b c	Sub-total				•			>	102,000.		0.	0.
<u>d</u>	Total (add lines 1b and 1c)	not limited				ed a		▶ e) w	ho received m	ore than \$1	00,00	0. 0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$	ficer, direc				e, l	key e	emp	oloyee, or high	est compe	ensate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000	? 11	"Yes	s, "	complete Sch			e 100 100
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind		5 ×
Section	on B. Independent Contractors											
1												
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation
		_										
								_				
												·
2	Total number of independent contracto							th	ose listed abo	ve) who		
	received more than \$100,000 of compensation											

	AV/(III	Statement of Day						, ago o
Part	VIII	Statement of Reve				Dest VIIII		
		Check if Schedule C	contains a res	sponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
fts, Grants r Amounts	1a b c	Federated campaigns Membership dues Fundraising events	1b					
Contributions, Gifts, Grants and Other Similar Amounts	e f	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f		141,750. 29,746.				
Contra	g h	Noncash contributions included Total. Add lines 1a-1	·	23,582.	972,665.			
- e			· · · · · · · · · · · · · · · · · · ·	Business Code				
Program Service Revenue	2a	COMMUNITY BRAN	DING	900099	102,067.	102,067.	0.	0.
e B	b	TOURISM		900099	53,398.	53,398.	0.	0.
Zi.	、 C	CHAMBER CHALLE	NGE	900099	4,850.	4,850.	0.	0.
Se	d	LEADERSHIP		900099	19,560.	19,560.	0.	0.
ram	e	GOVT RELATIONS		900099	6,794.	6,794.	0.	0.
5 g	f	All other program ser		L	136,182.	4,000.	132,182.	0.
	<u>g</u> 3	Total. Add lines 2a-2 Investment income			322,851.	1		
	3	and other similar amo	•	iends, interest,	897.	897.	0.	0.
	4	Income from investmen	t of tax-exempt b	ond proceeds ►				
	5	Royalties						
			(ı) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or	(loss)	•				
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
		Less: cost or other basis and sales expenses .						
	C	Gain or (loss)		L		·		
e	d 8a	Net gain or (loss) . Gross income from fu		•				
Other Revenu	Oa	events (not including \$ of contributions reporte See Part IV, line 18	293,918. ed on line 1c).					
₹	b	Less: direct expenses	s t					
		Net income or (loss) f Gross income from ga See Part IV, line 19	aming activities.			-		
		Less: direct expenses	s t					
		Net income or (loss) f		ivities				
	10a	Gross sales of in returns and allowance						
	b	Less: cost of goods s	-					
		Net income or (loss) f		entory ►				·
ļ		Miscellaneous R		Business Code				
	11a	· ,	 .	 				
1	b					- 1		
	c							
	ď	All other revenue .				-		·
		Total. Add lines 11a-		•				
	12	Total revenue See in		, , , , , , , , , , , , , , , , , , ,	1 296 412	101 566	122 192	

Form 990 (2017) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (C) Management and (A) Total expenses (B) Program service (D) Fundraising 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 102,000. 102,000. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 324,481 324,481 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 65,271 65,271. Payroll taxes 10 37,368. 37,368. 11 Fees for services (non-employees): а Legal 1,030 1,030 Accounting 11,693. 11,693. Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . . 12 Advertising and promotion 2,666. 2,666. 13 Office expenses 11,787. 11,787. 14 Information technology 12,609. 12,609. 15 16 35,830. 35,830. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 2,859. 2,859. Interest 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 23 5,800. 5,800. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) COMMUNITY BRANDING 299,252. 299,252. 0. 0. Ο. b 49,542. 0. TOURISM 49,542. c CHAMBER CHALLENGE 7,558. 7,558. 0. 0.

231,486.

231,486.

0.

0.

0.

0.

16,079.

367,011.

1,352,836.

16,079.

135,525.

1,121,350.

d LEADERSHIP

e All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

If following SOP 98-2 (ASC 958-720)

25

	art x				
		Check if Schedule O contains a response or note to any line in this F	Part X		<u></u> 🗀
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,949.	1	2,484.
	2	Savings and temporary cash investments	409,777.	2	379,629.
	3	Pledges and grants receivable, net		3	
10	4	Accounts receivable, net	271.	4	25,158.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L		5	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	847.	9	0.
	10a	Land, buildings, and equipment: cost or		3	0.
		133,733		100	120.000
		Less: accumulated depreciation	155,284.	10c	132,088.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13 14	Investments—program-related. See Part IV, line 11		13	
		Intangible assets	······································	14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets. See Part IV, line 11	560 100	15	F20 250
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	569,128.	16	539,359.
	18	Accounts payable and accrued expenses	3,833.	17	27,615.
	19	Grants payable	120 461	18	122 222
	20	Deferred revenue	129,461.	19	132,333.
	21	Tax-exempt bond liabilities		20	
		Escrow or custodial account liability. Complete Part IV of Schedule D.		21	·
ties	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
ilic		disqualified persons. Complete Part II of Schedule L			
Liabilities	00	•		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	133,294.	26	159,948.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► 🗵 and complete lines 27 through 29, and lines 33 and 34.	·		
<u>a</u>	27	Unrestricted net assets	435,834.	27	379,411.
Ba	28	Temporarily restricted net assets		28	
밀	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ايَدُ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĭ۲	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u> </u>	33	Total net assets or fund balances	435,834.	33	379,411.
_	34	Total liabilities and net assets/fund balances	569,128.	34	539,359.
					Form 990 (2017)

01111	50 (2011)	_		ГС	290 I Z
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	96,4	13.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,3	52,8	36.
3	Revenue less expenses. Subtract line 2 from line 1	3		56,4	123.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	35,8	334.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	3	79,4	11.
Part	XII Financial Statements and Reporting	·		***********	
	Check if Schedule O contains a response or note to any line in this Part XII		. <u></u>		
				Yes	No
,1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were complete.		2a	×	
	reviewed on a separate basis, consolidated basis, or both:				- *
	Separate basis Consolidated basis Both consolidated and separate basis		3		7
b	The state of the s		2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on a			
	separate basis, consolidated basis, or both:				į.
	Separate basis Consolidated basis Both consolidated and separate basis		المستران المستران		1 ~
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				l
	of the audit, review, or compilation of its financial statements and selection of an independent accounts to the selection of a		2c		X
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	-			1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	За		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao the	100		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
	,,,			n 990	(2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name	f the organization		Employer i	dentification number
LEE	'S SUMMIT CHAMBER OF COMMERCE, INC		44-062	20561
Pai			ds or Ac	counts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(t) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor			
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	l?	· · · · 🔲 Yes 🔲 No
6	Did the organization inform all grantees, donors, a			
	only for charitable purposes and not for the bene		•	· · ·
				· · · ∐ Yes ∐ No
Par	Conservation Easements.	"V " 5 000 D I N I" 7		
	Complete if the organization answered			
1	Purpose(s) of conservation easements held by the	- · · · · · · · · · · · · · · · · · · ·		
	Preservation of land for public use (e.g., recrea	·		•
	Protection of natural habitat	Preservation of	a certifie	d historic structure
_	Preservation of open space	-1.11.6 - 1		
2	Complete lines 2a through 2d if the organization he	eid a qualified conservation contributio	n in the to	
	easement on the last day of the tax year.		<u> </u>	Held at the End of the Tax Year
a			· · —	
b	Total acreage restricted by conservation easement			•
C	Number of conservation easements on a certified I	• •		3
d	Number of conservation easements included in historia structura listed in the National Register.			.
3	historic structure listed in the National Register . Number of conservation easements modified, trans	oferred relegand extinguished or term		
3	tax year ►	sierred, released, extiliguished, or terri	illiated by	the organization during the
4	Number of states where property subject to conse	nyation easement is located		
5	Does the organization have a written policy re		nection b	nandling of
	violations, and enforcement of the conservation ea			
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing o	onservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting	a, handling of violations, and enforcing of	conservati	on easements during the year
	▶\$	g,ggg		,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 1	70(h)(4)(B)(ı)
	and section 170(h)(4)(B)(II)?			· · · D Yes D No
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	and expe	nse statement, and
	balance sheet, and include, if applicable, the text of		•	
	organization's accounting for conservation easeme	ents.		
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Si	milar Assets.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in its	revenue	statement and balance sheet
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that	describe	s these items.
b	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its r	evenue s	tatement and balance sheet
	works of art, historical treasures, or other similar	assets held for public exhibition, ed	ucation, d	or research in furtherance of
	public service, provide the following amounts relati	•		
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art,			or financial gain, provide the
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these its	ems:	
а	Revenue included on Form 990, Part VIII, line 1 .			> \$
h	Assets included in Form 990 Part Y			b ¢

Par	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures	, or Ot	her Similar A	ssets (co	ontinued)
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	k any of th	e follov	wing that are a	significan	t use of its
а	☐ Public exhibition				or exchang				
b	Scholarly research		е	☐ Othei	r		+		
C	Preservation for future generation								_
4	Provide a description of the organiza XIII.	ition's collections a	and expla	in how t	hey further	the org	janization's exe	mpt purp	ose in Pari
5	During the year, did the organization assets to be sold to raise funds rathe								es 🗌 No
Par	Complete if the organization 990, Part X, line 21.		" on For	m 990, F	Part IV, line	e 9, or	reported an a	mount or	າ Form
1a		custodian or oth	er intern	nediary fo	or contribut	ions or	other assets r	ot	
	included on Form 990, Part X?								es 🗆 No
b	If "Yes," explain the arrangement in F								
_	the configuration are an arrange in continue.						7	Amount	
С	Beginning balance					10	:		
d	Additions during the year					10			
е	Distributions during the year					1e	,		
f	Ending balance					1f			
2a	Did the organization include an amou								
	If "Yes," explain the arrangement in P	art XIII. Check here	e if the ex	cplanatio	n has been	provide	ed on Part XIII .	· · · ·	
Par	Endowment Funds.	anawayad ((Vaa)	" an Faw	000 [2 mark 13 / 13 m.	- 10			
	Complete if the organization	(a) Current year		or year	(c) Two year		(d) Three years bac	k (e) Four	r years back
1a	Beginning of year balance	(a) content year	(0)111	, yeu	(O) TWO YEAR	- Duon	(4) 11100 yours but	(0) 1 0 2.	- Joan Joan
b	Contributions							 	
c	Net investment earnings, gains, and losses						·		
d	Grants or scholarships							_	
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								-
g	End of year balance								
2	Provide the estimated percentage of		d balanc	e (line 1g	, column (a)) held a	as:		
а	Board designated or quasi-endowme		%						
b	Permanent endowment ▶								
C	Temporarily restricted endowment	%							
٥-	The percentages on lines 2a, 2b, and			4!4	لملمط مسماء				
Ja	Are there endowment funds not in thorganization by:	e possession of th	e organiz	zation the	at are neio	ano ao	ministered for t		Yes No
	(i) unrelated organizations							3a(i)	165 140
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of							3b	
4	Describe in Part XIII the intended uses							<u> </u>	
Par									
	Complete if the organization		on For	m 990, F	art IV, line	e 11a.	See Form 990	, Part X,	line 10.
	Description of property	(a) Cost or oth			r other basis ther)		Accumulated epreciation	(d) Boo	k value
1a	Land	· [
b	Buildings								
С	Leasehold improvements			1	90,961.		90,435.	10	00,526.
d	Equipment			10	08,901.		77,339.		31,562.
е	Other								
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 99	90, Part X	(, column	(B), line 10	c.)	▶	13	32,088.

Part VII	Investments - Other Securities			00 Dt IV II	- 441- 0 5	000 Pa 1 V II 10
	Complete if the organization ans					
	(a) Description of security or category (including name of security)	,	(1	b) Book value		Method of valuation and-of-year market value
(1) Financial	derivatives					
(2) Closely-h	neld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments—Program Related					
	Complete if the organization ans	wered "Yes" on For				
	(a) Description of investment		(b) Book value	1-7	flethod of valuation nd-of-year market value
(1)						
(2)						
_(3)						
(4)						
(5)					,	
(6)						
(7)	·					
(8)	,					
(9)						
	must equal Form 990, Part X, col. (B) line 13.)	<u>-</u> .				
Part IX	Other Assets.		00	0 0-4041-	4440-5	000 D+V P 45
	Complete if the organization ansi		m 99	U, Part IV, line	e 11a. See For	m 990, Part X, line 15.
	(8) Description				(b) Book value
(1)					<u> </u>	
(2)					•	
(3)						
<u>(4)</u> (5)	<u></u>					
(6)	-					
<u>(7)</u> (8)				· · · · · · · · · · · · · · · · · · ·		
(9)						
Total. (Colur	nn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			 •	•
Part X	Other Liabilities.	1,2, ,				
	Complete if the organization answ	wered "Yes" on For	m 99	0. Part IV. line	e 11e or 11f. S	ee Form 990. Part X.
	line 25.			-,		
1.	(a) Description of liability	(b) Book value				<u> </u>
(1) Federal in	come taxes					
(2)						
(3)		, ,				
(4)		, _ , _ , _				
(5)			-			
(6)						
(7)						
(8)						
(9)		.				
	must equal Form 990, Part X, col. (B) line 25.)					
	uncertain tax positions. In Part XIII, provide	de the text of the footno	ote to	the organization	's financial staten	nents that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial State		r Return.
	Complete if the organization answered "Yes" on Form 99		<u> </u>
1	Total revenue, gains, and other support per audited financial statemen	nts	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Last	
a	Net unrealized gains (losses) on investments		-
b	Donated services and use of facilities		-
C	Recoveries of prior year grants		-
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		2e
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. ; . ;	-
4	Investment expenses not included on Form 990, Part VIII, line 7b.	40	
a b	Other (Describe in Part XIII.)		-
-	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, li		5
Part			
rait	Complete if the organization answered "Yes" on Form 99		er Hetam.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	. 2a	
b	Prior year adjustments		-
C	Other losses		7
d	Other (Describe in Part XIII.)		-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	ľ
b	Other (Describe in Part XIII.)	-	-
			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,		5
Part	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		
2; Part	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to provide any additional i	nformation.
	· · ·		
			•••••

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing 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 Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest instructions. Name of the organization Employer identification number LEE'S SUMMIT CHAMBER OF COMMERCE, INC. 44-0620561 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. ☐ Mail solicitations e Solicitation of non-government grants b ☐ Internet and email solicitations ☐ Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events 2a 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 (or retained by) fundraiser listed in col (i) (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (ii) Activity custody or control of contributions? (or retained by) organization or entity (fundraiser) from activity Yes No 1 2 3 5 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.

Sche	edule G	(Form 990 or 990-EZ) 2017				Page 2
Pa	irt II	Fundraising Events. Con than \$15,000 of fundraisin gross receipts greater tha	g event contributions			
÷			(a) Event #1 OKTOBERFEST (event type)	(b) Event #2 ANNUAL DINNER (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	205,067.	56,672.	32,179.	293,918.
Œ	2 3	Less: Contributions Gross income (line 1 minus				
	4	line 2)	205,067.	56,672.	32,179.	293,918.
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
<u> </u>	8	Entertainment				
	9	Other direct expenses .	141,966.	64,782.	24,738.	231,486.
	10 11	Direct expense summary. Ad Net income summary. Subtra	ct line 10 from line 3, c	olumn (d)		231,486. 62,432.
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99		red "Yes" on Form 99	0, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
è Bè	1	Gross revenue				
uses	2	Cash prizes				
t Expenses	3	Noncash prizes	-			
Direct	4	Rent/facility costs				
1	5	Other direct expenses .	☐ Yes%	☐ Yes%	☐ Yes %	
	6	Volunteer labor [No No	□ No	□ No	<u> </u>
	7 8	Direct expense summary. Add	-			·
1		·			· · · · · •	
_	a Is	ter the state(s) in which the org the organization licensed to co "No," explain:	nduct gaming activities			

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .

Yes
No

b If "Yes," explain:

11 12	Does the organization conduct gaming activities with nonmembers?		res □	_
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	revenue?	□ Y	∕es □] No
b	· · · · · · · · · · · · · · · · · · ·			
С	amount of gaming revenue retained by the third party ► \$			
	Name ►			
	Address►		<i>.</i>	
16	Gaming manager information:			
	Name >			
	Gaming manager compensation ► \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
а				
_		□ Y	′es 🗌	No
b	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 (iii) at Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informations.			
				 -

Page 3

Schedule G (Form 990 or 990-EZ) 2017

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.

OMB No 1545-0047

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.

Open to Public Inspection

Employer identification number

LEE'S SUMMIT CHAMBER OF COMMERCE, INC. 44-0620561 Pt VI, Line 6: THE CHAMBER HAS MEMBERS. Pt VI, Line 7a: THE CURRENT BOARD MEMBERS ELECT NEW BOARD MEMBERS. Pt VI, Line 11b: A DRAFT OF FORM 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE PRIOR TO FILING WITH THE IRS. Pt VI, Line 12c: EACH BOARD MEMBER SIGNS A STATEMENT (FAMILY & BUSINESS RELATIONSHIP QUESTIONNAIRE) AT THE BEGINNING OF EACH YEAR. Pt VI, Line 15a: EACH YEAR THE CHAMBER'S EXECUTIVE COMMITTEE REVIEWS THE SALARY AND BENEFITS OF THE PRESIDENT. Pt VI, Line 15b: EACH YEAR THE CHAMBER'S EXECUTIVE COMMITTEE REVIEWS THE SALARY AND BENEFITS OF THE EMPLOYEES. Pt IX, Line 24e: Description: GOVT RELATIONS Total: \$50,496 Program services: \$50,496 Management and general: \$0 Fundraising: \$0 Description: EDUCATION Total: \$14,552 Program services: \$14,552 Management and general: \$0 Fundraising: \$0 Description: HEALTHCARE Total: \$10,131 Program services: \$10,131 Management and general: \$0