Form **990** 

## **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

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

Open to Public

	artment of t nai Revenu	the Treasury re Service	► Go to www.irs.gov/Forms	990 for instructions and th	e latest information.		Inspection	
Ā	For the	2018 cale	ndar year, or tax year beginning	, 2018, aı	nd ending		, 20	
В	Check if a	applicable	C Name of organization LEE'S SUMMIT	D Employe	er identification number			
	Address		Doing business as CHAMBER OF COM	44-06	20561			
ī	Name cha	•	Number and street (or P O box if mail is not de	E Telephor				
$\overline{\Box}$	Initial retu	•	220 SE MAIN STREET			(816)	524-2424	
Ħ.		n/terminated	City or town, state or province, country, and Zi	P or foreign postal code	· · · · · · · · · · · · · · · · · · ·	-		
$\Box$	Amended		LEES SUMMIT, MO 64063			<b>G</b> Gross re	ceipts \$ 1,339,381.	
$\Box$		7	F Name and address of principal officer		H(a) Is this a c		ubordinates? Yes X No	
	Application	on pending	MATT BAIRD, 220 SE MAIN STRE	ET. LEE'S SUMMIT. N				
_	Tax-exem	nt status		(insert no ) 4947(a)(1) or [	□ 527 F)(0 If "N	lo," attach a	list (see instructions)	
<u>-</u>	Website:		WW.LSCHAMBER.COM	1		exemption	number ►	
<u>K</u>				Other ► L Year			of legal domicile MO	
_	art I	Summ		1				
4,5	<del>,                                      </del>		scribe the organization's mission or m	ost significant activities:	TUP CHAMBED WAS BOOM	חוואסקק מד מי	R SERVICE FOR THE RUSINESS	
a	1	•	ITY BY CREATING OPPORTUNIT	-			•••	
Activities & Governance			CY AND BUSINESS AND PROFES			0011.110.	MORRELINO,	
Ĕ			s box ► If the organization disconting			25% of	te net accete	
Š					posed of more than	3	30	
Ŏ	į.		of voting members of the governing bo		 l.ma 1h\	4	25	
Š.			of independent voting members of the	=		<u> </u>	25	
Iţie	i		ber of individuals employed in calend	•	2a)	5		
ţ	1		ber of volunteers (estimate if necessa			6	560	
Ř	1		elated business revenue from Part VIII,			7a	0.	
	b	Net unrel	ated business taxable income from Fo	rm 990-T, line 38	<u> </u>	7b	-57,034	
			The state of the s	TOPINED	Prior Y	ear	Current Year	
ō			ions and grants (Part VIII, line 1h)	RECEIVED		2,665.	430,088.	
na			service revenue (Part VIII, line 2g) 🚗	· · · · · · · · · · · · · · · · · · ·	. 32:	2,851.	581,572.	
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3	41900 (TO) 2019 · 13	} ·	897.	645.	
Œ	11 4	Other rev	enue (Part VIII, column (A), lines 500d,	8c, 9c, 10c, and 11e) or			187,932.	
	12	Total reve	nue-add lines 8 through 11 (must equ	al Part: VIII. column (A), lin	e 12) 1,29	5,413.	1,200,237.	
			d similar amounts paid (Part IX, dolum		٠ ا			
			oald to or for members (Part IX, column					
w			other compensation, employee benefits (		i–10) 52:	9,120.	553,829.	
Expenses	1		nal fundraising fees (Part IX, column (A					
ber	1		fraising expenses (Part IX, column (D),		0.			
ŭ	1		penses (Part IX, column (A), lines 11a-			3,716.	679,286.	
			enses Add lines 13-17 (must equal Pa			2,836.	1,233,115.	
	1	•	less expenses Subtract line 18 from li			5,423.	-32,878.	
_ v		ricvenac	icas expenses education in to ment in		Beginning of Ci		End of Year	
Net Assets or Fund Balances	20	Total acc	ets (Part X, line 16)			9,359.	484,377.	
Asse Bak	20		lities (Part X, line 26)	•		9,948.	137,844.	
ξĘ	21 22			 om lino 20		9,411.	346,533.	
			s or fund balances Subtract line 21 fr	om inte 20		7,411.	340,333.	
	art II		ure Block	-1		he heat of a	w knowledge and belief it is	
Un tru	ider penalt ie correct	ties of perjui	y, I declare that I have examined this return, incliete Declaration of preparer (other than officer) is	uding accompanying schedules based on all information of whic	and statements, and to t h preparer has any know	ne best of m ledge	ny knowledge and belief, it is	
_		<b>X</b>				10/	21/12	
e:		2	ature of officer	eu_		ate .	24/4	
Sig		(					•	
He	re		TT BAIRD, PRESIDENT				<del></del>	
		, ,	or print name and title				- LDTIN	
Pa	id		· ' '	s signature	Date	Check [		
	eparei	JULIA	E. HAMPTON JULIA	E. HAMPTON	10/31/201	9 self-emp	loyed P01251032	
	e Only	I	ame ▶ JULIA E. HAMPTON, CP	A, PC	Fire	n's EIN ▶ 3	3-0999072	
		Firm's a	ddress ▶ 26 SE 3rd STREET SUIT		T, MO 64063 Pho	one no (83	16)554-0394	
Ма	y the IR		this return with the preparer shown a				🛛 Yes 🗌 No	
			ction Act Notice, see the separate instru		REV 05/20/19 PRO		Form <b>990</b> (2018)	

Form 99	2018) Page 2
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	riefly describe the organization's mission
	HE CHAMBER WAS FORMED TO PROVIDE SERVICS FOR THE BUSINESS
	OMMUNITY BY CREATING OPPORTUNITIES FOR BUSINESS SUCCESS THROUGH NETWORKING,
	DVOCACY AND BUSINESS AND PROFESSIONAL DEVELOPMENT.
2	id the organization undertake any significant program services during the year which were not listed on the
	nor Form 990 or 990-EZ?
	"Yes," describe these new services on Schedule O
3	d the organization cease conducting, or make significant changes in how it conducts, any program
	ervices?
	"Yes," describe these changes on Schedule O
4	escribe the organization's program service accomplishments for each of its three largest program services, as measured by openses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	re total expenses, and revenue, if any, for each program service reported
4a	code) (Expenses \$including grants of \$) (Revenue \$)
	ROVIDE SERVICES FOR THE BUSINESS COMMUNITY BY CREATING OPPORTUNITIES
	OR BUSINESS SUCCESS THROUGH NETWORKING, ADVOCACY AND BUSINESS AND
	ROFESSIONAL DEVELOPMENT.
4b	code:) (Expenses \$including grants of \$) (Revenue \$)
4c	code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
•••	/ (Expanded to the first time of the first time
	ther program services (Describe in Schedule O.)
	xpenses \$ including grants of \$ ) (Revenue \$ )
<del></del>	stal program conuce expenses

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Form 990 (2018) Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 × Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 X 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. 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 . . . . . . . . . . . 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 × 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 6 × 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," R 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or X Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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 X Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . . . . . 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d × Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e × 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 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional × 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E..... X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a × Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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 × Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . . . . . . . . . . . . 15 × Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 × Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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? [ke/l/kepo//16 peopplete Schedule I, Parts I and II . . . . .

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

×

×

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20a

Part	Checklist of Required Schedules (commuted)			
	Dubble and a second		Yes	No
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 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 through 24d and complete Schedule K If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d	ļ	
25a	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	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u></u>	×
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? If "Yes," complete Schedule R, Part 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	•		
	Established and the Boy 2 of Four 1000 Fates 0 of an analysis and a second of the seco		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	·

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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	<u> </u>		
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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	×	<u> </u>
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	×	<u> </u>
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. ▶	1		
	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		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
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	<del></del>		<u> </u>
_	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		<b> </b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		
	required to file Form 8282?	76,	+ т	77
	If "Yes," indicate the number of Forms 8282 filed during the year	7e	—	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del>                                     </del>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b></b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		٠, ٠	,
0	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.			<b>1</b>
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		١.
11	Section 501(c)(12) organizations. Enter		,	
а	Gross income from members or shareholders	·	`• .	١.
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	,	. ,	-
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		,	
С	Enter the amount of reserves on hand			<u> </u>
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		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ا ــ ا		
	excess parachute payment(s) during the year?	15		<del> </del>
40	If "Yes," see instructions and file Form 4720, Schedule N.	<del></del>		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O	1		<u>L</u>

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change. Check if Schedule O contains a response or note to any line in this Part VI	s ın Schedule O. S	See ins	struct	ions.
Secti	on A. Governing Body and Management				
		l <b>a</b>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 30			
	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.		ļ,		
ь	Enter the number of voting members included in line 1a, above, who are independent .	<b>1b</b> 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business		4		
2	any other officer, director, trustee, or key employee?		2		×
3	Did the organization delegate control over management duties customarily performed by or		_		
_	supervision of officers, directors, or trustees, or key employees to a management company or other		3_		×
4	Did the organization make any significant changes to its governing documents since the prior Form 9		5		×
5	Did the organization become aware during the year of a significant diversion of the organization.	on s assets?	6	×	×
6	Did the organization have members or stockholders?	alast or appoint	<del>                                     </del>	^	
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect of appoint	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approva	 I hv) members	<u> </u>		
b	stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions un	idertaken during	-,		4
	the year by the following:			<del>.</del> ×	
a	The governing body?		8b	- <del>^</del> -	
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be supported in the powering body?	 ot he reached at	00	^	
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C	<u> </u>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the	e Internal Reven	ue C		
	Ditti		100	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 o affiliates, and branches to ensure their operations are consistent with the organization's exemptions are consistent with the organization.	r such chapters, opt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a		×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				13. 7
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the pascribe in Schedule O how this was done	policy? If "Yes,"	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 andependent persons, comparability data, and contemporaneous substantiation of the deliberation		, ,		
а	The organization's CEO, Executive Director, or top management official		15a	×	
b	Other officers or key employees of the organization		15b	×	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		٠.,		٠
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	lar arrangement	16a		,
1_	with a taxable entity during the year?	n to evaluate its	;		' X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to		7		
	organization's exempt status with respect to such arrangements?		16b		
	on C. Disclosure				
17		-\ 000 and 000 7			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all the	at apply.	(Sec	tion t	ou1(C)
	Own website Another's website Upon request Other (explain in Sci				
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.				, and
20	State the name, address, and telephone number of the person who possesses the organization BLAKE FRY, 220 SE MAIN, LEE'S SUMMIT, MO 64063 (816)524-2424	on's books and re	cords	<b>•</b>	

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

#### 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 nor any related organization compensated any current officer, director, or trustee										
(A) Name and Title	(B) Average hours per week (list any hours for	(do n box, office	ot ch unles er and	Pos neck ss pe	sition more than erson is both director/trus		one n an	- trom	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	related organizations below dotted line)		Institutional trustee	cer	Key employee	Highest compensated employee	ner	organization (W-2/1099-MISC)		from the organization and related organizations
(1) ROSALIE NEWKIRK  CHAIRMAN	5.00			×				0.	0.	0.
(2) JON GARLOW CHAIR ELECT	5.00			×				0.	0.	0.
(3) TYLER MOREHEAD CHAIR EMERITUS	2.00			×				0.	0.	0.
(4) TIM DENKER DIRECTOR	2.00	×						0.	0.	0.
(5) CARSON GRAFF VICE CHAIR	2.00			×				0.	0.	0.
(6) TRISHA GOODALE TREASURER	2.00			×				0.	0.	0.
(7) ANDREW FELKER DIRECTOR	2.00	×						0.	0.	0.
(8) LATONYA BURGETTE DIRECTOR	2.00	×	_					0.	0.	0.
(9) BEN SEIDEL VICE CHAIR	2.00			×				0.	0.	0.
(10) KIM KLOCKENGA DIRECTOR	2.00	×						0.	0.	0.
(11) SUSAN COFFMAN DIRECTOR	2.00	×						0.	0.	0.
(12) MIKE MAKSIN VICE CHAIR	2.00			×				0.	0.	0.
(13) CLINT HAYNES DIRECTOR	2.00	×						0.	0.	0.
(14) MELISSA GRINLINTON DIRECTOR	2.00	×						0.	0.	٥.

(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	s than one is both an or/trustee) Reportable Report compensation		re than one n is both an tor/trustee)  Reportable compensate from			(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	1 ^ w	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(15) LIESEL HAYS DIRECTOR	2.00	×						0.	0.	0.		
(16) KRISTI JOHNSON-WARE DIRECTOR	2.00	×						0.	0.	0.		
(17) SETH KAKUSKE DIRECTOR	2.00	×						0.	0.	0.		
(18) CARA MCELHANEY DIRECTOR	2.00	×						0.	0.	0.		
(19) LINDA MILLER DIRECTOR	2.00	×						0.	0.	0.		
(20) LAUREN MOXLEY-JOHNSON DIRECTOR	2.00	×						0.	0.	0.		
(21) LINDA SMITH DIRECTOR	2.00	×						0.	0.	0.		
(22) DEBBIE STODDARD DIRECTOR	2.00	×						0.	0.	0.		
(23) TIM VAN ZANDT DIRECTOR	2.00	×						0.	0.	0.		
(24)												
(25)												
1b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Sectio					•	<b>&gt;</b>	0.	0.	0.		
Total number of individuals (including burreportable compensation from the organi	t not limited						e) w					
3 Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc Schedule J	for su	ıch	ındı	vidi	ıal				3 ×		
4 For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1 	150,	000	12 /1 	f "Ye.	s," 	complete Sch	edule J for sud 	4 ×		
5 Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe compl	nsat <i>ete</i>	tion Sch	froi nedu	n any ule J f	or s	related organiz such person	ation or individu	5 ×		
<ul><li>Section B. Independent Contractors</li><li>1 Complete this table for your five highest</li></ul>	compensati	ed inc	depe	end	ent	contr	acto	ors that receive	ed more than \$10	00,000 of		
compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within the o	rganization's tax		
(A) Name and business add	Iress	-						(B) Description of s	ervices	(C) Compensation		
2 Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Pair	VIII	Check if Schedule O contains a	response or note to	o any line in this	Part VIII		
		Check if Schedule O Contains a	response 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
ts ts	1a	Federated campaigns	1a				
iran	b	` * -	<b>1b</b> 430,088.				
Contributions, Gifts, Grants and Other Similar Amounts	С	·	1c				
ar /	d		1d				
S, E	е		1e			,	
ion Si	f	All other contributions, gifts, grants,		1		•	,
the st		and similar amounts not included above	1f				
E G	g	Noncash contributions included in lines 1a-11	\$ 27,373.	]			
S E	h	Total. Add lines 1a-1f		430,088.			
ne			Business Code				
Program Service Revenue	2a	GOVT RELATIONS	900099	10,602.	10,602.	0.	0.
æ	b	TOURISM	900099	335,746.	335,746.	0.	0.
Şi	С	LEADERSHIP	900099	20,720.	20,720.	0.	0.
Ser	d						
Ë	е						
ogr	f	All other program service revenue		214,504.	214,504.	0.	0.
ፈ	g	Total. Add lines 2a-2f		581,572.			
	3	Investment income (including d					_
		and other similar amounts) .		645.	645.	0.	0.
	4	Income from investment of tax-exemp	ot bond proceeds				
	5	Royalties (i) Real	(ii) Personal				
	_		(II) Personal		•		
	6a	Gross rents	<del></del>				
	b	Less rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss) .					<u> </u>
	7a	Gross amount from sales of assets other than inventory	(ii) Carlo	1			
	ь	Less cost or other basis					
		and sales expenses					
	С	Gain or (loss) .					, , , , , , , , , , , , , , , , , , ,
	d	Net gain or (loss)					
enne	8a	Gross income from fundraising					
Ve		events (not including \$					
Other Revo		of contributions reported on line 1c)					
ě		See Part IV, line 18 .	a 327,076.				
<b>†</b>		Less. direct expenses	<b>b</b> 139,144.				
		Net income or (loss) from fundrais		187,932.		0.	187,932.
	9a	Gross income from gaming activities	,				
	_	See Part IV, line 19					
		Less. direct expenses .	b				
		Net income or (loss) from gaming Gross sales of inventory, les					
	IVa	returns and allowances	a				
			b				
		Less cost of goods sold .  Net income or (loss) from sales of	· L				<u>-</u>
		Miscellaneous Revenue	Business Code				7
	11a		-				
	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a–11d	▶				
	12	Total revenue. See instructions		1,200,237.	582,217.	0.	187,932.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	npiete ali columns. A	ili otner organization	s must complete colu	ımn (A)
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		
	et include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	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				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	514,603.	514,603.	0.	0.
9	Other employee benefits				
10	Payroll taxes	39,226.	39,226.	0.	0.
11	Fees for services (non-employees):				
a	Management	762.	762.	0.	
p p	Legal	10,948.	10,948.	0.	0.
q	Lobbying	10,340.	10,940.		<u>.</u>
6.	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	78,239.	78,239.		
14	Information technology				
15	Royalties .				
16	Occupancy	33,666.	33,666.		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	3,925.	3,925.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,978.	20,978.		
23	Insurance				<del></del>
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)				
a	COMMUNITY BRANDING	322,275.	322,275.		
b	PUBLICATION	122,589.	122,589.		
C	CHAMBER CHALLENGE	3,363.	3,363.		<del></del>
d	LEADERSHIP	7,927.	7,927.		
9E	All other expenses Total functional expenses. Add lines 1 through 24e	74,614.	74,614.	0.	0.
25 26	Joint costs. Complete this line only if the	1,233,115.	1,233,115.		<u> </u>
20	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)	,			

32

33

Net.

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . . . . (A) (B) Beginning of year End of year Cash-non-interest-bearing 2,484. 1 170. 1 2 373,097. 2 379,629. Savings and temporary cash investments 3 Pledges and grants receivable, net . . 3 25,158. 4 Accounts receivable, net . 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Loans and other receivables from other disqualified persons (as defined under section 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 7 Notes and loans receivable, net 8 8 Inventories for sale or use 0. 9 q Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 299,863. 10a 10b 132,088. 111,110. 188,753. 10c **b** Less. accumulated depreciation Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV. line 11 12 13 Investments-program-related. See Part IV, line 11 . . . 13 14 14 Other assets. See Part IV, line 11 . . . 15 15 539,359. 16 484,377. Total assets. Add lines 1 through 15 (must equal line 34) 16 27,615. 17 7,397. 17 Accounts payable and accrued expenses 18 18 Grants pavable 132,333. 130,447. 19 19 Deferred revenue 20 Tax-exempt bond liabilities . 20 Escrow or custodial account liability Complete Part IV of Schedule D . 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 137,844. 159,948. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🖾 and **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 379,411. 27 346,533. Unrestricted net assets 27 . . . . 28 Temporarily restricted net assets . 28 Permanently restricted net assets . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund

> 484,377. Form 990 (2018)

346,533.

32

33

379,411.

539,359.

. .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances .

Total liabilities and net assets/fund balances

_	-	
Page		4

					<u> </u>
Part	XI Reconciliation of Net Assets		1		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	200,2	37.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	233,1	<u> 15.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-32,8	78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		379,4	11.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			<del></del>
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		346,5	33.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990.   Cash   Accrual   Other		_   1	1.	
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın		
	Schedule O			-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled (	or	,	
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			-	لــــ
b	Were the organization's financial statements audited by an independent accountant? .		. 2b	1	×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	a T	`	
	separate basis, consolidated basis, or both		l		, ,
	Separate basis Consolidated basis Both consolidated and separate basis				لــــا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersig!	ht		
	of the audit, review, or compilation of its financial statements and selection of an independent account			<b>_</b>	×
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın		
	Schedule O		<u> </u>		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth			
	the Single Audit Act and OMB Circular A-133?.		. <u>3a</u>	<u> </u>	<u>×</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		L
			Fo	rm <b>990</b>	(2018)

#### 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 № 1545-0047

Open to Public Inspection

Manne C	the organization		Zimproyor tuchunoudon mambo.
	S SUMMIT CHAMBER OF COMMERCE, INC		44-0620561
Par			
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) 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	or advisors in writing that the assets h	reld in donor advised
3	funds are the organization's property, subject to t		
•			
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the ben		
	conferring impermissible private benefit?		· · · · · · · · Yes · No
Par	II Conservation Easements.		
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	e organization (check all that apply).	
	Preservation of land for public use (e.g., recre	ation or education)   Preservation o	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization I	held a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.		· Held at the End of the Tax Year
_			2a
a	Total number of conservation easements .		
b	Total acreage restricted by conservation easemer		
С	Number of conservation easements on a certified		. <u>2c</u>
d	Number of conservation easements included in	(c) acquired after 7/25/06, and not	1 1
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, train	nsferred, released, extinguished, or teri	minated by the organization during the
	tax year ►		
4	Number of states where property subject to cons	ervation easement is located ▶	
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation e	easements it holds?	· · · · · □ Yes □ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcing	g conservation easements during the year
·	L	••••••••••••••••••••••••••••••••••••••	<b>3</b>
7	Amount of expenses incurred in monitoring, inspect	ing handling of violations, and enforcing	conservation easements during the year
•	►\$	ing, harding of violations, and emorong	conton varion caccinicates adming the year
	Does each conservation easement reported on lin	a 2/d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
8	and section 170(h)(4)(B)(ii)?	e Z(u) above satisfy the requirements of	· · · · · · · · Yes · No
			<del>_</del>
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easen		
Part			
	Complete if the organization answered		
1a	If the organization elected, as permitted under S	FAS 116 (ASC 958), not to report in its	s revenue statement and balance sheet
	works of art, historical treasures, or other similar	ar assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that	t describes these items.
b	If the organization elected, as permitted under		
_	works of art, historical treasures, or other similar	ar assets held for public exhibition, ed	ducation, or research in furtherance of
	public service, provide the following amounts rela		•
			<b>▶</b> \$
	(i) Revenue included on Form 990, Part VIII, line		•
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of an	t, historical treasures, or other similal	r assets for financial gain, provide the
	following amounts required to be reported under	SFAS 116 (ASC 958) relating to these i	tems:
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part X		<b>&gt;</b> \$

Par	Organizations Maintaining	Collections of	Art, His	torical 1	<b>Treasures</b>	, or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition,							
	collection items (check all that apply)	•						
а	Public exhibition		d	☐ Loan	or exchang	ge progr	rams	
b	☐ Scholarly research							
c	Preservation for future generation	•	•					
	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part							
•	XIII.		and oxpit	2111 11044 0	andy rantinon	1110 019	ameanon o ono	pr parpood r are
5		solicit or receive	donation	e of art	historical ti	reacure	s or other simil	ar
3	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Dom	Part IV Escrow and Custodial Arrangements.							
Par	Complete if the organization	angements.	" on Ear	~ 000 l	Part IV lin	0 0 or	roported an ar	mount on Form
	990, Part X, line 21.	i answered Tes	OHFO	111 990, 1	railiv, iiii	e 5, Oi	reported air ai	Hount off Form
	Is the organization an agent, trustee	oustadian or oth	or intern	andian, f	or contribut	tions or	other assets n	iot
18	included on Form 990, Part X?						other assets in	☐ Yes ☐ No
_								☐ Tes ☐ No
b	If "Yes," explain the arrangement in F	art XIII and comple	ete tne to	llowing t	able.	<u></u>	T	Amount
						<del> </del>	<del></del>	·····
С	Beginning balance .	• •				1c	<del>                                     </del>	
d	Additions during the year		•			<u>1d</u>		
е	Distributions during the year				•	<u>1e</u>		
f	Ending balance				•	1f		
2a	Did the organization include an amou							
b	If "Yes," explain the arrangement in P	art XIII Check her	e if the ex	xplanatio	n has been	provide	d on Part XIII .	
' Par								
	Complete if the organization	n answered "Yes	" on For	<u>m 990, l</u>				
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
c	Net investment earnings, gains, and		-					
	losses							
d	Grants or scholarships							
	Other expenditures for facilities and							
•	programs .							
f	Administrative expenses							
	End of year balance							
9	Provide the estimated percentage of	the current year on	d balanc	o (line 1c	r column (s	)) held (		
2	Board designated or quasi-endowme			e (iii) e i g	g, column (e	,,, ricia e	10	
a			70					
b	Permanent endowment	<sup>70</sup>						
С	Temporarily restricted endowment ▶		000/					
_	The percentages on lines 2a, 2b, and						ministered for t	ha
за	Are there endowment funds not in the	e possession of the	ie organi	zation th	at are neid	anu au	ininstered for t	
	organization by							Yes No
	(i) unrelated organizations .			•				3a(i)
	(ii) related organizations	•	•			•		3a(ii)
b	If "Yes" on line 3a(ii), are the related of					•		3b
4	Describe in Part XIII the intended use		on's endo	wment f	unds.			
Pari	,							
	Complete if the organization	n answered "Yes	" on For	m 990, l	Part IV, lin	e 11a. :	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book value
	_	(investm	ent) 	(0	other)	d€	preciation	
1a	Land							•
b	Buildings	. 9	7,041.					97,041.
c	Leasehold improvements		3,921.				79,852.	14,069.
d	Equipment		8,901.				108,901.	0.
e	Other							
	Add lines 1a through 1e (Column (d) i	must equal Form 9	90. Part 2	X. columi	n (B), line 10	Oc.)		111,110.

Part VII	Investments - Other Securities		000 5	111 0 5	000 D 11/1 10
	Complete if the organization as			T	
	(a) Description of security or category (including name of security)	gory	(b) Book value		hod of valuation -of-year market value
(1) Financia	derivatives				
	neld equity interests				
(3) Other					<u> </u>
(A)					
(B)					
(C) -			-		
(D)	•••••		-		
(E)				<u> </u>	
(F) (G)				<del> </del>	
(H)			ļ	<del></del>	<del></del>
	b) must equal Form 990, Part X, col (B) line 12 )			E TENEDRO DE COMPANSA DE LOS	
Part VIII	المعروبة الم Investments—Program Relat			2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	· · · · · · · · · · · · · · · · · · ·
I. al tavill	Complete if the organization ar		rm 990 Part IV Jir	e 11c. See Form	990 Part X line 13
	(a) Description of investment		(b) Book value		hod of valuation
	(a) Bessiption of investment		(D) Book value	1 ' '	of-year market value
(1)		<u>.</u>	<u> </u>	-	
(2)	<del>-</del>	· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		
(3)		· · · · · · · · · · · · · · · · · · ·			-
(4)		······································			
(5)					
(6)					
(7)					
(8)	`				
(9)					
	b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	<u></u>	<b>以为""的""。</b>	
Part IX	Other Assets.				
	Complete if the organization ar		rm 990, Part IV, Iir	e 11d. See Form	
	<del></del>	(a) Description			(b) Book value
(1)	<del></del>	<del></del>	<del></del> · · <del></del>		<del></del>
(2)					
(3)					
(4)					
(5) (6)	<del></del> `_	<del></del>	·		
(7)		<del></del>		·	
(8)					
(9)		· · · · · · · · · · · · · · · · · · ·			
Total. (Colui	mn (b) must equal Form 990, Part X,	col (B) line 15 ) .		>	<del></del>
Part X	Other Liabilities.				
	Complete if the organization ar	nswered "Yes" on Fo	rm 990, Part IV, Iır	e 11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value		REAL PROPERTY.	
(1) Federal in	come taxes			Control last	
(2)				THE STATE OF	
(3)					
(4) (5)					
(5)	•				
(6)					
(7)					
(8)			7 6 6 P.		
(9)	1				
	o) must equal Form 990, Part X, col (B) line 25)		Trib Care in		
	uncertain tax positions. In Part XIII, pro				
organization's	s liability for uncertain tax positions und	ler FIN 48 (ASC 740). Che	ck here if the text of t	he footnote has bee	n provided in Part XIII 🔲

Part				Return.	
	Complete if the organization answered "Yes" on Form 990, I		line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>	<i>:</i>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			•	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
Part				er Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV,	line 12a.		
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:			[, f ]	
а	Donated services and use of facilities	2a		<u> </u>	
b	Prior year adjustments	2b	···-	4	
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	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:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b	. 10)		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) .	· · ·	5	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.			5	Part X. line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information.	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line
5 Part Provid	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information.  e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	d 4, Part	IV, lines 1b and 2t	5 o, Part V, line 4; F	Part X, line

Page 5 Part XIII: Supplemental Information (continued)					
Part XIII	Supplemental Information (continued)				
•••••					
	,				
	7				
<del></del>					
•••••					

## **SCHEDULE G**

## | Supplemental Information Regarding Fundraising or Gaming Activities | OMB No 1545-0047

(Forn	1 990 or 990-EZ) Complete if	the organization and organization enter	nswered "Yes" ered more than	on Form 990 \$15,000 on	), Part IV, line 17, 18, Form 990-EZ, line 6a	or 19, or if the	2018
	ment of the Treasury		ttach to Form		990-EZ. nd the latest informa	tion	Open to Public
	of the organization	30 to www.irs.gov/	770771990 101 11	istructions a	no the latest imorna	Employer identifi	Inspection
LEE	'S SUMMIT CHAMBER OF CO	MMERCE, IN	C.			44-0620561	
Par	Fundraising Activities. Form 990-EZ filers are r	Complete if the not required to	ne organiza complete	ition answ this part.	vered "Yes" on	Form 990, Part IV,	line 17.
1	Indicate whether the organization	n raised funds f	through any	of the follo	owing activities C	heck all that apply	
а			е 🗆		on of non-govern	-	
b	Internet and email solicitatio	ns	f <u></u>	_	on of governmen	•	
C	Phone solicitations		g L	Special f	fundraising events	5	
d	☐ In-person solicitations						
2a							
	or key employees listed in Form		-				
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by		•	iraisers) pu	ursuant to agreen	nents under which tr	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) Did fund custody or contrib	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							

Total		
3	List all states in which the organization is registered or licensed to solicit contributions or has been notified registration or licensing	
	<u>'</u>	

8

9

10

**Part II** 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 6b. List events with gross receipts greater than \$5,000.

		5				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			OKTOBERFEST	ANNUAL DINNER	1	(add col (a) through col (c))
υ			(event type)	(event type)	(total number)	
ne	1	Gross receipts	215,321.	72,926.	38,829.	327,076.
Revenue	'	Gross receipts	215,321.	72,326.	30,029.	327,076.
_	2	Less Contributions				
	3	Gross income (line 1 minus				
		line 2)	215,321.	72,926.	38,829.	327,076.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .	98,181.	30,972.	9,991.	139,144.
	10	Direct expense summary Ad	ld lines 4 through 9 in c	olumn (d)		139,144.
	11	Net income summary Subtra	act line 10 from line 3, c	olumn (d) .	<b>.</b>	187,932.
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2	e organization answe Z, line 6a.	ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
eve						
ш.	1_	Gross revenue				
es	2	Cash prizes				
ens						
Exp	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				·
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	No. of the second
	7	Direct expense summary Ad	ld lines 2 through 5 in c	olumn (d)	•	
	8	Net gaming income summary	y Subtract line 7 from li	ne 1, column (d)		
_	_					
9		nter the state(s) in which the or		ming activities		
9 Enter the state(s) in which the organization conducts gaming activities a Is the organization licensed to conduct gaming activities in each of these states?						
i	- "	ivo, explain				
10		ere any of the organization's g	aming licenses revoked	l, suspended, or termina	ated during the tax year	
	b If	"Yes," explain.				

Schedu	ule G (Form 990 or 990-EZ) 2018		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		<u>%</u>
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.		
	Name ▶		
	Address ▶ '		
15a	revenue?	☐ Yes	□No
b	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.	١	
	Name ▶		
	Address▶		<b>.</b>
16	Gaming manager information		
	Name ▶	<del></del> -	
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		<b>-</b>
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
Part		ııı) and ( nal ınfori	v); and mation.
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		••••	
		••••	
•••••	<u> </u>		

REV 10/17/18 PRO

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Schedule G (Form 990 or 990-EZ) 2018

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public : Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

44-0620561

	S SUMMIT CHAMBER OF COM	44-062	20561				
Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) of determinatribution a	
1	Art-Works of art .						
2	Art—Historical treasures .						
3	Art - Fractional interests						
4	Books and publications		* ,		T		
5	Clothing and household			<del> </del>	T		
	goods .	ŀ	,				
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities-Publicly traded						
10	Securities—Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests .						
12	Securities-Miscellaneous						
13	Qualified conservation						
	contribution—Historic				1		
	structures				1		
14	Qualified conservation						
	contribution - Other .						
15	Real estate—Residential						
16	Real estate - Commercial .			_24,473.			
17	Real estate—Other				<u></u>		
18	Collectibles						
19	Food inventory			2,900.			
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts .						
23	Scientific specimens						
24	Archeological artifacts .						
25	Other ► ()						
26	Other ► ()					<u> </u>	
27	Other ► (						
28	Other ► (				<del></del>		
29	Number of Forms 8283 received						
	which the organization completed	Form 8283	s, Part IV, Donee Acknowled	agement	_29		al Na
						_ TE	s No
30a	During the year, did the organizat	tion receive	by contribution any prope	erty reported in Part I, line	s 1 through	·   ` .	-  -   f
	28, that it must hold for at least the			contribution, and which is	in't required		_
	to be used for exempt purposes f		e holding period?			30a	×
b	If "Yes," describe the arrangemen						
31	Does the organization have a	gift accep	stance policy that require	es the review of any i	nonstandard	<u> </u>	_
	contributions? .					31	×
32a	Does the organization hire or use	e third part	ies or related organizations	s to solicit, process, or s	ell noncash		
	contributions? .					32a	×
b	If "Yes," describe in Part II					.	- [. ]
33	If the organization didn't report an describe in Part II	amount in	column (c) for a type of pro	perty for which column (a)	is checked,		

Part II. Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and the organization is reporting in Part I, column (b), the number of contributions, the number of items or a combination of both. Also complete this part for any additional information.				
	1			
••	,			
,	•			
	,			

#### 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 EXECUTIV	E COMMITTEE			
PRIOR TO FILING WITH THE IRS.				
Pt VI, Line 12c: EACH BOARD MEMBER SIGNS A STATEMENT (FAMILY & BUS	INESS RELATIONSHIP			
QUESTIONNAIRE) AT THE BEGINNING OF EACH YEAR.				
Pt VI, Line 15a: EACH YEAR THE CHAMBER'S EXECUTIVE COMMITTEE REVI	EWS THE SALARY			
AND BENEFITS OF THE PRESIDENT.				
Pt VI, Line 15b: EACH YEAR THE CHAMBER'S EXECUTIVE COMMITTEE REVI	EWS THE SALARY			
AND BENEFITS OF THE EMPLOYEES.				
Pt IX, Line 24e:				
Description: GOVT RELATIONS				
Total: \$11,086				
Program services: \$11,086				
Management and general: \$0				
Fundraising: \$0				
Description. EDUCATION				
Total: \$3,823				
Program services: \$3,823				
Management and general: \$0				
Fundraising: \$0				
Description: HEALTHCARE				
Total: \$250				
Program services: \$250				
Management and general: \$0				

Schedule O (Form 990 or 990-EZ) (2018)  Name of the organization	Employer identification number
LEE'S SUMMIT CHAMBER OF COMMERCE, INC.	44-0620561
Fundraising: \$0	
Description: MEMBERSHIP	
Total: 650 455	·
Program services: \$59,455	
Management and general: \$0	
Fundraising: \$0	
······································	
······································	