

# **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

Department of the Treasury

▶ 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 Inspection

inte	mai neveni						
<u>A</u>	For the	2017 calendar year, or tax year beginning January 1, 2017, and e	ending	Decen	nber 31	, 20 17	
В	Check if	applicable C Name of organization Olathe Chamber of Commerce, Inc			D Employ	er identification number	
$   \boxed{\mathcal{L}} $	Address	change Doing business as				48-0357594	
	Name ch	Number and street (or P O box if mail is not delivered to street address) Roc	om/suite		E Telepho	ne number	
	Initial retu		100	)		913-764-1050	
$\bar{\Box}$	Final return	n/terminated City or town, state or province, country, and ZIP or foreign postal code					
$\overline{}$	Amended				G Gross re	eceipts \$	
$\exists$		on pending F Name and address of principal officer:		His) is this a or		subordinates? Yes No	
	Аррисанс					s included? Yes No	
		Tim McKee, same as above	11 2			list (see instructions)	
<u> </u>			27:15			•	
<u></u>	Website:			H(c) Group			
K		organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of for	ormation	1923	M State	of legal domicile KS	
Ľ	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities:	· · · · · · · · · · · · · · · · · · ·				
Governance		To improve the local business community					
паг	_						
ě	2 (	Check this box ▶☐ if the organization discontinued its operations or dispos	sed of n	nore than	25% of	ıts net assets	
Ĝ	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	29	
∘ಶ	4 1	Number of independent voting members of the governing body (Part VI, line	1b) .		4	_28	
Se Se	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	22	
⊇ <u>ĕ</u>	ı	Total number of volunteers (estimate if necessary) .			. 6	600	
<b>₹</b>		Total unrelated business revenue from Part VIII, column (C), line 12			7a	7,124	
	1	Net unrelated business taxable income from Form 990-T, line 34			7b	0	
`!			T	Prior Ye		Current Year	
<u> </u>	8 (	Contributions and grants (Part VIII, line 1h)		1	,865,781	2,036,597	
۾ ج				•	608,668	615,447	
Revenue	10	Program service revenue (Part VIII, line 2g) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		3,3955	3,924		
æ		Other revenue (Part VIII, column (A), lines 5,6d, 8c, 9c,10c, and 11e)	#				
		Total revenue—add lines 8 through 11 (must equal Part-VIII, columny(A), lines 12	<u>(</u> ,		1,795	1,445	
		/ L	2)		,479,639	2,657,413	
		Grants and similar amounts paid (Part IX/column (A)-lines 1–3)	• -		0		
		Benefits paid to or for members (Part IX, column (4)) June 4)	;		0	<u>U</u>	
ses		Salaries, other compensation, employee benefits (Part IX, column (A) lines 5-10	) <u> </u>	1	,283,973	1,357,459	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		. A. 15 S. L	0	O to the second of the second	
×		Total fundraising expenses (Part IX, column (D), line 25) ▶					
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	1	,035,225	1,061,000	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	2	,319,198	2,418,459	
	<b>19</b> F	Revenue less expenses. Subtract line 18 from line 12			160,441	238,954	
Assets or Balances			Begi	nning of Cur	rent Year	End of Year	
asets	20 T	Total assets (Part X, line 16)	. L	1	,975,849	2,245,903	
d B	<b>21</b> T	Total liabilities (Part X, line 26)			249,832	280,932	
Net / Fund	22 N	Net assets or fund balances. Subtract line 21 from line 20		1	,726,017	1,964,974	
Pa	rt II	Signature Block					
Unc	der penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and	statemen	ts, and to th	e best of m	ny knowledge and belief, it is	
true	, correct, a	and complete Declaration of preparer (other than officer) is based on all information of which pre	parer has	any knowle	dge		
		Now Market			311	4/2018	
Sig	n	Signature of officer		Date	3		
Her	e	I Tim McKoo (FC)					
	- 1	Type or print name and title		·		<del></del>	
		Print/Type preparer's name Preparer's signature	Date	· · · -	1	PTIN	
Pai			1		Check self-emp	_l # [	
	parer	1 =	1	-	<u> </u>	-,1	
US	e Only				s EIN ►		
May	the IRS	Firm's address ► Sidiscuss this return with the preparer shown above? (see instructions)		Phon	e no	□Van □Na	
			· · ·	• •	• • •	Yes No	
ror l	raperwo	ork Reduction Act Notice, see the separate instructions.	at No 1	1282Y		Form <b>990</b> (2017)	



Form 9	90 (2017) Page <b>2</b>
Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To foster a progressive community vision for Olathe through inspired leadership, balanced growth, highest educational opportunities, and responsive government to ensure a quality family and business environment.
	opportunities, and responsive government to ensure a quality ranny and business environment.
	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code: ) (Expenses \$ 113,216 including grants of \$ ) (Revenue \$ )
	Economic development programs are geared to the care and nurture of existing private sector job providers, as well as the
	recruitment of job relocation prospects
	······
4b	(Code: ) (Expenses \$ 400,207 including grants of \$ ) (Revenue \$ )
	Convention and visitors bureau promoted the services of Chamber members to the business and travelling public via promotional
	materials and exhibitions at key conventions Hosted athletic events in Olathe to benefit the community.
4c	(Code: ) (Expenses \$ 164,264 including grants of \$ ) (Revenue \$ )
	Member services inform Chamber members of pertinent issues facing the through weekly meetings, luncheons, a newsletter,
	and member directory.
	······································
<b>A</b> ~ <b>1</b>	Other pregram con uses (Decembe in Schodule O.)
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses

BCD & M O

Form 99	0 (2017)		F	age 3
Part	V Checklist of Required Schedules			
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	_	1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	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	<b>&gt;</b>	
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		<b>✓</b>
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		1
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		1
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		<b>√</b>
d	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		<b>√</b>
	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		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	1	
	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a	<del> </del>	1
ъ	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		1
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		1
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		1
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		1
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	/	<u> </u>
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		/

Part	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			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		✓_
~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-22		<del>                                     </del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated	} }		}
	employees? If "Yes," complete Schedule J	23		1
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
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		✓_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓_
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		ļ
Ь	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?	1		1
	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	230		<del> </del> -
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			1
	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		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		1
C	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		<b>V</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	20		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<b>/</b>
•	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		<del>                                     </del>
	complete Schedule N, Part II	32		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	O.C.L.	}	ł
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		<del> </del>
-	related organization? If "Yes," complete Schedule R, Part V, line 2	36	l	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	133	-	<del> </del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	}	]	}
	Part VI	37	}	<b>V</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

•				
	0 (2017)			Page \$
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	· .	
10	Enter the number recorded in Day 2 of Form 1006 Enter 0 of materials	<b>永续额</b>	Yes	No
1a •	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13		¥.	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	1c		37%
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<b>***</b>	207	44.70
				1
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		PAGE
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	78.55
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	
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	1	
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		1
b	If "Yes," enter the name of the foreign country: ▶			推出
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR).		410	4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<b> </b>	\ <u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	✓
с 6а	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<del> </del> -	<del>├</del> ─
V	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<del>0</del>	<del>                                     </del>	<del>                                     </del>
	qifts were not tax deductible?	6b	<b> </b>	ĺ
7	Organizations that may receive deductible contributions under section 170(c).	10.7%	# 1# 44 B _ 1	3.5
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	40		· 秦,,
	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1		1
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	[1 <sup>2</sup> / <sub>2</sub> 2 .	2 (Hr. 2	419gt-7
e	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?. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		<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?	7g 7h		┼-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	100 T	2000	78
	sponsoring organization have excess business holdings at any time during the year?	8	11.5	- Sailer S
9	Sponsoring organizations maintaining donor advised funds.	4.73	West T	गम्बर्
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	1	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	H MAN		
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
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.)			
100	against amounts due or received from them.)	12a		
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	128		44
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		1 (1000)
_	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b				188

the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand . . . . . .

13b

13c

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Secti	on 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.			
ь 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		<b></b> -
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5 6	<b>✓</b>	✓ ✓
b	one or more members of the governing body?	7a 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b	1	<b>/</b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>✓</b>
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>✓</b>	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b	<b>✓</b>	<b>✓</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	<b>\</b>	
13 14 15	Did the organization have a written whistleblower policy?	13 14	<b>✓</b>	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>√</b>	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<b>√</b>
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 organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 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 in financial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶	
	Sharon Buddington, 19103 W. 106th Stroot, Suito 100, Olatho, VS cened, 013 764 1050			

Earm	aan	(201	71

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Form 990 (2017)

Part VII	Compensation of Officers, Directo	rs, 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 .

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 personal Check this box if neither the organization noi		d ora:	anız	atio	n co	omne	nsa	ited any curren	t officer director	or trustee.	
		Julya	21 112	(C	>)	niibe	1136				
(A) Name and Title	(B) Average hours per week (list any	box, u	nles r and	eck s per l a d	more rson recto	than one of the than of the the than of the the the than of the	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	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	
(1) Dr. Joe Sopcich						i					
Director (2) Parid Cainel	<u> </u>	<b>✓</b>	$\vdash$	_		<b>-</b>		<u>                                       </u>	0		_0
(2) Dr. David Spittal Director	<del> </del> -	·/							o		0
(3) Michael Wilkes				_				<del>                                     </del>			
Director		✓					<u> </u>	0	0		0
(4) Brad Cornell	40			,			}				
(5) Tim Makes	40		-	✓		<u> </u>	-	<del> </del>			
(5) Tim McKee Secretary	40		'	1	ŀ		1		į		
(6)				Ť							
(7)			-								
(8)			_		-						
(9)				-	-		-				_
(10)											_
(11)				<u> </u>	<del>                                     </del>			1			
(12)	<del> </del>			-				<del> </del>			
(13)	<del> </del>		-	$\vdash$	$\vdash$		f				
(14)				-	_		T	183,039		3g/	

			_
Form	990	1201	71

	-
Dago	•

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

ection 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		d orga	anız	atio	n c	ompe	nsa	ited any currer	it officer, directo	r, or trustee.
					<del>)</del>				[	
(A)	(B)			Pos				(O)	(E)	(F)
Name and Title	Average					than c		Reportable	Reportable	Estimated
	hours per week (list any	office		ad		or/trust	ee)	compensation from	compensation from related	amount of other
	hours for	individual trustee or director	Inst	Officer	ě	Hig	Former	the	organizations	compensation
	related organizations	ec v	Institutional trustee	cer	Key employee	nest	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	tor to	onal		ploy	боп		(11-23 10005 111100)	}	and related
	line)	uste	trus		8	lpen			}	organizations
		•	tee			Highest compensated employee				
(1) Michael Snyder										
Chair	}	1		1		ļ				o
(2) Jason Peters	1							ļ <u>-</u>	<u>-</u>	
Past-Chair		✓		✓				0		0
(3) Scott Coup										
Treasurer		1		✓				0	0	<u> </u>
(4) Kate Allen								}		
Director	<b>.</b>	1					<u> </u>	0	<u> </u>	0
(5) John Allison								ļ	}	
Director	<b> </b>	1			_		_	0		0
(6) John Almeida								}	}	
Director	ļ	<b>✓</b>						0	\ <u>c</u>	0
(7) Jeff Bell									}	1
Director	ļ	1						c	\	0
(8) Jeff Bennett			1			,		}		1
Director	<del> </del>	<b>/</b>					<u> </u>	9	\	0
(9) LeAnn Brock	ļ	1					ł	1	1	_
Director (10) as: 1 a 10 a 11	<del> </del>		$\vdash$					ļ	\ <u>_</u>	0
(10) Michael Copeland	<del></del>	1	[ ]				1		_	
Director (11) Frank H. Devocelle	<del> </del>	<del>                                     </del>	$\vdash$					<del> </del>	<del> </del>	0
Director	<del></del>	1						}	1	
(12) Daham Dilla-	<del> </del>	<del>  `</del>	$\vdash$	_	-		-	<del>{</del>	<del>{</del>	<del></del>
Director	<del></del>	1			ł		1			
(13) Ed Eilert	<del></del>	<del>-</del>			-		-	·	<del></del>	₩
Director	†	1	} }		1			1		) <sup>'</sup> 0
(14) John Hjalmarson	<del> </del>	<u> </u>		_		ļ		<del> </del>	<del> </del>	
Director	<del>}</del>						]	}	/	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(C)											
	(A) Position (do not check more than		than c	(D) (E)		(E)		(F)				
	Name and title	Average	Average box, unless person is bo					Reportable	Reportable		Estimated	
		hours per week (list any	office	er and	dad	irect	or/trust	<u> </u>	compensation from	compensation related		amount of other
		hours for	9 2	รณ	윺	<i>₫</i>	3 E	Former	the	organizatio		compensation
		related	l re ivid	lituti	Officer	en en	ples	) a	organization	(W-2/1099-N	AISC)	from the
		organizations below dotted	호텔	ona		Key employee	8 8	}	(W-2/1099-MISC)		{	organization and related
		line)	Individual trustee or director	Institutional trustee		8	npe	}	ł		{	organizations
			8	stee		1	Highest compensated employee	}			}	
(45) 6	And the size of the		}				8		ļ		{	
Directo	Rod Kopischke		1			}		}				0
	avid Kugler			$\vdash$		┝		<del> </del>	0	·	- 9	<del></del>
Chair-l			1		1				0	,	o	0
(17) N	like Lally							<u> </u>				
Directo			✓						o		0	0
(18) N	lichelle Lawrence							-				
Directo			<b>✓</b>					L	0		0	0
(19) s	usan Lyman							İ	}	1	}	
Directo			<u> </u>					ļ	0		0	0
	am Mansker		1					Ì			_{	
Directo	oe Martines		_ <del>-</del>	$\vdash$		-		-	0	<del></del>	- 0	0
Directo			1	}					o	1	o	0
(22) 7	im Miller											<del>-</del>
Directo	or		1						o		О	0
(23) N	1. Gayle Packer											
Directo	or		✓						0		0	0
(24) C	arrie Rezac							1			- [	
Directo	<del></del>		<b>/</b>					<u> </u>	0		0	0
	alph Richardson							}				
Directo 1b		L		ш				L	0		0	0
C	Total from continuation sheets to Part	 VII Soctio	 n A		•				0		0	0 744
đ	Total (add lines 1b and 1c)							<b>&gt;</b>	183,039 1933039			30,741 30741
2	Total number of individuals (including but									ore than \$1	00 00	
	reportable compensation from the organi		10 (1)	030	1130	.cu	above	<i>5)</i> <b>V</b> V	no received m	Je man y i	00,00	0 01
				-								Yes No
3	Did the organization list any former of									est compe	nsate	d
	employee on line 1a? If "Yes," complete S											3 🗸
4	The state of the s											
	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such											
_	<del></del>											
5	for services rendered to the organization											5 V
Section	n B. Independent Contractors								75.55.		<u> </u>	
1	Complete this table for your five highest of	compensate	ed ind	depe	end	ent	contr	acto	ors that receive	ed more tha	in \$10	00.000 of
	compensation from the organization. Rep											
	year.											
	(A) (B) (C) Name and business address Description of services Compensation											
								-				
									<del>-</del>			
								<u> </u>			ļ	
<del></del>	Total number of independent contractor	re Includer	na hi	ıt n	ot 1	lmi+	ed to	1 +1	nee listed ab	מעשו (אור		<del></del>
	received more than \$100,000 of compens							, u	Ose listed and	JVE) WITO		

Form **990** (2017)

Par	VIII	Statement of Reve				<del></del>		
		Check if Schedule C	contains a re	sponse or note to				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s 1a	128,062	T			
Gra	b	Membership dues .	<del></del> -	<del></del>				
Gifts, Grants ilar Amounts	С	Fundraising events .	<del></del>		1			
ايّا يَرَا	d	Related organizations		<del></del>	ì	į		
Sin	e	Government grants (con All other contributions, g		1,404,580	}	}		
he të	,	and similar amounts not inc		27,084	}	]		
草豆	g	Noncash contributions include			1	l	1	
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1			2,036,597	}		·
ne				Business Code				
ven	2a	Member services		900099	347,804	340,680	7,124	
9. B	b	Community Developme		900099	254,923	254,923		
Zi	С	Economic Developmen	nt	900099	12,720	12,720		
Se	d			- }				
ran	e f	All other program ser						
Program Service Revenue	g	Total. Add lines 2a-2			615,447			<del></del>
	3	Investment income			013,447	1		
	}	and other similar amo		<b>&gt;</b> }	3,924	3,924	j	3,924
	4	Income from investmen	t of tax-exempt	bond proceeds▶				
	5	Royalties	<del>,</del>					
	_		(i) Real	(ii) Personal	ļ	ţ		
	6a	Gross rents	<b></b>		+	ħ		
	b b	Less. rental expenses Rental income or (loss)	}	<del>- </del>	ļ	j	j	!
	d	Net rental income or (	(loss)					
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		1	Ì	}		
	b	Less: cost or other basis			1	İ		
		and sales expenses .			j	ł		
	C	Gain or (loss)	L					
	đ	Net gain or (loss) .		<del></del>				
venue	8a	Gross income from fu events (not including \$	J					
Other Rever		of contributions reported See Part IV, line 18 .		a				
off.	ı	Less: direct expenses		ь		ł		
		Net income or (loss) f						· ·
	9a	Gross income from ga			1			
		See Part IV, line 19 .		·	ł			
		Less: direct expenses Net income or (loss) f		b				
	)	Gross sales of in					<del></del>	
		returns and allowance						
	ь	Less: cost of goods s		b				
	С	Net income or (loss) f		ventory ►				
		Miscellaneous F	Revenue	Business Code				
,	11a	Other income		900099	1,445	1,445		
	b							
	C	All all an agreement						
	d	All other revenue .  Total. Add lines 11a-					<del></del>	<u> </u>
	12	Total revenue. See if			1,445 2,657,413	613,692	7,124	3,924
					-/-///	<u> </u>		0,05

Form 9	90 (2017)				Page 10
Part	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX		
	t include amounts reported on lines 6b, 7b, , 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	183,039			
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	Other salaries and wages	912,176			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits [	181,640			
10	Payroll taxes	80,604			
11	Fees for services (non-employees):	}			
а	Management		<del> </del>		<del></del>
b	Legal				
C	Accounting				
d	Lobbying		<del></del>		
e	Professional fundraising services. See Part IV, line 17				<del></del>
f g	Investment management fees				
12	Advertising and promotion	822	<del></del>		
13	Office expenses	69,442			
14	Information technology				<del></del>
15	Royalties				
16	Occupancy [	121,858			
17	Travel				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings . [	43,690			
20	Interest		<del> </del>		<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	31,006	<del></del>	 	
23	Insurance	11,480	<del> </del>	<del></del>	<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.)				
_	Decarem evpense		<del></del>	<del> </del>	
a b	Program expense Staff Expense	677,687		<del> </del>	
C		56,651		<del> </del>	
d		<del></del> +	<del> </del>	<del> </del>	
e	All other expenses	48,364		<del> </del>	
25	Total functional expenses. Add lines 1 through 24e	2,418,459		<del> </del>	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	4,410,439			
	from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

F	art X	Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Par			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	1,462,560	1	1,762,215
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	394,106	4	404,908
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
Ø	6	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		c	
ets Ets	-	_ · · · · · · · · · · · · · · · · · · ·		6	<del></del>
Assets	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	<del></del>
	9 10a	Prepaid expenses and deferred charges	68,871	9	56,371
	100	other basis. Complete Part VI of Schedule D 10a 72,350			
	b	Less: accumulated depreciation [10b] 51,432	27,546	10c	20,918
	11	Investments—publicly traded securities		11	<del></del>
	12	Investments—other securities. See Part IV, line 11		12	<del></del>
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	22,766		1,491
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,975,849	$\overline{}$	2,245,903
	17	Accounts payable and accrued expenses	62,730	17	64,875
	18	Grants payable		18	<del> </del>
	19	Deferred revenue	184,870	19	211,566
	20	Tax-exempt bond liabilities	<del></del>	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
jab	}	disqualified persons. Complete Part II of Schedule L		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		1	
	}	of Schedule D	2,232		4,491
	26	Total liabilities. Add lines 17 through 25	249,832	26	280,932
Net Assets or Fund Balances	}	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
JE .	27	Unrestricted net assets	1,726,017	27	1,964,971
39	28	Temporarily restricted net assets	1,720,011	28	1,00 1,01
B	29	Permanently restricted net assets		29	<del></del>
5	}	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			<del></del>
7.	{	complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	<del></del>
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	<del></del>	32	<del></del>
let	33	Total net assets or fund balances	1,726,017		1,964,971
_	34	Total liabilities and net assets/fund balances	1,975,849		2,245,903

romi	30 (2017)			Pa	ige IZ
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	11		2,65	7,413
2	Total expenses (must equal Part IX, column (A), line 25)	2			8,459
3	Revenue less expenses. Subtract line 2 from line 1	3		23	8,954
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,72	26,017
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		1,96	34,971
Par	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>	<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	plain ir	ו		}
	Schedule O.				
2a	3 · · · · · · · · · · · · · · · · · · ·				✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r		
	reviewed on a separate basis, consolidated basis, or both:				l:
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<b>✓</b>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	а 💮		1
	separate basis, consolidated basis, or both:				) 
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				}
	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	kplaın ır	י		
_	Schedule O.	_			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	ı ı		}
	the Single Audit Act and OMB Circular A-133?		3a	<b></b>	<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			}	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	1 1	ì

Form **990** (2017)

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

		that have filed Form 5768 (election und					
		that have NOT filed Form 5768 (election					
Tax) (s	see separate instructions), t		y Tax) (see separat	e instructions) or Form 990	-EZ, Part V, line 35c (Proxy		
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III	<del></del>				
Name	of organization			Employer ider	ntification number		
	Chamber of Commerce, Inc				48-0357594		
Part	I-A Complete if the	e organization is exempt und	er section 501(	c) or is a section 527 of	organization.		
1	definition of "political campaign activities")						
2		ty expenditures (see instructions)			/ } #		
3	Volunteer hours for politic	cal campaign activities (see instru	ctions)				
Part		e organization is exempt und		<del></del>			
1	Enter the amount of any	excise tax incurred by the organization	ation under section	n 4955 ▶ \$	 		
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$			
3	=	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?			
4a	Was a correction made?				. Yes No		
ь	If "Yes," describe in Part				<del></del>		
Part		e organization is exempt und		<del></del>	(c)(3).		
1		ly expended by the filing organiz					
	activities			<b>▶</b> \$			
2		filing organization's funds contrib		anizations for section			
	527 exempt function acti	vities		▶ \$	·		
3		expenditures. Add lines 1 and 2		on Form 1120-POL,			
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year	?		Yes No		
5	organization made payme the amount of political co	ses and employer identification nu ents. For each organization listed, ontributions received that were pro I fund or a political action committe	enter the amount mptly and directly	paid from the filing organic delivered to a separate p	zation's funds. Also enter political organization, such		
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization  If none, enter -0-		
(1)							
(2)	<del></del>						
(3)							
(4)	·						
(5)							
(6)							

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Schedule	$\sim$	(Form	990 00	aga	ピン	2017	,
scriedule	·	ırom	99U OF	990-	ᇈ	2017	

Part II-A		Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).								
A	Check >	If the filing organization belor address, EIN, expenses, and	•	•		iliated group memb	er's name,			
<u>B</u>	Check ▶	☐ If the filing organization chec	ked box A and	"limited control" p	rovisions apply.					
		Limits on Lobi				(a) Filing	(b) Affiliated			
		(The term "expenditures" m		-	<del></del>	organization's totals	group totals			
1a Total lo		lobbying expenditures to influence	public opinion	(grass roots lobby	/ıng)					
	b Total lobbying expenditures to influence		a legislative be	ody (direct lobbyin	g)					
	c Total	lobbying expenditures (add lines 1	a and 1b) .							
	<b>d</b> Other	exempt purpose expenditures .								
	e Total	exempt purpose expenditures (ad	d lines 1c and 1	d)						
	f Lobby colum	ying nontaxable amount. Enter	the amount f	rom the following	g table in both					
	If the a	amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:					
	Not ov	er \$500,000	20% of the ar	nount on line 1e.			i			
	Over \$	500,000 but not over \$1,000,000	\$100,000 plus	s 15% of the excess	over \$500,000					
	Over \$	1,000,000 but not over \$1,500,000	\$175,000 plus	s 10% of the excess	over \$1,000,000		1			
	Over \$	1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess of	ver \$1,500,000.					
	Over \$	17,000,000	\$1,000,000							
	g Grass	roots nontaxable amount (enter 2	5% of line 1f)							
	h Subtr	act line 1g from line 1a. If zero or l	ess, enter -0-							
	i Subtr	act line 1f from line 1c. If zero or le	ss, enter -0-							
		re is an amount other than zero ting section 4911 tax for this year					Yes No			
	(Sor	me organizations that made a se See the	ction 501(h) el separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	ns below.			
	<del> </del>	Lobbying	Expenditures	During 4-Year A	veraging Period					
	Ca	lendar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	( <b>d)</b> 2017	(e) Total			
	2a Lobb	ying nontaxable amount		_						
		ying ceiling amount 6 of line 2a, column (e))								
	c Total	lobbying expenditures								
	d Grass	sroots nontaxable amount								
		sroots ceiling amount 6 of line 2d, column (e))								
	f Grass	sroots lobbying expenditures								

	(election under section 501(h)).	T (	a)		(b)
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed iption of the lobbying activity.	Yes	No		nount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?	<u> </u>			
е	Publications, or published or broadcast statements?	L	ļ		
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		-	<u> </u>	
! :	Other activities?			<u> </u>	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	H = 3 =	E COURT		
b	If "Yes," enter the amount of any tax incurred under section 4912			DIX Indiana and D	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		1		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			F812/30	<b>医</b>
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	;)(5), d	or se	ction	
	501(c)(6).				
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?		•	1	<b> </b>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			3	1
3 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes."				line 3, is
1	Dues, assessments and similar amounts from members		1		582,702
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of			
а	Current year	•	2a	-	34,797
ь	Carryover from last year		2b	<b>├</b>	
C	Total	•	2c 3	├──	34,797
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	f tha	3		58,270
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	yıng			
5	Taxable amount of lobbying and political expenditures (see instructions)		5	<del>                                     </del>	
Par		•		<u>.l</u>	
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	oun lis	t)· Pa	rt II-A I	ines 1 and
	e instructions), and Part II-B, line 1. Also, complete this part for any additional information.	Jup III	λ, . α		1100 1 4114
•					
				· <b></b>	
		<del></del>			
		<del>-</del>			

	m 990 or 990-EZ) 2017	Page 4
Part IV	Supplemental Information (continued)	
	***************************************	
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		••
	***************************************	***************************************
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## 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 o	f the organization		Employer identification number
	Chamber of Commerce, Inc.		48-0357594
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		1
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year		<del></del>
5	Did the organization inform all donors and dono	r advisors in writing that the assets t	neld in donor advised
	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors,	•	
	only for charitable purposes and not for the bene		
Par	<del></del>	<del></del>	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the	<del></del>	<del></del>
•	Preservation of land for public use (e.g., recrei		of a historically important land area
	Protection of natural habitat	· ==	of a certified historic structure
	☐ Preservation of open space		n a continea motorio di actaro
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contributi	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemer		
c	Number of conservation easements on a certified		
ď	Number of conservation easements included in		
_			1 1
3	Number of conservation easements modified, tran		1 = 0
•	tax year ▶	ioron out released, extinguismed, er ter	minuted by the organization during the
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		
6	Staff and volunteer hours devoted to monitoring, inspec		
	>	oung, namaning of violations, and officing	concervation caccinicate daming the year
7	Amount of expenses incurred in monitoring, inspecti	ing handling of violations, and enforcing	conservation easements during the year
•	<b>▶\$</b>	mig, mandamig of Holations, and officioning	oondervation easements adming the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		· · · · · · · · · · Yes · No
9	In Part XIII, describe how the organization reports		
•	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Part			r Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the	•	
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
_	works of art, historical treasures, or other similar	ar assets held for public exhibition, e	ducation, or research in furtherance of
	public service, provide the following amounts rela		
	(i) Revenue included on Form 990, Part VIII, line	_	<b>⊳</b> \$
	(ii) Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of ar	t. historical treasures, or other similar	ar assets for financial dain, provide the
-	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1	, ,	
b	Assets included in Form 990, Part X		
	Hard and the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the		

Page 2	Pac	e)	2
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Part	III Organizations Maintaining	Colle	ctions of	Art, Hist	orical T	reasures	or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):		ion, and o	ther recor	ds, chec	k any of th	e follov	ving that are a	significant	use of its
а	☐ Public exhibition			d (	] Loan	or exchang	je progi	rams		
ь	Scholarly research			e i	] Other	r				
	Preservation for future generations									<b>-</b> .
4	Provide a description of the organiza XIII.	tion's c	ollections	and expla	in how t	hey further	the org	anization's exe	mpt purpo	ose in Part
5	During the year, did the organization									
	assets to be sold to raise funds rather			ained as p	art of the	e organizati	on's co	llection?	Y€	s 🗌 No
Part	V Escrow and Custodial Arra						_			_
	Complete if the organization	answ	ered "Yes	on For	m 990, F	Part IV, line	9, or	reported an a	mount or	Form
12	990, Part X, line 21.  Is the organization an agent, trustee	custo	dian or oth	or interm	odian, fo	ar contribut	ione or	other accets		
14	included on Form 990, Part X?	, custo		iei iiiteiii	ecialy it			Other assets i		es 🗍 No
b	If "Yes," explain the arrangement in P									.5 🗀 110
		**********	<b>.</b>					1	Amount	
C	Beginning balance						10			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amou								•	
b	If "Yes," explain the arrangement in P  Endowment Funds.	art XIII.	Check nei	re if the ex	cplanatio	n has been	provide	ed on Part XIII	<del>`::</del>	
r ar	Complete if the organization	าลกรพเ	ered "Ves	" on For	m aan I	Part IV line	10			
	Complete if the organization		urrent year		or year	(c) Two year		(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance	ļi	<del>-</del>	<del> </del>		<del>  `                                   </del>		•••••		<del></del>
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships	}		<del> </del>		<del> </del>				
	Other expenditures for facilities and			<del> </del>						
	programs	}		1		1	}		ł	
f	Administrative expenses									
9	End of year balance									
2	Provide the estimated percentage of				e (line 1g	,, column (a	)) held	as:		
a	Board designated or quasi-endowme			%						
b	Permanent endowment ►  Temporarily restricted endowment ►	%	07							
С	The percentages on lines 2a, 2b, and		uld equal 1	100%						
3a	Are there endowment funds not in th				zation th	at are held	and ad	ministered for	the	
	organization by:	-				a. a. a				Yes No
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations								. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related o								. 3b	
4	Describe in Part XIII the intended uses			on's endo	wment f	unds.				
Part				" on Co.	000	Dank O. / Park	_ 44_	0 5 001	0 Day V	li 10
	Complete if the organization  Description of property		(a) Cost or o			or other basis		Accumulated		
	Description of property		(investr		1	other)		epreciation	(a) Box	ok value
1a	Land									
b	Buildings	·  _			ļ					
C	Leasehold improvements	.  -			<u></u>					
d e	Equipment	.  -		72,350	<del> </del>			51,432		20,918
	Add lines 1a through 1e. (Column (d) r	nust ec	ual Form (	OOD Port	Y colum	n /R) line 1/	<u> </u>			00.015
	rico intos ra unough re, (Column (a) r	,,03( 69	uar i Omii s	ou, rail	, coluiti	, b), line 10	<i></i>	<u> ▶                           </u>		20,918

Part VII	Investments – Other Securities. Complete if the organization answ	ered "Yes" on Fo	m 990	Part IV line	11h See Form	990 Part X line 12
	(a) Description of security or category (including name of security)	ered 1e3 off1 of		ook value	(c) Meth	od of valuation of-year market value
(1) Financial			 			
	neld equity interests		}			
(2) Oloseiy-i (3) Other	• •		}			
(A)			<b></b>			
(B)			<del> </del>			<del> </del>
(C)			<del> </del>			
(D)	***************************************		<del>                                     </del>			
(E)						
(F)	<i></i>					
(G)	***************************************					
(H)	***************************************					
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII	Investments-Program Related.	·				
	Complete if the organization answ	ered "Yes" on Fo	rm 990,	Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) B	ook value		hod of valuation of-year market value
(1)						
(2)						
(3)						
(4)	<del></del>		ļ			
(5)			<b> </b>			
(6)			ļ			
(7)			<del> </del>			
(8)						
(9)	b) must equal Form 990, Part X, col (B) line 13.)		}			
Part IX	Other Assets.	<del></del>	<u> </u>			
raitix	Complete if the organization answ	ered "Ves" on Eo	rm 990	Part IV line	11d See Form	000 Part Y line 15
		Description	1111 330,	i dit iv, iiie	11d. See 1 Gill	(b) Book value
(1)			<del></del>			
(2)	<del></del>			<del></del>		
(3)						<del></del>
(4)						
(5)		<del></del>				<del></del>
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, co	l. (B) line 15.)			>	
Part X	Other Liabilities. Complete if the organization answ	vered "Yes" on Fo	rm 990,	Part IV, line	11e or 11f. See	e Form 990, Part X,
	line 25.				<del> </del>	
1.	(a) Description of liability	(b) Book value				
(1) Federal in						
(2) Sales Ta	x Payable	<del></del>	4,491			
(3)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col. (B) line 25 ) ▶					
	r uncertain tax positions. In Part XIII, provid	to the text of the fact	4,491	o organization!	n financial state-	ante that reports the
organization'	s liability for uncertain tax positions under	FIN 48 (ASC 740). Ch	eck here	f the text of the	e footnote has bee	en provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 99			
1	Total revenue, gains, and other support per audited financial statemen		1	2 667 412
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	11.5		2,657,413
a	Net unrealized gains (losses) on investments	.   2a		
ь	Donated services and use of facilities			
c	Recoveries of prior year grants	<del></del>		
d	Other (Describe in Part XIII.)	<del></del>	<del></del>	
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2 657 413
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			2,657,413
а	Investment expenses not included on Form 990, Part VIII, line 7b.	40		
b	Other (Describe in Part XIII.)		<del></del>	
	Add lines 4a and 4b	. 4b	40	_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, II		4c	2 257 448
	XII Reconciliation of Expenses per Audited Financial Stat			2,657,413
raru	Complete if the organization answered "Yes" on Form 99			
1	Total expenses and losses per audited financial statements		11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			2,418,459
a	Donated services and use of facilities	امما		
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		20	•
3	Subtract line 2e from line 1		2e	2 410 450
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			2,418,459
a	Investment expenses not included on Form 990, Part VIII, line 7b	40		
b	Other (Describe in Part XIII.)	. 4a		
C	Add lines 4a and 4b		4c	•
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18 )	5	0.440.450
	XIII Supplemental Information.	, , , , , , , , , , , , , , , , , , , ,	<del>· · · · · · · · · · · · · · · · · · · </del>	2,418,459
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p			
*				
		***************************************		
	·			

	Chedule D (Form 990) 2017 Page 5					
Part XIII	Supplemental Information (continued)					
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#### **SCHEDULE G** (Form 990 or 990-EZ

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest instructions. Internal Revenue Service Name of the organization Employer identification number Olathe Chamber of Commerce, Inc. 48-0357594 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. 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 а f Solicitation of government grants b Internet and email solicitations ☐ Phone solicitations g Special fundraising events C ☐ In-person solicitations d 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 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 (vi) Amount paid to (or retained by) organization füß Did fundraiser have (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity custody or control of contributions? (ii) Activity col (i) Yes Νo 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.

Pa	art II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
		3,000 1000,pto ground. 110	(a) Event #1 Public Marathon (event type)	(b) Event #2  Annual Meeting (event type)	(c) Other events  5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	240,472	65,463	182,259	488,194
щ	2	Less: Contributions Gross income (line 1 minus	61,252	37,405	98,185	196,842
_		line 2)	179,220	28,058	84,074	291,352
	4	Cash prizes				<u> </u>
	5	Noncash prizes	23,680	·		23,680
suses	6	Rent/facility costs	14,424		1,555	15,979
Direct Expenses	7	Food and beverages		15,372	21,516	36,888
Direct	8	Entertainment	1,920		3,550	5,470
	9	Other direct expenses .	144,262	8,986	46,555	199,803
Pa	10 11 rt III		act line 10 from line 3, c e organization answe	olumn (d)		281,820 9,532 reported more
Revenue		than \$15,000 on Form 9	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
-Re	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs		<del> </del>		
ы	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	v Subtract line 7 from I	ine 1 column (d)	•	
9	a Is b If  Da W	nter the state(s) in which the or the organization licensed to c "No," explain:	rganization conducts ga onduct gaming activitie	ımıng activities: s in each of these state:	s?	
		roo, Capiani.				

Schedu	le G (Form 990 or 990-EZ) 2017 Page 3
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
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:
	Name ▶
	Address►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ►
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

## **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

2017

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. Inspection Employer identification number

	Chamber of Commerce, Inc.				48-03575	94
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) f determining ribution amounts
1	Art-Works of art		<del></del>			
2	Art-Historical treasures					
3	Art - Fractional interests					
4	Books and publications		gerichten waarder aftig oort har ten 195 teg			
5	Clothing and household goods					
6	Cars and other vehicles				<del> </del> -	
7	Boats and planes					
8	Intellectual property					
9	Securities—Publicly traded					
10	Secunties-Closely held stock .					
11	Securities-Partnership, LLC,					
	or trust interests	<u></u>				
12	Securities-Miscellaneous					
13	Qualified conservation	1	}		1	
	contribution—Historic	1				
	structures				<u> </u>	
14	Qualified conservation contribution—Other					
15	Real estate—Residential					
16	Real estate - Commercial					
17	Real estate—Other				<u> </u>	
18	Collectibles					
19	Food inventory	<b>✓</b>	hundreds	9,523	Selling Price	
20	Drugs and medical supplies	ļ			<u> </u>	
21	Taxidermy	ļ			ļ	
22	Historical artifacts				<del> </del>	
23	Scientific specimens		ļ. — — — — — — — — — — — — — — — — — — —			
24	Archeological artifacts				<del> </del>	
25	Other ► ( prizes )	/	100		Selling Price	
26	Other ► ( transportation )	<b>/</b>	24	14,400	Selling Price	
27	Other ► (	ļ				
<u>28</u> 29	Other ► ( ) Number of Forms 8283 received	l bu tha a	and the second second	lear for contributions for	1	
29	which the organization completed					
	Which the organization completed	11 01111 020	o, raitiv, bonee Acknowle	agement	29	Yes No
20-	During the year and the surreit			and a manufacture of the second of the second	_ 4 Al	Tes No
30a	During the year, did the organiza 28, that it must hold for at least t					
	to be used for exempt purposes				si i required	200
_			<del>-</del> :			30a ✓
31	If "Yes," describe the arrangement Does the organization have a			oe the review of any -	nonetandard	1945 1945
J1		gin acce	plance policy that requir	es the review of ally f	ioristariuaru	1000
32a	Does the organization hire or us		ties or related organization	ne to enlight proceed or a	ell noncash	31 🗸
JEG		•	ties or related organization	· ·	Sell HOHCASH	32a 🗸
b	If "Yes," describe in Part II.					JZa V
33	If the organization didn't report ar	amount in	column (c) for a type of pro	nerty for which column (a)	is checked	14. 1
	describe in Part II.	i assiousit III	condition to a type of pic	porty for which column (a)	io checked,	

#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2017 Open to Public

48-0357594

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information. Inspection Employer identification number

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2017)

Olathe Chamber of Commerce, Inc.	48-0357594
Form 990, Part VI, Section A, Line 6: The organization has 29 members which help carry out the duties	of the organization
Form 990, Part VI, Section B, Line 11: It is the Olathe Chamber of Commerce's policy that the Chamber	r's Board of Directors review the IRS
Form 990 that is filed on the organization's behalf within a minimum of 10 days of it being filed with th	e IRS. Means of delivery to the
Board is to email each Director's email address and/or face-to-face Form 990 is prepared by the Chan	nber's Vice President, Finance based on
the audited financial statements and is reviewed by the Chamber's COO and CEO.	
Form 990, Part VI, Section B, Line 12C: The Olathe Chamber of Commerce has a conflict of interest po	licy which covers all board members,
officers, and employees. In connection with any actual or possible conflicts of interests, an interested	person, (as defined in the Chamber's
conflict of interest policy) must disclose the existence and nature of his or her financial interest to the	directors and members of committees
with board delegated powers considering the proposed transaction or arrangement. After disclosure	of the financial interest, the interested
person shall leave the board of committee meeting while the financial interest is discussed and voted	upon. The remaining board members
shall decide if a conflict of interest exists. After exercising due diligence, the board of committee shall	I determine whether the corporation
can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or	entity that should not give rise to
a conflict of interest, the board of committee shall determine by a majority vote of the disinterested di	rectors whether the transaction
or arrangement is in the corporation's best interest and for its own benefit and whether the transaction	n is fair and reasonable to the
corporation and shall make its decision whether to enter into the transaction or arrangement in confo	rmity with such determination
Each director, principal officer and member of a committee with board delegated powers shall annual	ly sign a statement which affirms that
each person: has received a copy of the conflicts or interest policy, has read and understands the po	licy, and understands that the
corporation is a tax-exempt organization and that in order to maintain its federal tax exemption, it mu	st engage in activities which
accomplish one or more of its tax-exempt purposes	
Form 990, Part VI, Section B, Line 15: The compensation committee shall consist of the executive con	mmittee currently in office, exclusive of
members who have a conflict of interest, either individually or on behalf of the business member the	represent, because the executive
committee member or business he or she represents has, during the current year, provided goods or	services to the chamber for
compensation and the executive committee member of the business he or she represents anticipates	s that it will, during the coming year.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)	Page _2
Name of the organization  Olathe Chamber of Commerce, Inc.	Employer identification number 48-0357594
provide goods or services to the chamber for compensation or bid on the opportunity to do so. The compe	ensation committee will establish
and, at least annually, adjust the president's compensation based on the factors hereafter set out. The pre	sident will establish and adjust
compensation and benefits of other senior officers subject to review of the compensation committee, and	will be responsible for establishing
and adjusting the compensation of all other employees within the parameters of the budget approved by t	he board of directors.
Compensation decisions will be based on the following factors: the chamber's budget, as approved by the	board of directors,
compensation of employees with similar qualifications and responsibilities in other not-for-profit organiza	tions, based on
actual information and industry surveys, the amount of time devoted to employment by the chamber, and i	
the factors set out in Kansas rule of professional conduct 1.5(A). These factors include the likelihood that (	
will preclude employment by certain clients on the basis of conflict of interest.	
Form 990, Part VI, Section C, Line 19: The Olathe Chamber of Commerce provides audited financial statem	nents, upon request, either in
writing or in person. We consider all other requests for such documents on a case-by-case basis, with the	
available at www.guidestar.org.	