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# Short Form Return of Organization Exempt From Income Tax

## 2008

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public Inspection**

**A For the 2008 calendar year, or tax year beginning** 10/01, 2008, and ending 09/30/2009

|  |  |  |   |
|--|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions | <b>C Name of organization</b><br>MISSOURI TIRE DEALERS & RETREADERS<br>Number and street (or P O box, if mail is not delivered to street address) Room/suite<br>P O BOX 609<br>City or town, state or country, and ZIP + 4<br>ST CHARLES, MO 63302 | <b>D Employer identification number</b><br>43-1140087<br><b>E Telephone number</b><br>(816) 415-4400<br><b>F Group Exemption Number</b> |
|--|--|--|---|

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method**  Cash  Accrual  
Other (specify) ▶

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

**I Website:** ▶

**J Organization type** (check only one) -  501(c) ( 6 ) (insert no)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$** 64,795.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

SCANNED JUL 02 2010

|   | Description   | Code    | Amount  |
|---|---|---------|---------|
| Revenue   | 1 Contributions, gifts, grants, and similar amounts received . . . . .  | 1       |         |
|   | 2 Program service revenue including government fees and contracts . . . . .   | 2       | 43,820. |
|   | 3 Membership dues and assessments . . . . .   | 3       | 20,556. |
|   | 4 Investment income . . . . .   | 4       | 419.    |
|   | 5 a Gross amount from sale of assets other than inventory . . . . .   | 5a      |         |
|   | b Less cost or other basis and sales expenses . . . . .   | 5b      |         |
|   | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .   | 5c      |         |
|   | 6 Special events and activities (complete applicable parts of Schedule G) (any amount is from gaming, check here) . . . . .                                   |         |         |
|   | a Gross revenue (not including contributions reported on line 1) . . . . .  | 6a      |         |
| b Less direct expenses other than fundraising expenses . . . . .                                    | 6b  |         |         |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . . | 6c  |         |         |
| 7 a Gross sales of inventory, less returns and allowances . . . . .                                 | 7a  |         |         |
| b Less cost of goods sold . . . . .   | 7b  |         |         |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .          | 7c  |         |         |
| 8 Other revenue (describe ▶ _____ ) . . . . .   | 8   |         |         |
| 9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .                           | 9   | 64,795. |         |
| Expenses  | 10 Grants and similar amounts paid (attach schedule) . . . . .  | 10      | 2,000.  |
|   | 11 Benefits paid to or for members . . . . .  | 11      |         |
|   | 12 Salaries, other compensation, and employee benefits . . . . .  | 12      | NONE    |
|   | 13 Professional fees and other payments to independent contractors . . . . .  | 13      | 535.    |
|   | 14 Occupancy, rent, utilities, and maintenance . . . . .  | 14      | 480.    |
|   | 15 Printing, publications, postage, and shipping . . . . .  | 15      | 7,400.  |
|   | 16 Other expenses (describe ▶ _____ ) . . . . .   | 16      | 45,247. |
|   | 17 <b>Total expenses.</b> Add lines 10 through 16 . . . . .   | 17      | 55,662. |
| Net Assets  | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18      | 9,133.  |
|   | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | 19      | 66,513. |
|   | 20 Other changes in net assets or fund balances (attach explanation) . . . . .  | 20      |         |
|   | 21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .   | 21      | 75,646. |

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

|    | Description  | (A) Beginning of year | (B) End of year |
|----|--|-----------------------|-----------------|
| 22 | Cash, savings, and investments . . . . .   | 66,513.               | 75,646.         |
| 23 | Land and buildings . . . . .   |                       |                 |
| 24 | Other assets (describe ▶ _____ ) . . . . .   |                       |                 |
| 25 | <b>Total assets</b> . . . . .  | 66,513.               | 75,646.         |
| 26 | <b>Total liabilities</b> (describe ▶ _____ ) . . . . .                                       |                       |                 |
| 27 | <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . . | 66,513.               | 75,646.         |

COPY OF PREVIOUSLY FILED EXTENSION ATTACHED

G-5



Part V Other Information (Note the statement requirements in the instructions for Part VI)

|     |  | Yes | No |
|-----|--|-----|----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |     | X  |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes   |     | X  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T   |     |    |
| 35a | a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?   |     | X  |
| 35b | b If "Yes," has it filed a tax return on Form 990-T for this year?   |     |    |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N   |     | X  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions   |     |    |
| 37b | b Did the organization file Form 1120-POL for this year?   |     | X  |
| 38a | Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?   |     | X  |
| 38b | b If "Yes," complete Schedule L, Part II and enter the total amount involved   |     |    |
| 39  | Section 501(c)(7) organizations Enter  |     |    |
| 39a | a Initiation fees and capital contributions included on line 9   |     |    |
| 39b | b Gross receipts, included on line 9, for public use of club facilities  |     |    |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955   |     |    |
| 40b | b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I  |     |    |
| 40c | c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |     |    |
| 40d | d Enter amount of tax on line 40c reimbursed by the organization   |     |    |
| 40e | e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   |     |    |
| 41  | List the states with which a copy of this return is filed  |     |    |
| 42a | The books are in care of <u>RON REILING</u> Telephone no <u>816-415-4800</u><br>Located at <u>P O BOX 609 ST CHARLES, MO</u> ZIP + 4 <u>63302</u>  |     |    |
| 42b | b 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)?<br>If "Yes," enter the name of the foreign country<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | Yes | No |
| 42c | c At any time during the calendar year, did the organization maintain an office outside of the U S ?<br>If "Yes," enter the name of the foreign country  |     | X  |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  |     |    |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | X  |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | X  |



FORM 990EZ, PART I - INVESTMENT INCOME

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DESCRIPTION

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AMOUNT

-----

INTEREST INCOME

419.

TOTAL

-----  
419.  
=====

FORM 990EZ, PART I - OTHER EXPENSES

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|                          |         |
|--------------------------|---------|
| SUPPLIES                 | 203.    |
| TRAVEL                   | 329.    |
| CONFERENCES, CONVENTIONS | 21,052. |
| AWARDS                   | 228.    |
| CREDIT CARD FEES         | 951.    |
| MANAGEMENT FEES          | 20,200. |
| INSURANCE                | 2,135.  |
| WEBSITE MAINTENANCE      | 149.    |
|                          | -----   |
| TOTAL                    | 45,247. |
|                          | =====   |

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

| DESCRIPTION | BEGINNING<br>OF YEAR | END<br>OF YEAR |
|-------------|----------------------|----------------|
| CASH        | 25,443.              | 34,157.        |
| SAVINGS     | 41,070.              | 41,489.        |
| TOTALS      | 66,513.              | 75,646.        |

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
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THE ORGANIZATION SERVES TO KEEP ITS MEMBERS ACTIVE AND INFORMED IN THE FURTHERANCE OF THE ORGANIZATION'S GOALS. THE ORGANIZATION STRIVES TO PROVIDE TRAINING AND BENEFITS TO ITS MEMBERS.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

| NAME AND ADDRESS  | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT. AND OTHER ALLOWANCES |
|---|--|--------------|---|------------------------------------|
| JACK WILLIAMS<br>1983 BRENNAN PLAZA<br>HIGH RIDGE, MO 63049 | PRESIDENT<br>5.                                      | NONE         | NONE                                    | NONE                               |
| KENT PETERSON<br>9990 WEST FLORISSANT<br>ST LOUIS, MO 63136 | VICE PRESIDENT<br>3.                                 | NONE         | NONE                                    | NONE                               |
| DENNIS CARMAN<br>3101 BARTOLD AVENUE<br>MAPLEWOOD, MO 63143 | DIRECTOR<br>1.                                       | NONE         | NONE                                    | NONE                               |
| TIM MCKNIGHT<br>425 W DUNKLIN<br>JEFFERSON CITY, MO 65101   | DIRECTOR<br>1.                                       | NONE         | NONE                                    | NONE                               |
| JOE ICHIOSTRO<br>5048 PENROSE<br>ST LOUIS, MO 63115         | DIRECTOR<br>1.                                       | NONE         | NONE                                    | NONE                               |
| RONALD REILING<br>1021 MONROE<br>ST. CHARLES, MO 63301      | DIRECTOR<br>5.                                       | NONE         | NONE                                    | NONE                               |
| GRAND TOTALS  |  |              |   |                                    |
|   |  | NONE         | NONE                                    | NONE                               |

MISSOURI TIRE DEALERS & RETREADERS  
43-1140087  
ATTACHMENT 6

GRANTS ALLOCATIONS AND CONTRIBUTIONS

|   |             |                     |
|---|-------------|---------------------|
| Erin Daugherty<br>22500 Lawrence 1075<br>Monett, MO 65708 | Scholarship | 1,000               |
| Brenna Goddard<br>3425 N Old Hwy 81<br>Salina, KS 67401   | Scholarship | <u>1,000</u>        |
| Line 10 total   |             | <u><u>2,000</u></u> |