

Short Form

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

2017

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 10/01, 2017, and ending 09/30, 2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: MISSOURI TIRE DEALERS & RETREADERS ASSOCIATION INC. D Employer identification number: 43-1140087. E Telephone number: (573) 616-2065. F Group Exemption Number.

G Accounting Method: [X] Cash. H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website. J Tax-exempt status (check only one): 501(c)(3) [X], 501(c)(6) (), 4947(a)(1) or 527.

K Form of organization: [X] Corporation, Trust, Association, Other.

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 49,761.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Line number, Description, Amount. Includes Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Total revenue: 49,761. Total expenses: 31,591. Net assets at end of year: 138,856.

SCANNED SEP 23 2019

For Paperwork Reduction Act Notice, see the separate instructions Form 990-EZ (2017)

COPY OF PREVIOUSLY FILED EXTENSION ATTACHED

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | | (B) End of year |
|---|-----------------------|----|-----------------|
| 2 Cash, savings, and investments ATTACHMENT 4 | 121,549. | 22 | 138,856. |
| 3 Land and buildings | 0. | 23 | 0. |
| 4 Other assets (describe in Schedule O) | 0. | 24 | 0. |
| 5 Total assets | 121,549. | 25 | 138,856. |
| 6 Total liabilities (describe in Schedule O) | 0. | 26 | 0. |
| 7 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 121,549. | 27 | 138,856. |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? ATTACHMENT 5
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

| | | |
|--|-----|---------|
| 8 A BI-MONTHLY NEWSLETTER, LOCAL MEETINGS AND AN ANNUAL CONFERENCE KEEP THE MEMBERS ACTIVE AND INFORMED. (Grants \$ <u>1,000.</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 31,591. |
| 9 A VARIETY OF BENEFITS ARE PROVIDED TO ITS MEMBERS INCLUDING DISCOUNTED CHECKS AND CREDIT CARD PROGRAMS, UNIFORM PROGRAMS AND ACCESS TO TECHNICAL TRAINING MATERIALS. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 10 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 11 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 12 Total program service expenses (add lines 28a through 31a) | 32 | 31,591. |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits contributions to employee benefit plans and deferred compensation | (e) Estimated amount of other compensation |
|--------------------|--|--|---|--|
| MATT JOST | | | | |
| PAST PRESIDENT | 1.00 | 0. | 0. | 0. |
| MIKE DIEHM | | | | |
| PRESIDENT | 1.00 | 0. | 0. | 0. |
| MARTY CAMPBELL | | | | |
| VICE PRESIDENT | 1.00 | 0. | 0. | 0. |
| BOB HEAGERTY | | | | |
| TREASURER | 1.00 | 0. | 0. | 0. |
| DEB LEE | | | | |
| SECRETARY | 1.00 | 0. | 0. | 0. |
| JOE INCHIOSTRO | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| BRENT PALISCH | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| KENT PETERSON | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| ROXANNA WILSON | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| JOHN COUSINEAU | | | | |
| DIRECTOR | 1.00 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . .

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name 34 X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a
b Did the organization file Form 1120-POL for this year? 37b 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 outstanding at the end of the tax year covered by this return? 38a X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b
39 Section 501(c)(7) organizations Enter
a Initiation fees and capital contributions included on line 9 39a
b Gross receipts, included on line 9, for public use of club facilities 39b
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4955 ▶
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
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 40e X
41 List the states with which a copy of this return is filed ▶
42a The organization's books are in care of ▶ DAVID OVERFELT Telephone no ▶ 573-616-2065
Located at ▶ P O BOX 1326 JEFFERSON CITY, MO ZIP + 4 ▶ 65102
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)? If "Yes," enter the name of the foreign country ▶ 42b X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
c At any time during the calendar year, did the organization maintain an office outside the United States? 42c X
If "Yes," enter the name of the foreign country ▶
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X
c Did the organization receive any payments for indoor tanning services during the year? 44c X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). 45b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. 46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits contributions to employee benefit plans and deferred compensation, (e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here: Signature of officer (DAVID S OVERFELT), Date (08/10/2019), Type or print name and title (ADMINISTRATOR)

Paid Preparer Use Only: Print/Type preparer's name (SUSAN E COOPER), Preparer's signature (Susan E Cooper), Date (08/04/2019), Check self-employed, PTIN (P00242995), Firm's name (S E COOPER & ASSOCIATES PC), Firm's EIN (43-1911307), Firm's address (6014 NW HIGHWAY 9 SUITE B), Phone no (816-587-2300)

May the IRS discuss this return with the preparer shown above? See instructions X Yes No

PARKVILLE, MO 64152-3670

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2017

▶ Attach to Form 990 or 990-EZ

**Open to Public
Inspection.**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Name of the organization
**MISSOURI TIRE DEALERS & RETREADERS
ASSOCIATION INC**

Employer identification number
43-1140087

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------|----------------------|
| INTEREST INCOME | 1,214. |
| TOTAL | <u><u>1,214.</u></u> |

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

| | |
|----------------------------|-----------------------|
| TRAVEL | 23. |
| CONFERENCES, CONVENTIONS | 4,026. |
| MANAGEMENT FEES | 23,605. |
| MEMBER/REGISTRATION/EVENTS | 121. |
| CREDIT CARD FEES | 622. |
| INSURANCE | 1,413. |
| BANK FEES | 103. |
| TOTAL | <u><u>29,913.</u></u> |

ATTACHMENT 3

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

DECREASES IN FUND BALANCES

| | |
|---------------------------------|--------------------|
| UNREALIZED LOSS ON MUTUAL FUNDS | 863. |
| TOTAL | <u><u>863.</u></u> |

ATTACHMENT 4

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

| <u>DESCRIPTION</u> | <u>BEGINNING OF YEAR</u> | <u>END OF YEAR</u> |
|--------------------------|------------------------------|------------------------|
| CASH | 81,891. | 98,847. |
| INVESTMENTS - SECURITIES | 39,658. | 40,009. |
| TOTALS | <u><u>121,549.</u></u> | <u><u>138,856.</u></u> |

Name of the organization MISSOURI TIRE DEALERS & RETREADERS
ASSOCIATION INC

Employer identification number
43-1140087

ATTACHMENT 5

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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.