(Rev January 2020) Department of the Treasury, Internal Revenue Service

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/Form990 for instructions and the latest information.

2019 **Open to Public** Inspection

A	For th	<u>1e 2019 c</u>	alendar year, or tax year beginning	$\underline{07/01/19}$, and end	<u> 12/31/</u>	<u> 19</u>		
В	Check if a	applicable	C Name of organization OSKALOOS	SA AREA CHAMBER		ľ	D Employer	ridentification number
	Address	change	AND DEVI	ELOPMENT GROUP				
$\overline{\Box}$	Name ch	2000	Doing business as				42-1	458680
믬	Haille Cit	lange	Number and street (or P O box if mail is not de	elivered to street address)		Room/suite	E Telephon	
لسيبا	Initial reti		222 FIRST AVE E			1	641-	<u>672-2591 </u>
	Final retu terminate		City or town, state or province, country, and Zlf					
\neg	Amended		OSKALOOSA	IA 52577			G Gross rece	eipts\$ 228,617
ᆜ	Amenue	ı retorn	F Name and address of principal officer			H(a) Is this a grou		
Ш	Applicati	on pending	CARRI VANDEREE			n(a) is this a grot	ip return for St	ubordinates? Yes X No
			222 FIRST AVE E			H(b) Are all subc	rdinates incli	uded? Yes No
			OSKALOOSA	IA 52577	HA	If "No,"	attach a list	(see instructions)
1	Tax-exe	mpt status	501(c)(3) X 501(c) (6)	◀ (insert no) 4947(a)(1)	or 527/			
	Website		WW.OACDG.ORG		1	H(c) Group exen	notion numbe	r >
<u>*</u>		organization	X Corporation Trust Associated	on Other	1 1		997	M State of legal domicile IA
_	art I		ımmary		· · · · · · · · · · · · · · · · · · ·			
<u> </u>	ī		escribe the organization's mission or m	ost significant activities	•			
	I	•	CTIVE COMMUNITY BASED		ENT ORGANIZ	בחבט מפדדת	САТЕО	TΩ
5			OTION & IMPROVEMENT OF					
ug.			COMMUNITY IN OSKALOOSA			OTMESS ENV	TIOM	SNI OF
ķ	١ ,					CO/ -f.t t	_4_	
တိ	2		is box ▶ ☐ if the organization discon		sed of more than 2	5% of its net ass	1 1	1.0
ශ්	3		of voting members of the governing bo	* '			3	13
ië	4		of independent voting members of the				4	13
Ž	5		mber of individuals employed in calend	D	Hexebne Selvice	•	5	5
2 Wehvities & Governance	6	Total nur	nber of volunteers (estimate if necessa	ary) Received	US Bank - USE	3	6	259
	1 .~		elated business revenue from Part VIII	• •	333 🔍		7a	0
x	b	Net unre	lated business taxable income from Fo	rm 990-T, line 39	l dià anna -		7b	0
-	_			NUI	16 2020	Prior Year		Current Year
ಹೌ	8		tions and grants (Part VIII, line 1h)				551	113,983
댿	9	-	service revenue (Part VIII, line 2g)	0-	alam 1 144 '	183	823	93,109
<u></u>	10	Investme	ent income (Part VIII, column (A), lines	3, 4, and 7d)	den, UT		830	599
凹	11	Other rev	venue (Part VIII, column (A), lines 5, 6c	l, 8c, 9c, 10c, and 11 <u>e)</u>			,274	20,926
Expenses SCANINER Winted	12	Total rev	enue – add lines 8 through 11 (must ed	qual Part VIII, column (A), lin	e 12)		478	<u>228,617</u>
Z	13	Grants a	nd similar amounts paid (Part IX, colun	nn (A), lines 1–3)		65	,961	3 , 750
\mathcal{C}	14	Benefits	paid to or for members (Part IX, colum	n (A), line 4)				0
Se.	15	Salaries,	other compensation, employee benefit	ts (Part IX, column (A), lines	5–10)	233,689		119,426
ı,	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)				0
ĝ	b	Total fun	draising expenses (Part IX, column (D)), line 25) >	0			
Ш	17	Other ex	penses (Part IX, column (A), lines 11a-	-11d, 11f-24e)		248	,411	90,802
	18	Total exp	enses Add lines 13-17 (must equal P	art IX, column (A), line 25)		548	,061	213,978
	19	Revenue	less expenses Subtract line 18 from I	ine 12			,583	14,639
Net Assets or Fund Balances						Beginning of Curr		End of Year
sets	20	Total ass	sets (Part X, line 16)				,997	<u>128,378</u>
TAS BB	21	Total liab	ulities (Part X, line 26)				,696	72,404
<u> </u>	22	Net asse	ts or fund balances Subtract line 21 fro	om line 20		37	,301	55,974
_ <u>P</u>	art II	Si	gnature Block					
			perjury, I declare that/I haye examined this					owledge and belief, it is
tr	ue, corr	ect, and c	omblete Declaration of preparer (other than	officer) is based on all informat	on of which preparer	has any knowledge	•	1
			/ III / M_M/				1/	15/2020
Sig	ın		ignature of officer'		- ·		Date	1 01
He			CARRI VANDEREE		PRESI	DENT		
		7	ype or print name and title		-		-	
_		Print/Typ	e preparer's name	Preparer's signature		Date	Check	If PTIN
Pai	d	DARCE	E M AYERS, CPA	DARCEE M AYERS, CF	A	11/04/	20 self-em	
Pre	parer	Firm's na	עוגע טעמט שמש				m's EIN	42-1029744
	Only		317 HIGH AVE				a Lily F	16 1067/11
	•		. OCKATOOCA T			D.	one no	641-672-2523
Mar	the IF	Firm's ad	ss this return with the preparer shown a			Ph	one no	X Yes No
	, !!	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(XX C2 140

Form **990** (2019)

orm 990 (20	19) OSKALOOS	A AREA CHA	MB <u>E</u> R	42-1458680	Page
Part III			Accomplishments response or note to any	ulino in this Port III	X
1 Briefly	describe the organizati		response or note to any	rime in this Part III	
-	CHEDULE O				
	organization undertak orm 990 or 990-EZ?	e any significant pro	gram services during the year	r which were not listed on the	Yes X No
•	" describe these new s	services on Schedule	e O		
3 Did the service	-	enducting, or make s	ignificant changes in how it co	onducts, any program	☐ Yes X No
	s. " describe these chan	ges on Schedule O			_ ies K
	-	-		ree largest program services, as mea	-
· · · · · · · · · · · · · · · · · · ·			zations are required to report program service reported	the amount of grants and allocations t	to others,
	<u> </u>				
4a (Code ORGAN)(Expense: TZED EVENTS		including grants of זד. אד אמידארר	i\$)(Rev JLY, SWEET CORN/SER	enue \$ ENADE LIGHTED
CHRIS	TMAS PARADE	E, 4H BARBE	EQUE, FRIDAY AF	TER FIVE EVENTS, F	TREWORKS, ETC.
				000 PEOPLE WITH OV	ER 1,700
COMMO	NITY SERVIC	E HOURS RI	LCORDED.		
4b (Code) (Expense:		including grants of		
				IESS STARTUP INFORM IDING SESSIONS. PRO	
RESTO	RATION OF D	OWNTOWN BU		ING GRANTS. 100'S	
HOURS	UTILIZED F	IERE.			
4c (Code) (Expense:	s \$	including grants of	\$) (Reve	
				LITTER REMOVAL, F	
			JTILIZED HERE.	CORATIONS "PAINTIN	G WIIN LIGHIS.
4d Other n	rogram services (Desc	cribe on Schedule O)		
(Expen	ses \$	ıncludır	ng grants of \$) (Revenue \$)
	rogram service expens	es >			- 000
A A					Form 990 (2019

Form 990 (2019) OSKALOOSA AREA CHAMBER Part IV Checklist of Required Schedules

<u> </u>	art iv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Χ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3_		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_	v	
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
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	_		Х
_	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
		 		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		73
3	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		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		2.5
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
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	Х	
b	- · · · · · · · · · · · · · · · · · · ·			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
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		Χ
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		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	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		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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		_X_
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		<u>X</u>
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا ء ِ ا		v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_18_		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا مر ا		v
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		v

<u>P</u>	art IV Checklist of Required Schedules (continued)		т	
			Yes	No
22	Did thè organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			١,,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	 	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		İ	1
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a		23		 ^`
2 -7a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		-	\vdash
_	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		T
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	İ		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee		1	
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these		İ	
	persons? If "Yes," complete Schedule L, Part III	27	ļ	X
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, key employee, creator or founder, or substantial contributor? If			١.,
	"Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	20-		,
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If Fes, complete scriedule in	29		┢
30	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		 ^
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	L	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		١	
	reportable gaming (gambling) winnings to prize winners?	l 1c	ΙX	I

Pa	Tr V Statements Regarding Other IRS Fillings and Tax Compliance (Continu	uea)				т
_	Fig. 4. The state of the state				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,	5			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5	⊢	.,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	├
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	S)			•	_v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	-	X
b 4-	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		4	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•	4.		X
_	a financial account in a foreign country (such as a bank account, securities account, or other financial	ii accou	irit)'	4a		$\vdash $
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114. Report of Foreign Rapk and Financial A	A coount	to (EDAD)			
E-0	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Account	is (FDAR).	50		l _v
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?	otion?		5a 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Cuon		5c		 ^
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	20		30		\vdash
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	IC		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	one or		Ua Ua		1
b	gifts were not tax deductible?	3113 01		6ь		
7	Organizations that may receive deductible contributions under section 170(c).			- 05		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	annde				
a	and services provided to the payor?	goods		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as		'-		
•	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		•	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
	sponsoring organization have excess business holdings at any time during the year?	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ղ 1041?	•	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	 			
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		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				1
С	Enter the amount of reserves on hand	13c				<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		├
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ration o	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	tincome	e?	16		X
	If "Yes," complete Form 4720, Schedule O					<u>L</u>

Form	990 (2019) OSKALOOSA AREA CHAMBER 42-1458680			<u>age 6</u>							
Pa	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S	ee ınst	ructio								
	Check if Schedule O contains a response or note to any line in this Part VI			X							
<u>Sec</u>	tion 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 13	 									
	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 on Schedule O										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13	_ !									
2	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		<u>X</u>							
3	Did the organization delegate control over management duties customarily performed by or under the direct		ľ	Х							
	supervision of officers, directors, trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	_X_							
6	Did the organization have members or stockholders?	6	Χ								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	٠,								
	one or more members of the governing body?	7a	X								
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	_,		v							
_	stockholders, or persons other than the governing body?	7b		<u>X</u>							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	_	v								
a	The governing body?	8a 8b	X								
р	Each committee with authority to act on behalf of the governing body?	db									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co										
000	tion B. 1 Oncies (This occitor B requests information about policies not required by the internal Nevenue of	100 /	Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1.54									
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	the second control of the second control of	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
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	Х								
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by										
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Χ								
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
16a	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		X							
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									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)										
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and										
	financial statements available to the public during the tax year										
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶										
	EB BRUXVOORT 222 FIRST AVE E			:							
09	SKALOOSA IA 52577 641	<u>L-67</u>	<u>2-2</u>	<u>591</u>							

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

Check if Schedule O contains a response or note to any line in this Part VII

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. See instructions for the order in which to list the persons above

(A) Name and title	(B) Average hours per week (list any hours for	bo	o not o	Pos check ess pe nd a d	rson i irecto	s both r/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(· · · · · · · · · · · · · · · · · · ·	related organizations
(1) ANN FROST									-	
	40.00									
EXECUTIVE DIRECTOR	0.00			Χ				48,971	0	0
(2) EMILY BROWN										
	40.00									
MAIN STREET DIRECTOR	0.00			Х				40,417	0	0
(3) CALVIN BANDSTANI)									
	1.00									
DIRECTOR	0.00	Х						0	0	0
(4) BETH BROSTROM										
	1.00									
DIRECTOR	0.00	X						0	0	0
(5) STEVE BURNETT										
	1.00									
DIRECTOR	0.00	X						0	0	0
(6) GERAD CURRY										
	1.00									
DIRECTOR	0.00	X			L			0	0	0
(7) SARAH DICKEY										
	1.00									
DIRECTOR	0.00	X						0	0	<u> </u>
(8) JANET KUSKIE										
	1.00							_		_
DIRECTOR	0.00	Х		<u> </u>				0	0	<u> </u>
(9) ANDY MCGUIRE										
	1.00							_ [_
VICE PRESIDENT	0.00	Х		X				0	0	0
(10) BRIAN MYERS	1									
	1.00	١,,						_ [•	_
DIRECTOR	0.00	X	├ —	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0	0	0
(11) CHRISSY RAINEY	1 00									
D.T.D.T.C.T.C.D.	1.00	,,						_		•
DIRECTOR	0.00	Χ	l	L				<u> </u>	0	0

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe nd a d	rson ı	than cost both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	c	(F) timated a of othe compensa from th	er ation e	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio ed organ		s
(12) NIK RULE DIRECTOR	1.00	Х						0	0				0
(13) CARRI VANDERE PRESIDENT	1.00 0.00	X		X				0	0				0
(14) MOLLY WALKER DIRECTOR	1.00	x						0	0				0
(15) STEVE WANDERS		1.00									0		
					!								
1b Subtotal c Total from continuation shee d Total (add lines 1b and 1c) 2 Total number of individuals (in					e lıs	ted a	bov	89,388 89,388 re) who received more than	\$100,000 of				
3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization.	ormer officer, di complete Sche	recto dule of re	J for	suci able	h ind	pens	<i>ial</i> satio	on and other compensation	from the		3	Yes	No X
5 Did any person listed on line 1 for services rendered to the or									ındıvıdual		5	-	X
Section B. Independent Contracto Complete this table for your five compensation from the organic	e highest comp									ear			
	(A) business address								(B) tion of services		Com	(C) pensat	ion
2 Total number of independent of received more than \$100,000								se listed above) who	0				

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (C) (D) Unrelated Total revenue function revenue business revenue from tax under sections 512-514 Gifts, Grants vilar Amounts 1a 1a Federated campaigns 57,828 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations 52,736 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 3,419 Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f 113,983 Business Code 79,752 900099 79,752 MS EVENT Program Service Revenue 900099 13,357 13,357 b CHAMBER EVENT C d f All other program service revenue ▶ 93,109 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 599 599 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 10,200 6a Gross rents 6a **b** Less rental expenses 6b 10,200 Rental inc or (loss) 6c 10,200 Net rental income or (loss) ▶ 10,200 Gross amount from (i) Securities (II) Other sales of assets 7a other than inventory Revenue Less cost or other 7b basis and sales exps 7с c Gain or (loss) ▶ d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a **b** Less direct expenses 8b ▶ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses Þ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ Business Code 900099 8,559 MISCELLANEOUS 8,559 900099 2,167 2,167 h PASS THROUGH d All other revenue 10,726 Total. Add lines 11a-11d 0

228,617

▶

93,109

21,525

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (A) (C) Do not include amounts reported on lines 6b, Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 3,750 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 44,695 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 54,475 Other salaries and wages Pension plan accruals and contributions (include 3,503 section 401(k) and 403(b) employer contributions) 10,835 Other employee benefits 5,918 Payroll taxes Fees for services (nonemployees) Management **b** Legal 2,086 Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 386 12 Advertising and promotion 3.669 13 Office expenses 14 Information technology Royalties 15 15,907 16 Occupancy 1,875 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 100 19 Conferences, conventions, and meetings 660 20 Interest 21 Payments to affiliates 660 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 535 MS FUNDRAISING CHAMBER - AFTER 13,556 b PASS THROUGH EXPENSE .167 c 281 DUES & SUBSCRIPTIONS 920 e All other expenses 213. 978 0 0 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pa	rt X	Chèck if Schedule O contains a response or note	to any	line in this Part X			П		
	_	`			(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			28 , 255	1	71,710		
	2	Savings and temporary cash investments				2			
- 1	3	Pledges and grants receivable, net				3			
- 1	4	Accounts receivable, net			1,745	4	<u>-</u>		
-	5	Loans and other receivables from any current or former	officer,	director,					
- 1		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%					
		controlled entity or family member of any of these person	ns			5			
	6	Loans and other receivables from other disqualified pers	ons (a	s defined					
ţ		under section 4958(f)(1)), and persons described in sect	ion 49	58(c)(3)(B)		6			
Assets	7	Notes and loans receivable, net				7			
۲	8	Inventories for sale or use			8				
	9	Prepaid expenses and deferred charges			9,023	9			
ı	10a	Land, buildings, and equipment, cost or other							
		basis Complete Part VI of Schedule D	10a	18,881					
	b	Less accumulated depreciation	10b	15,655	2,566		3,226		
	11	Investments—publicly traded securities			49,408	11	53,442		
	12	Investments—other securities See Part IV, line 11		<u> </u>		12			
	13	Investments—program-related See Part IV, line 11		Ĺ		13			
	14	Intangible assets	_		14				
	15	Other assets See Part IV, line 11		<u> </u>		15			
	16	Total assets. Add lines 1 through 15 (must equal line 33	90,997	16	128,378				
	17	Accounts payable and accrued expenses	L	37 , 321	17	10,890			
ĺ	18	Grants payable	Ļ		18				
- 1	19	Deferred revenue	_	16,375	19	61,514			
	20	Tax-exempt bond liabilities		L		20	·-···		
	21	Escrow or custodial account liability Complete Part IV o	f Sche	dule D		21			
es	22	Loans and other payables to any current or former office							
Liabilities		trustee, key employee, creator or founder, substantial co		or, or 35%					
ja		controlled entity or family member of any of these person		-		22			
-	23	Secured mortgages and notes payable to unrelated third	•	s L		23			
	24	Unsecured notes and loans payable to unrelated third pa		-		24			
	25	Other liabilities (including federal income tax, payables to							
		parties, and other liabilities not included on lines 17-24)	Compl	ete Part X					
		of Schedule D		-	52.606	25	70 404		
\dashv	26	Total liabilities. Add lines 17 through 25			53,696	26	72,404		
ا ي		Organizations that follow FASB ASC 958, check here							
<u> </u>		and complete lines 27, 28, 32, and 33.							
<u>a</u>	27	Net assets without donor restrictions				27			
8	28	Net assets with donor restrictions		, ₍₅₎ -	· · · · · · · · · · · · · · · · · · ·	28			
š		Organizations that do not follow FASB ASC 958, che	ck her	e ▶ <u> X </u>					
[]		and complete lines 29 through 33.							
ا <u>ب</u> ا	29	Capital stock or trust principal, or current funds			29				
Se	30	Paid-in or capital surplus, or land, building, or equipment	, ,	37,301	30 31	55,974			
. I	31		ned earnings, endowment, accumulated income, or other funds						
S	32	Total net assets or fund balances			37,301	32	55,974		
$oldsymbol{\bot}$	<u>33</u>	Total liabilities and net assets/fund balances			90,997	33	<u>128,378</u>		

Form	990 (2019) OSKALOOSA AREA CHAMBER 42-1458680				Pa	ge 12
Pai	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total rèvenue (must equal Part VIII, column (A), line 12)	_1_	 _			617
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>978</u>
3	Revenue less expenses Subtract line 2 from line 1	3	<u> </u>			<u>639</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	_4_		;		<u> 301</u>
5	Net unrealized gains (losses) on investments	5	<u> </u>		4,	<u>034</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7	<u> </u>			
8	Prior period adjustments	8	<u> </u>			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		_		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	L	Ĺ	<u>55,</u>	<u>974</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Щ
					Yes	No
1	Accounting method used to prepare the Form 990.					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	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 oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		L
	If the organization changed either its oversight process or selection process during the tax year, explain on					1
	Schedule O					1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			_3b		<u> </u>
				For	_□ 990	0 (2019)

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

Open to Public

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.

Inspection

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Nam	e of organization	OSKALOOSA AREA CHAM	BER		Employer ident	ification number
		AND DEVELOPMENT GRO	UP		42-14586	80
Pa	rt I-A Comp	lete if the organization is exem	npt under section 501(c) or is a section	n 527 organizatio	on.
1	Provide a descrip	tion of the organization's direct and indire	ect political campaign activities	in Part IV (see ins	structions for	
	definition of "politi	cal campaign activities")				
2	Political campaigi	activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for	or political campaign activities (see instru	ictions)			
Pa	rt I-B Comp	lete if the organization is exen	npt under section 501(c	:)(3).		
1	Enter the amount	of any excise tax incurred by the organiz	ation under section 4955		▶ \$	
2	Enter the amount	of any excise tax incurred by organization	n managers under section 495	55	▶ \$	
3	If the organization	n incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
4a	Was a correction	made?				Yes No
b	If "Yes," describe					
Pa	<u>rt I-C Comp</u>	lete if the organization is exen	npt under section 501(c	:), except secti	on 501(c)(3).	
1	Enter the amount	directly expended by the filing organization	on for section 527 exempt fund	ction		
	activities				▶ \$	
2	Enter the amount	of the filing organization's funds contribu	ited to other organizations for s	section		
	527 exempt funct	ion activities			▶ \$	
3	Total exempt fund	ction expenditures. Add lines 1 and 2 En	ter here and on Form 1120-PC)L,		
	line 17b				▶ \$	
4	Did the filing orga	nization file Form 1120-POL for this year	r?			Yes No
5	Enter the names,	addresses and employer identification no	umber (EIN) of all section 527	political organization	ons to which the filing	
	•	e payments For each organization listed				
	•	itical contributions received that were pro	, ,	•	•	
	as a separate seg	regated fund or a political action commit	tee (PAC) If additional space i	s needed, provide	information in Part IV	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's funds If none, enter -0-	contributions received and promptly and directly
					idids if none, enter -o-	delivered to a separate
						political organization
						If none, enter -0-
(1)						
				-		
(2)						
						•
(3)						
(4)						
(5)						
				-		
(6)						
			1	ī		

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

Schedule C (Form 990 or 990-EZ) 2019

Scl	hedule C (F	Form 9	990 or 990-EZ) 2019	OSKALO	OSA AREA	CHAMBER		4	2-1458680		Page
P	art II-A			-	tion is exemp	ot under section	501(c)(3) an	d filed	Form 5768 (elec	ction und	er
_	<u> </u>		section 501(h)		1	6P-4-4	- 1 2 - D - 4 B / -		-11		
A	Check			_	-	filiated group (and li		acn aπιιι	ated group memb	ers name,	
D	Chaole		· · · · · · · · · · · · · · · · · · ·			cess lobbying expe ind "limited control"	•	nlu.			
_	Check		<u> </u>	*			piovisions ap		(15)	/L\ A(F)	-11
		ľ			ying Expendi	ntures paid or incurred.)		I	(a) Filing nization's totals	(b) Affili group to	
_	la Total I		ng expenditures to								
		-	ng expenditures to								
		-	ng expenditures (ad		-	, J,					
		-	pt purpose expende		•						
	e Total e	exem	ot purpose expendit	tures (add line	s 1c and 1d)						
			ontaxable amount I			wing table in both					
	colum	ns									
	If the a	mour	nt on line 1e, column	(a) or (b) is:	The lobbying no	ontaxable amount is:					
	Not ove	er \$50	0,000		20% of the amou	int on line 1e					
	Over \$	500,0	00 but not over \$1,000	0,000	\$100,000 plus 15	5% of the excess over \$5	00,000				
	Over \$	1,000	000 but not over \$1,5	00,000	\$175,000 plus 10	% of the excess over \$1.	,000,000				
	———		000 but not over \$17,	000,000		% of the excess over \$1,5	000,000	1			
	Over \$	-			\$1,000,000						
	•		nontaxable amount	•	•						
			e 1g from line 1a If								
			e 1f from line 1c If	-		, did the ergenization	file Form 4720				
	•		ction 4911 tax for t	_	er line in or line i	i, did the organization	ille roim 4720			☐ Ye:	s 🗌 No
	тероги	ing se	CHOIT 4511 Lax IOI L	ilis year:	4 V	in a Dania d Hadaa (1 16:	, 140
	,	/e		that made	_	ging Period Under S n) election do not h	•	•	of the five enlines	aa balaw	
	'	(SUII	ie organizations		- -	instructions for lin	-		or the live column	is below.	
					tile separate			. ,			
				Lobi	bying Expendit	tures During 4-Yea	r Averaging	<u>Period</u>			
	Cal		r year (or fiscal yea peginning in)	r	(a) 2016	(b) 2017	(c) 201	8	(d) 2019	(e)	Total
	2a Lobby	ing no	ontaxable amount								
			eiling amount ne 2a, column (e))								
_	c Total I	obbyı	ng expenditures								
	d Grass	roots	nontaxable amount								
			ceiling amount								

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

8680 Page 3

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO1 (election under section 501(h)).	filed	Forr	n 5768			age C
_		(a)		(b))	
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
	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 Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?						
d	Mailings to members, legislators, or the public?						
	Publications, or published or broadcast statements?						
	Grants to other organizations for lobbying purposes?		Ì				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		ļ				
b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	İ					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					_	
Pa —	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6).	c)(5),	or se	ection			
				_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			L	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			L	2	X	L
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year				3		X
Ра 	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."				ne 3	3, is	
1	Dues, assessments and similar amounts from members		1_				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	political expenses for which the section 527(f) tax was paid).						
	Current year		2a				
	Carryover from last year		2b				
_	Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		4				
E	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5				
<u>5</u> _Pa	rt IV Supplemental Information		<u> </u>				
	ide the descriptions required for Part I-A line 1 Part I-B line 4 Part I-C line 5 Part II-A (affiliated group list). Part	II_Δ lur	100 1 2	and			

2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Part IV Supplemental Information (continued)

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	of the organization		Employer	identification number
	SKALOOSA AREA CHAMBER			
_A	ND DEVELOPMENT GROUP			458680
Pa	Organizations Maintaining Donor Advised Fundamental Complete of the organization answered "Yes" on Fundamental Complete of the Organization answered of the Organization answered of the Organization answered of the Organization answered of the Organization and Organizations Maintaining Donor Advised Fundamental Complete of the Organizations Maintaining Donor Advised Fundamental Complete of the Organizations Maintaining Donor Advised Fundamental Complete of the Organization answered of the Organization and Organi	nds or Other Similar Funds or . Form 990, Part IV, line 6.	Account	ts.
		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	usive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements. Complete if the organization answered "Yes" on F	Form 990. Part IV. line 7.		
1	Purpose(s) of conservation easements held by the organization (check			
•	Preservation of land for public use (for example, recreation or educ		/ important	land area
	Protection of natural habitat	Preservation of a certified hi	-	
	Preservation of open space	Treservation of a definited in	310110 311 01	Stare
2	Complete lines 2a through 2d if the organization held a qualified consei	vation contribution in the form of a cons	ervation	
-	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 easements		2b	
c	Number of conservation easements on a certified historic structure incl	uded in (a)	2c	
	Number of conservation easements included in (c) acquired after 7/25/		<u> </u>	
_	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ation during	the
	tax year		`	
4	Number of states where property subject to conservation easement is i	ocated ▶		
5	Does the organization have a written policy regarding the periodic moni			
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation e	easements	during the year
	•	_		-
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation ease	ments duri	ng the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements 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 conservation easeme	ents in its revenue and expense stateme	nt and	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that o	describes t	he
	organization's accounting for conservation easements			
Pa	art III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		Similar	Assets.
12	If the organization elected, as permitted under FASB ASC 958, not to re		ce sheet w	vorks
	of art, historical treasures, or other similar assets held for public exhibit	•		, on to
	service, provide in Part XIII the text of the footnote to its financial stater		-	
ь	If the organization elected, as permitted under FASB ASC 958, to repoi		heet work:	s of
_	art, historical treasures, or other similar assets held for public exhibition			
	provide the following amounts relating to these items	,	F == 5 50	
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial dain or	ovide the	₹
-	following amounts required to be reported under FASB ASC 958 relating	<u> </u>		
а	Revenue included on Form 990, Part VIII, line 1	3 12 11.000 1101110	•	\$
b	Assets included in Form 990, Part X			\$
	- International Control of the Contr			T

Sche	dule D (Form 990) 2019OSKALOOS	<u>A AREA CHAI</u>	MBEK			42-1	<u>4586</u>	<u>80</u>			P	'age ≱
Pa	rt III Organizations Maintainir	g Collections of	Art, H	istorical Ti	reasures,	or Othe	r Simil	ar As	sets	(contin	ued)	
3	Using the organization's acquisition, access collection items (check all that apply)	sion, and other record	ls, check	any of the fol	lowing that m	nake signif	ficant use	of its				
а	Public exhibition	d 🗌	Loan or	exchange pro	gram							
b	Scholarly research	е 🗍	Other		-							
C	Preservation for future generations	<u> </u>										
4	Provide a description of the organization's	collections and explain	n how the	ev further the	organization':	s exempt	purpose	ın Part				
	XIII			,	- 3							
5	During the year, did the organization solicit	or receive donations	of art his	storical treasu	res or other	sımılar						
•	assets to be sold to raise funds rather than									□ v _i	es 🗆	No
Pa	art IV Escrow and Custodial Ar		3011 01 111	o organización	0 00110011011					<u> </u>		
	Complete if the organization 990, Part X, line 21.	_	on Fo	orm 990, Pa	rt IV, line 9	9, or rep	orted a	n am	ount c	n Forn	n	
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for o	contributions of	r other asset	ts not						
	included on Form 990, Part X?	didit of outer interimed		501111104110110	. 011101 40001					□ v _i	es 「	No
	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowna t	ahla						□ •		
D	ir res, explain the alrangement in Fart XI	ii and complete the ic	mownig t	able			ſ			Amoun		
_	Danisana kalana						ŀ	4-		7 arroar		
	Beginning balance						}	1c				
	Additions during the year						}	1d				
0	Distributions during the year						}	1e				
f	Ending balance						Į.	1f				7
	Did the organization include an amount on					-				Yo	es 📙	_ No
	If "Yes," explain the arrangement in Part XI	II. Check here if the e	xplanatio	on has been pi	rovided on Pa	art XIII						
Pa	irt V Endowment Funds.											
	Complete if the organization	n answered "Yes	Ĭ		rt IV, line 1	10.						
		(a) Current year	(b)	Pnor year	(c) Two yea	ars back	(d) Thr	ee years	back	(e) Fou	ır years	back
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and											
	losses											
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs											
f	Administrative expenses											
	End of year balance											
2	Provide the estimated percentage of the cu	rrent vear end balanc	e (line 1	a. column (a))	held as		-					
a	Board designated or quasi-endowment ▶	%	- , - ,	J (- //								
	Permanent endowment ▶ %											
-	Term endowment ▶ %											
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%										
32	Are there endowment funds not in the poss	•	ation that	t are held and	administered	for the						
Ja	organization by	Socion of the organiza	-uon una	. are ricia and		. 101 1116					Yes	No
	•									20(1)	163	140
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations			ahadula DO						3a(ii)	 -	
D	If "Yes" on line 3a(ii), are the related organi									_3b	<u> </u>	
4_	Describe in Part XIII the intended uses of the		owment I	unds						_		
۲a	rt VI Land, Buildings, and Equ	•	, <u> </u>	000 =	4167 1	14. 0	_	000	.	, ,, ,		
	Complete if the organization								Part X			
	Description of property	(a) Cost or other	basis	(b) Cost or o			Accumulated	I		(d) Book	value	
		(investment)		(othe	er)	de	preciation		<u> </u>			
1a	Land											
b	Buildings								<u> </u>			
С	Leasehold improvements											
d	Equipment											
	Other				18,881		15,	655	<u> </u>		3,	226
	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Par	t X, colu									226
	<u> </u>								-			

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990, Part IV, lir	ne 11b. See Form 990, F	Part X. line 12.
•	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial	derivatives			
• •	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII	Investments – Program Related.	Farm 000 Dard IV 15	- 44- C F 000 F	N4 V - 12 40
	Complete if the organization answered "Yes" on			
	(a) Description of investment	(b) Book value	(c) Method o Cost or end-of-ye	
(1)			1	
(1)		+	†	
(3)				
(4)				
(5)		-		
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, III	ne 11d. See Form 990, F	Part X, line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
_(6)				
_(7)				
_(8)			-	
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities.	C 000 D 11/ 1	- 44 446 C F	000 D-4V
	Complete if the organization answered "Yes" on	Form 990, Part IV, III	ie 11e or 11t. See Form	990, Part X,
	line 25.			#N B. (L.)
1. (1) Fodorol	(a) Description of liability			(b) Book value
	income taxes		_	
(2)		•		
(3)				
(4)				
(5)			<u> </u>	
(6)				·
<u>(7)</u> (8)				
(8)				<u> </u>
(9)	n (b) must equal Form 990, Part X, col (B) line 25)			
-	uncertain tax positions. In Part XIII, provide the text of the foo	stnote to the organization's	financial statements that some	l
	liability for uncertain tax positions under FASB ASC 740 Che			

Part XIII Supplemental Information.

b Other (Describe in Part XIII)

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

4c

Part XIII Supplemental Information (continued)

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

OSKALOOSA AREA CHAMBER AND DEVELOPMENT GROUP Employer identification number 42-1458680

FORM 990 - ORGANIZATION'S MISSION

PROACTIVE COMMUNITY BASED ECONOMIC DEVELOPMENT ORGANIZATION DEDICATED TO PROMOTION & IMPROVEMENT OF THE INDUSTRIAL, RETAIL, & BUSINESS ENVIRONMENT OF THE COMMUNITY & TO DEVELOPMENT OF BOTH VISION & LEADERSHIP TO ENHANCE THE QUALITY OF LIFE IN OSKALOOSA & MAHASKA COUNTY.

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS OSKALOOSA AREA CHAMBER & DEVELOPMENT GROUP CHANGED THEIR FISCAL YEAR END FROM 6/30/19 TO 12/31/19. THIS TAX RETURN IS FILED AS A SHORT YEAR RETURN COVERING 7/1/19 THROUGH 12/31/19. THE ORGANIZATION WILL FILE ON A CALENDAR YEAR END IN SUBSEQUENT YEARS.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

BUSINESSES IN THE OSKALOOSA COMMUNITY PAY DUES TO BECOME MEMBERS OF THE

CHAMBER.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

MEMBERS OF THE OSKALOOSA COMMUNITY WHO HAVE PAID THEIR DUES ARE ALLOWED TO

VOTE MEMBERS TO THE BOARD.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BEFORE FILING, ALL BOARD MEMBERS WILL BE GIVEN A DRAFT COPY OF FORM 990 AND
BE ASKED TO REVIEW IT. APPROVAL WILL BE VOTED ON AND NOTED IN THE MINUTES
OF THE NEXT BOARD MEETING.

Page 2

Name of the organization
OSKALOOSA AREA CHAMBER

42-1458680

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE CONFLICT POLICY IS PROVIDED TO EACH BOARD MEMBER AT BEGINNING OF THEIR
TERM. ON EACH BOARD MEETING AGENDA THE MEMBERS WILL BE REMINDED THAT ALL
DECISIONS NEED TO MADE IN THE BEST INTEREST OF THE ENTIRE MEMBERSHIP. IF
THEY HAVE ANY CONFLICTS THEY ARE TO ABSTAIN FROM VOTING AND ALERT THE
SECRETARY TO NOTE SUCH IN THE MINUTES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL FINAL APPROVAL OF ANNUAL SALARIES ARE DONE BY BOARD VOTE DURING BUDGETING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION CHAMBER WEBSITE WILL PUBLICIZE THAT FORM 990 AND OTHER ORGANIZATIONAL DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE CHAMBER OFFICE.

OMB No 1545-0047

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

SCHEDULE R (Form 990)

Name of the organization OSKALOOSA AREA CHAMBER AND DEVELOPMENT GROUP Part I Identification of Disregarded Entities. (a) (b) (4) (5)	► Go to www.irs.g	<i>gov/Form</i> 990 for ins	Go to www.irs.gov/Form990 for instructions and the latest information.	atest information.			Inspection
art I Iden	AREA CHAMBER					Employer identification	Employer identification number
	arded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	organization ansv	vered "Yes" on F	orm 990, Part I	V, line 33.	00.1	
(1) (2) (3) (4)	able) of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(3) (4)							
(4)							
(5)							
(5)							
Part II Identification of Related	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	Complete if the or tax year.	ganization answ	ered "Yes" on F	orm 990, Part IV	/, line 34, becaus	se it had
(a) Name, address, and ElN of related organization	related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
(1) MAHASKA FUTURE VIEW 222 1ST AVE EAST OSKALOOSA	42-1374393	BIITLDING R	<u> </u>	50103	7	VHN	2 2 3
) } }			:
(3)							
(4)							
(5)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e Instructions for Form 990.					Schedu	Schedule R (Form 990) 2019

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Page 2

42-1458680

Schedule R (Form 990) 2019 OSKALOOSA AREA CHAMBER

Schedule R (Form 990) 2019 Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No 3 () General or managing partner? Yes Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (h) Percentage ownership amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI Share of end-of-year assets (h)
Disproportionate
alloc ? Yes 6 (g) Share of end-of-year assets (f) Share of total income (f) Share of total income (e)
Type of entity
(C corp, S corp, or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling
entity (d)
Direct controlling
entity (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity (b) Pnmary activity ē Name, address, and EIN of related organization (a)
Name, address, and EIN of related organization Part IV Part III ĕ ₹ 3 13 3 |≘ 3 <u>@</u> | ଡ

42-1458680

Page 3

Yes No

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ted organizations listed ir	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		\times
b Gift, grant, or capital contribution to related organization(s)				1b	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan quarantees to or for related organization(s)				1d		×
				1 e		×
					ĺ	İ
f Dividends from related organization(s)				1f		×
g Sale of assets to related organization(s)				19		×
				두		×
i Exchange of assets with related organization(s)				=		×
j Lease of facilities, equipment, or other assets to related organization(s)				:-		×
k I ease of facilities equinoment or other assets from related organization(s)				-		×
Performance of services or membership or fundraising solicitations for related organization(s)				=		×
				Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				5		×
o Shanno of naid employees with related organization(s)				9		×
						:
p Reimbursement paid to related organization(s) for expenses				9	1	\times
q Reimbursement paid by related organization(s) for expenses				19		\times
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	line, including covered re	lationships and transact	ion thresholds			
(e)	(q)	(0)	(p)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	unt involved	_	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
			Schedule R (Form 990) 2019	R (Form	(066	201

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Schedule R (Form 990) 2019 OSKALOOSA AREA CHAMBER

Part VI

42-1458680

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

					. :						-	;	F	
	(a) Name, address, and EIN of entity	(b) Primary activity	(c)		(e) Are all partners	thers	(f) Share of		(h) Disproportionate		(c)	Genera		(*) Percentage
				income (related, unrelated, excluded			тотаі ілсоте	end-ol-year assets	allocations		of Schedule K-1 (Form 1065)	managing partner?		#nersnip
			foreign country)		organiz	atrons?								
(1)					2	-			S S S S S S S S S S S S S S S S S S S	5		S B F	2	
(2)													<u> </u>	
(3)														
4														
(2)														
(9)														
(7)														
(8)														
· (6)														
(10)														
(11)														

Schedule R (Form 990) 2019

42-1458680

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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R See Instructions.

SCHEDULE R - ADDITIONAL INFORMATION

PART II LINE 1 COLUMN G

MAHASKA FUTURE VIEW