

**Short Form
Return of Organization Exempt From Income Tax**

2016

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.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

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Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning		and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MT. STERLING-MONTGOMERY COUNTY CHAMBER OF COMMERCE		D Employer identification number 20-2181847
	Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
	126 WEST MAIN STREET		(859) 498-5343
	Room/suite		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code MT. STERLING, KY 40353		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶			
I Website: ▶ WWW.MTSTERLINGCHAMBER.COM			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other 501 (C) (6) EXEMPT ORGANIZATION			
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			\$ 150,246.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	80,541.
	3 Membership dues and assessments	3	51,680.
	4 Investment income	4	
	5a 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)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	16,961.	
c Less: direct expenses from gaming and fundraising events	6c	20,363.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	<3,402.>	
7a 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 in Schedule O)	8	1,064.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	129,883.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	63,211.
	13 Professional fees and other payments to independent contractors	13	540.
	14 Occupancy, rent, utilities, and maintenance	14	4,723.
	15 Printing, publications, postage, and shipping	15	2,936.
	16 Other expenses (describe in Schedule O)	16	32,616.
	17 Total expenses. Add lines 10 through 16	17	104,026.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,857.
Net Assets	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	106,509.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	132,366.

SEE SCHEDULE O

MAY 16 2017

SEE SCHEDULE O

SCANNED JUN 07 2017

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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
22 Cash, savings, and investments	92,556.	107,953.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O	13,970.	24,650.
25 Total assets	106,526.	132,603.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	17.	237.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	106,509.	132,366.

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? **SEE SCHEDULE O**

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

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

28 THE CHAMBER'S MISSION IS TO ADVANCE THE COMMERCIAL, AGRICULTURAL, INDUSTRIAL AND CIVIC INTERESTS OF MOUNT STERLING AND MONTGOMERY COUNTY, KY AND ITS TRADE AREA.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	

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
SANDY ROMENESKO EXECUTIVE DIRECTOR	35.00	13,331.	0.	0.
ADRIAN ARNOLD DIRECTOR	1.00	0.	0.	0.
GREG BEAM DIRECTOR	1.00	0.	0.	0.
GARY WILLIAMSON DIRECTOR	1.00	0.	0.	0.
LAURA TIPTON DIRECTOR	1.00	0.	0.	0.
MATTHEW THOMPSON DIRECTOR	1.00	0.	0.	0.
SCOTT HOLLEY DIRECTOR	1.00	0.	0.	0.
JESSE HODGSON DIRECTOR	1.00	0.	0.	0.
STEVEN BARNES DIRECTOR	1.00	0.	0.	0.
TRACY PEARCE DIRECTOR	1.00	0.	0.	0.
WALLACE JOHNSON DIRECTOR	1.00	0.	0.	0.
DAVID HALE DIRECTOR	1.00	0.	0.	0.

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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 Sch. O to respond to any question in this Part V

		Yes	No
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. Otherwise, explain the change on Schedule O (see instructions)	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	N/A	
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 _____ 0.			
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	N/A	
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u> N/A </u> ; section 4912 ▶ <u> N/A </u> ; section 4955 ▶ <u> N/A </u>			
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	N/A	
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 ▶ _____ N/A			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ N/A			
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 ▶ KY			
42a The organization's books are in care of ▶ SANDY ROMENESKO, EXECUTIVE D Telephone no. ▶ (859) 498-5343 Located at ▶ 126 WEST MAIN STREET, MT. STERLING, KY ZIP + 4 ▶ 40353			
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: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____	42c		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 ▶ 43 _____ N/A			
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		

Form 990-EZ (2016)

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

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 Sch. 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 Yes No
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No
 b If "Yes," was the related organization a section 527 organization? 49b Yes No

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."

(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
N/A				

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." N/A

(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: *Sandy C. Zomenesko* Date: 5-10-17
 Type or print name and title: *Sandy C. Zomenesko*

Paid Preparer Use Only
 Print/Type preparer's name: JOE KING
 Preparer's signature: *Joe King* Date: 5/8/17
 Check if self-employed PTIN: P00590265
 Firm's name: FAULKNER, KING & WENZ, PSC Firm's EIN: 61-1038574
 Firm's address: P.O. BOX 285 MT. STERLING, KY 40353 Phone no: 859-498-1836

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

MT. STERLING-MONTGOMERY COUNTY CHAMBER

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	GOLF TOURNAMENT (event type)	3 (total number)	
Revenue	1	Gross receipts	6,350.	10,611.	16,961.
	2	Less Contributions			
	3	Gross income (line 1 minus line 2)	6,350.	10,611.	16,961.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	2,486.	1,561.	4,047.
	6	Rent/facility costs		1,784.	1,784.
	7	Food and beverages	3,304.	785.	4,089.
	8	Entertainment			
	9	Other direct expenses	5,656.	4,787.	10,443.
	10	Direct expense summary Add lines 4 through 9 in column (d)			20,363.
11	Net income summary Subtract line 10 from line 3, column (d)			<3,402.>	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

MT. STERLING-MONTGOMERY COUNTY CHAMBER

Schedule G (Form 990 or 990-EZ) 2016 OF COMMERCE

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- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in

a	The organization's facility		%
b	An outside facility		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2016

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

**MT. STERLING-MONTGOMERY COUNTY CHAMBER
OF COMMERCE**

Employer identification number
20-2181847

FORM 990-EZ, ITEM K, OTHER FORM OF ORGANIZATION:

501 (C)(6) EXEMPT ORGANIZATION

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	218.
EDUCATION COMMITTEE INCOME	265.
UNCATEGORIZED INCOME	581.
TOTAL TO FORM 990-EZ, LINE 8	1,064.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
ADVERTISING & PROMOTION	4,793.
AWARDS & SCHOLARSHIPS	1,340.
DUES & SUBSCRIPTIONS	843.
INSURANCE	744.
OTHER EXPENSES	6,486.
SUPPLIES	3,439.
DONATIONS	650.
PRINTER/COPIER LEASE	2,877.
WEBSITE/SOFTWARE	220.
DOWNTOWN REVITILIZATION	10,000.
EDUCATIONAL SEMINARS	1,224.
TOTAL TO FORM 990-EZ, LINE 16	32,616.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

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

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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Name of the organization	MT. STERLING-MONTGOMERY COUNTY CHAMBER OF COMMERCE	Employer identification number	20-2181847
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	13,970.	24,650.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	17.	237.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MT. STERLING

MONTGOMERY COUNTY CHAMBER OF COMMERCE HAS SPONSORED A NUMBER OF EVENTS

OVER THE PAST YEARS. ALTHOUGH IT HAS EXPERIENCED GREAT SUCCESS WITH

ALMOST ALL EVENTS, MOST OF THEM ARE NON-PROFIT AND ARE HELD AS A

MEMBERSHIP BENEFIT. THE CHAMBER'S MISSION IS TO ADVANCE THE

COMMERCIAL, AGRICULTURAL, INDUSTRIAL AND CIVIC INTERESTS OF MOUNT

STERLING AND MONTGOMERY COUNTY, KY AND ITS TRADE AREA. THE CHAMBER

SHALL BE NONPARTISAN, NONPROFIT, AND SHALL TAKE NO PART IN THE ELECTION

OR APPOINTMENT OF ANY CANDIDATE FOR PUBLIC OFFICE.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

