

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150
2020
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

- B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
KENNETT CHAMBER OF COMMERCE
Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
1601 FIRST STREET
City or town, state or province, country, and ZIP or foreign postal code
KENNETT, MO 63857

D Employer identification number
43-0615547
E Telephone number
(573) 888-5828
F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

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

I Website: N/A
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 93,842

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	76,073
	2	Program service revenue including government fees and contracts	2	11,921
	3	Membership dues and assessments	3	
	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	0
	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	0
c	Less: direct expenses from gaming and fundraising events	6c	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	5,848	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	93,842	

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	71,802
	13	Professional fees and other payments to independent contractors	13	2,400
	14	Occupancy, rent, utilities, and maintenance	14	5,380
	15	Printing, publications, postage, and shipping	15	480
	16	Other expenses (describe in Schedule O)	16	11,996
17	Total expenses. Add lines 10 through 16	17	92,058	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,784
	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	51,605
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	53,389

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

		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		No
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.		No
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)?		No
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		
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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		No
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?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b _____	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a _____	
b	Gross receipts, included on line 9, for public use of club facilities	39b _____	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0 ; section 4912 ▶ _____ 0 ; section 4955 ▶ _____ 0		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40b
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0		
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 No
41	List the states with which a copy of this return is filed. ▶ _____		
42a	The organization's books are in care of ▶ <u>MELISSA COMBS</u> Telephone no. ▶ <u>(573) 888-5828</u> Located at ▶ <u>1601 FIRST STREET KENNETT, MO</u> ZIP + 4 ▶ <u>63857</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____		42b No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		42c No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		44a No
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 No
c	Did the organization receive any payments for indoor tanning services during the year?		44c No
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 No
45b	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 No

	Yes	No
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	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

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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

(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
NONE				

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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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	2021-03-29 Date
DANNY RAY Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name JOHN SCHERER	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00880826
	Firm's name ▶ Scherer Grayham & Clark LLP			Firm's EIN ▶ 43-1508762	
	Firm's address ▶ 204 N Jackson Street Kennett, MO 63857			Phone no. (573) 888-4569	

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

Additional Data

Software ID: 20011551

Software Version: 2020v4.0

EIN: 43-0615547

Name: KENNETT CHAMBER OF COMMERCE

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 ANNUAL BANQUET - MEET TO INCREASE LOCAL BUSINESS PARTICIPATION. 400 CLIENTS SERVED. (Grants \$)	28a	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

Form 990EZ, Part III - Statement of Program Service Accomplishments

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<p>29 GOLF OUTING - USED TO RECRUIT NEW BUSINESS AND INDUSTRY TO COMMUNITY. 140 CLIENTS SERVED. (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

Form 990EZ, Part III - Statement of Program Service Accomplishments

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<p>30 DUCK SHOWDOWN - USED TO RECRUIT NEW BUSINESS AND INDUSTRY TO COMMUNITY (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization
KENNETT CHAMBER OF COMMERCE

Employer identification number

43-0615547

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue.1	MISCELLANEOUS REVENUE \$5806

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue.2	DISCOUNTS EARNED \$42

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1002	Office Expenses \$1919

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	MEMBERSHIP \$3205

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.2	GOLF OUTING EXPENSE \$2020

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	TELEPHONE \$1901

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	EQUIPMENT RENTAL & MAINTENANCE \$1066

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.5	MEALS & ENTERTAINMENT \$1042

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.7	BANQUET EXPENSE \$300

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.8	LEADERSHIP CONFERENCE \$267

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.9	BANK CHARGES \$263

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.11	MISCELLANEOUS \$13

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1001	Accounts Payable and Accrued Expenses - Beginning \$975 Accounts Payable and Accrued Expenses - Ending \$1125

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1	PAYROLL TAX LIABILITIES - Beginning \$2350 PAYROLL TAX LIABILITIES - Ending \$2411