

Form **990-EZ**
 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)

▶ **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.**

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

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

C Name of organization
DEXTER CHAMBER OF COMMERCE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
515B W MARKET

City or town, state or province, country, and ZIP or foreign postal code
DEXTER, MO 63841

D Employer identification number
43-0890550

E Telephone number
(573) 624-7458

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ◀ (insert no) 4947(a)(1) or 527

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

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 ▶ \$ 118,386

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	85,190	10	Grants and similar amounts paid (list in Schedule O)	10	
2	Program service revenue including government fees and contracts	2	16,489	11	Benefits paid to or for members	11	
3	Membership dues and assessments	3		12	Salaries, other compensation, and employee benefits	12	30,381
4	Investment income	4	2,681	13	Professional fees and other payments to independent contractors	13	1,241
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	
b	Less cost or other basis and sales expenses	5b		15	Printing, publications, postage, and shipping	15	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	50,254
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16	17	81,876
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	27,596
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	10,234	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	292,313
c	Less direct expenses from gaming and fundraising events	6c	8,914	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1,320	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	319,909
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	3,792				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	109,472				

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	77,759	22	104,219
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	230,279	24	230,870
25 Total assets	308,038	25	335,089
26 Total liabilities (describe in Schedule O).	15,725	26	15,180
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	292,313	27	319,909

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

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

What is the organization's primary exempt purpose?

PROMOTE BUSINESS ACTIVITY FOR THE CITY OF DEXTER MO

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 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
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) <input checked="" type="checkbox"/>		32	36,684

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
JASON BANKEN PRESIDENT	000 00	0		
AARON MATHIS 1ST VICE PRE	000 00	0		
ALISHA TRAMMELL 2ND VICE PRE	000 00	0		
ANDREA SISK SEC/TREAS	000 00	0		
RHONDA HALL BOARD MEMBER	000 00	0		
RYAN D SCHLIEF DC BOARD MEMBER	000 00	0		
CHRISTINE B YOUNG BOARD MEMBER	000 00	0		
KIM NORMAN BOARD MEMBER	000 00	0		

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

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

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

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

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

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

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here ***** Signature of officer 2017-10-26 Date
JASON BANKEN PRESIDENT Type or print name and title

Paid Preparer Use Only Print/Type preparer's name RICKEY A STUBBS Preparer's signature Date 2017-10-26 Check if self-employed PTIN P00014803
Firm's name RILEY STUBBS & CATO LLC Firm's EIN 43-1288409
Firm's address PO BOX 427 DEXTER, MO 63841 Phone no (573) 624-5941

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

Additional Data

Software ID:
Software Version:
EIN: 43-0890550
Name: DEXTER CHAMBER OF COMMERCE INC

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 ECONOMIC DEVELOPMENT - ENCOURAGE INDUSTRY TO LOCATE IN DEXTER, MO (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	17,595

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

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<p>29 ADVERTISING AND VARIOUS PROMOTIONAL CAMPAIGNS AND EVENTS- INCREASE RETAIL BUSINESS IN DEXTER AND TO ENCOURAGE BUSINESS GROWTH AND EXPANSION (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p style="text-align: right;">19,089</p>

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

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 N/A (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

OMB No 1545-0047

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

▶ 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.

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Department of the Treasury
Internal Revenue Service

Name of the organization
DEXTER CHAMBER OF COMMERCE INC

Employer identification number

43-0890550

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS INCOME 3,792 TOTAL 3,792

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING & PROMOTION 3,907 OFFICE 8,420 TRAVEL 3,087 CONFERENCES/MEETINGS 1,547 INSURANCE 3,115 UTILITIES 509 DUES & SUBSCRIPTIONS 706 REPAIRS & MAINTENANCE 70 INDUSTRY RECRUITMENT 1,700 EQUIPMENT RENTAL 1,140 MISCELLANEOUS 12 TRAINING 2,126 WEB PAGE 480 PROMOTIONAL 22,545 CONSULTING 800 CONTRIBUTIONS 90 TOTAL 50,254

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 954 1,545 INVENTORIES FOR SALE OR USE 5,775 5,775 BUILDING & EQUIPMENT 57,422 57,422 INVESTMENT-CHAMBER DEVELOPMENT INC 166,128 166,128 TOTAL 230,279 230,870

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 3,381 3,966 DEFERRED REVENUE 12,344 11,214

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 31	N/A