

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 01-01-2016, and ending 12-31-2016

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

C Name of organization
 BERE A CHAMBER OF COMMERCE INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 204 N BROADWAY

City or town, state or province, country, and ZIP or foreign postal code
 BERE A, KY 40403

D Employer identification number
 61-0902537

E Telephone number
 (859) 986-9760

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: ▶ WWW.BEREACHAMBER.COM

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 ▶ \$ 115,895

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	10	Grants and similar amounts paid (list in Schedule O)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe in Schedule O)		
6	Gaming and fundraising events	17	Total expenses. Add lines 10 through 16		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)				
6b	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)				
6c	Less direct expenses from gaming and fundraising events				
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)				
7a	Gross sales of inventory, less returns and allowances				
7b	Less cost of goods sold				
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
8	Other revenue (describe in Schedule O)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				

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	67,169	22 47,356
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 2,326
25 Total assets	67,169	25 49,682
26 Total liabilities (describe in Schedule O).	1,609	26 1,321
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	65,560	27 48,361

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?
ORGANIZATION EXISTS TO BENEFIT MEMBERS THROUGH EDUCATION, DEVELOPMENT AND OTHER SUPPORT OF THE ECONOMIC DEVELOPMENT OF THE GENERAL MEMBERSHIP'S COMMUNITY

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"/>	30a	
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
31 Other program services (describe in Schedule O)	31a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	32	
32 Total program service expenses (add lines 28a through 31a)		

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
DALE BALLINGER Vice President	2 00	0		
JACKIE ASH Secretary	2 00	0		
TERESA SCENTERS Vice President	2 00	0		
PAUL REYNOLDS Treasurer	5 00	0		
DAVID ROWLETTE Executive Direc	40 00	0		
SCOTT THOMPSON President	5 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 boxes. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	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.

***** Signature of officer	2017-08-12 Date
PAUL REYNOLDS Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ROBERT MICHAEL MCCORD	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00541684
	Firm's name ▶ Michael McCord CPA PLLC			Firm's EIN ▶	
	Firm's address ▶ 130 S KILLARNEY LN Richmond, KY 404752310			Phone no (859) 623-8500	

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

Additional Data

Software ID: 16000303

Software Version: 2016v3.0

EIN: 61-0902537

Name: BEREA 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.)	
<p>28 BEREA SPOONBREAD FESTIVAL IS THE BIIGEST EVENT IN THE YEAR THIS IS A THREE DAY COMMUNITY WIDE EVENT, THAT INCLUDES CHILDREN AND ADULT ACTIVITIES, SHOWCASES BUSINESSES, ARTISTS AND OTHER VENDORS IT IS A FUN ACTIVITY DESIGNED TO SUPPORT BUSINESS AND CUSTOMERS AND PROVIDE GENERAL ECONOMIC DEVELOPMENT ACTIVITIES IN THE COMMUNITY</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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<p>29 SPRING DANCE IS AN EVENT OPEN TO MEMBER BUSINESSES, THEIR EMPLOYEES AND THEIR FAMILIES, AS WELL AS THE COMMUNITY THE EVENT ATTEMPTS TO ENCOURAGE PARTICIPATION IN ECOMNOMIC ACTIVITY BY MEMBERS AS WELL AS THOSE RELATED TO THEM THAT THOUGH A FUN INDOOR FAMILY ORIENTED EVENT FOOD DRINK AND MUSIC FOR ALL AGES</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

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<p>A GOLF TOURAMENT HELD AT A LOCAL COURSE OPEN TO MEMBERS AND POTENTIAL MEMBERS ALIKE THE TOURNAMENT PROVIDES FUN ATMOSPHERE FOR BUSINESS DISCUSSIONS AND THE OPPORTUNITY TO MEET AND GREET OTHERS</p> <p>(Grants \$)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
BEREA CHAMBER OF COMMERCE INC**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.

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

OMB No 1545-0047

2016**Open to Public Inspection**

Employer identification number

61-0902537

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1001	Advertising and Promotion \$6835

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1003	Information Technology \$2068

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$107

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$54

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1008	Interest \$116

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$258

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$4846

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	AWARDS&PRIZES \$8317

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Meal & Entertainment \$7594

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Supplies \$6197

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Repairs \$4884

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	PERFORMERS \$3099

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Telephone \$3006

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Dues \$1182

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	Equipment Leases \$829

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	PERMITS \$485

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	MISCELLANEOUS \$434

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1004	Miscellaneous - Beginning \$0 Miscellaneous - Ending \$2326

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$1609 Accounts Payable and Accrued Expenses - Ending \$1321