

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/form990ez](http://www.irs.gov/form990ez).**

OMB No 1545-1150  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

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

**C** Name of organization  
 WOODFORD COUNTY CHAMBER OF COMMERCE

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

City or town, state or province, country, and ZIP or foreign postal code  
 VERSAILLES, KY 40383

**D** Employer identification number  
 61-1033363

**E** Telephone number  
 (859) 873-5122

**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 . . . . . ▶ \$ 103,182

**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	
<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>11</b>	Benefits paid to or for members . . . . .	<b>19</b>	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) . . . . .
<b>3</b>	Membership dues and assessments . . . . .	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .
<b>4</b>	Investment income . . . . .	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .		
<b>5b</b>	Less cost or other basis and sales expenses . . . . .	<b>15</b>	Printing, publications, postage, and shipping . . . . .		
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>16</b>	Other expenses (describe in Schedule O) . . . . .		
<b>6</b>	Gaming and fundraising events	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .		
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .				
<b>6b</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) . . . . .				
<b>6c</b>	Less direct expenses from gaming and fundraising events . . . . .				
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .				
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .				
<b>7b</b>	Less cost of goods sold . . . . .				
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .				
<b>8</b>	Other revenue (describe in Schedule O) . . . . .				
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .				



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 foreign accounts.

		<b>Yes</b>	<b>No</b>
<b>46</b> 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 . . . . .	<b>46</b>		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 . . . . .

		<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>		
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>		
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>		
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>		

**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.

<b>Sign Here</b> Signature of officer	2018-03-26 Date
DON VIZI Executive Dir Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Deanna Ramsey	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00630595
	Firm's name ▶ DEANNA RAMSEY CPA LLC			Firm's EIN ▶ 34-2027658	
	Firm's address ▶ P O BOX 1032 VERSAILLES, KY 40383			Phone no (859) 873-0981	

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

## Additional Data

**Software ID:** 17005038

**Software Version:** 2017v2.2

**EIN:** 61-1033363

**Name:** WOODFORD COUNTY 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.)	
<b>28</b> TO PROMOTE LOCAL BUSINESS AND TOURISM (Grants \$ )	<b>28a</b>	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

**Form 990EZ, Part IV - List of Officers, 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. . . . . 

<b>(a) Name and title</b>	<b>(b) Average hours per week devoted to position</b>	<b>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</b>	<b>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</b>	<b>(e) Estimated amount of other compensation</b>
JULIE GOODPASTURE Director	0	0		
LESLIE PENN Director	0	0		
JACKIE CECIL Director	0	0		
HANK YOHE Director	0	0		
CYNTHIA BOHN Director	0	0		
BECKY BURKICH Treasurer	0	0		
BOB GIBSON Chairman	0	0		
BEN SHAFFAR Director	0	0		
KENNY SMITH PAST CHAIRMAN	0	0		
ELIZABETH PITCHFORD Director	0	0		
TOMMY HAGGARD Director	0	0		
FAYE KUOSMAN Director	0	0		
WHITNEY DUNLAP Director	0	0		
DON VIZI Executive Dir	0	0		
EDDIE MARTINEZ Director	0	0		

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
WOODFORD COUNTY CHAMBER OF COMMERCE**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection**

Employer identification number

61-1033363

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Other Revenue 1	SILVER LEVEL PARTNERSHIP \$20500

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Revenue 2	GOLD LEVEL PARTNERSHIP \$5000

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 1001	Advertising and Promotion \$97

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$558

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 1003	Information Technology \$1315

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 1007	Conferences, Conventions, and Meetings \$2100

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 1012	Insurance \$2927

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	ANNUAL EVENTS \$6661

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 2	UTILITIES \$6044

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	MISC \$385

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	WEBSITE MAINTENACE \$210

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 7	OTHER EVENTS \$145

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 8	LICENSE \$119

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 9	GIFT-BEREAVEMENT \$55

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Expenses 10	DUE / SUBSCRIPT \$25

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Other Assets 5	- Beginning \$8526 - Ending \$8038