EXTENDED TO FEBRUARY 15, 2017

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 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public

Form 990 (2015)

TITOT	a 11010	illiorniation about Form 950 and its instructions is at				1 11 Spectron
<u>A F</u>	or the	2015 calendar year, or tax year beginning JUL 1, 2015 and endi	ding J	<u>UN 30,</u>	<u> 2016</u>	
B c	heck if pplicable	C Name of organization HARDIN COUNTY	[D Employe	r identific	cation number
	Addre:	S CHANDED OF COMEDCE	J			
	Name chang	David humana or		1	61-04	470160
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Roor	E Telephor			
	Final	111 W DIVIE AVENUE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i		654334
	return/ termin			G Gross receip		436,987.
	ated Amend		1			
=	⊒return ∏Applic		—	H(a) Is this	a group re ordinates	
Ъ	⊥tiòń pendir		. 43			
		111 WEST DIXIE AVENUE, ELIZABETHTOWN, KY		H(b) Are all su		
_		empt status 501(c)(3)X 501(c) (6) ◀ (insert no.) 4947(a)(1) or	527	-		list (see instructions)
		e: WWW.HARDINCHAMBER.COM	<u> </u>			n number
			L Year C	of tormation	LYOUM	State of legal domicile: KY
Fe	rt I	Summary	D DIT	CTNECC	TAT III	ADDIN
e		Briefly describe the organization's mission or most significant activities: PROMOTE	E DU	PINESS	TN H	ARDIN
Governance	ì	COUNTY				
ēr	l .	Check this box If the organization discontinued its operations or disposed c	of more	than 25% of		sets
န္တ		Number of voting members of the governing body (Part VI, line 1a)	•		3	9
	l	Number of Independent voting members of the governing body (Part VI, line 1b)			4	9
ies	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	192		5	5
Ξ	6	Total number of volunteers (estimate if necessary)	7815	MA 10	6	0
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		그런	7a	0.
_	ь	Net unrelated business taxable income from Form 990-T, ine 34	1 1		7b	0.
				Prior-Yea		Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	<u> </u>		0.	0.
aur	9	Program service revenue (Part VIII, line 2g)		383	548.	421,965.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			395.	131.
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	L	11	913.	12,145.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		395	856.	434,241.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		188	107.	188,872.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ē	l	Total fundraising expenses (Part IX, column (D), line 25)				
ñ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	_ _	237	590.	293,525.
	l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			697.	482,397.
	í	Revenue less expenses Subtract line 18 from line 12			841.	
es		TOTALIO 1000 OXDOLIOCO CUDITAGE III O TO ITOTI MITO 12	Rec	ginning of Curr		End of Year
ets	20	Total assets (Part X, line 16)	50,		492.	156,826.
Ass	21	Total liabilities (Part X, line 26)			140.	5,630.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20	-		352.	151,196.
	rt II	Signature Block	1		332.	131/1300
		Ities of perjury, I declare that I have examined this yeturn, including accompanying schedules and	d stateme	ents and to the	hest of my	knowledge and helief it is
		t, and complete Declaration of preparer (extier than object) is based on all information of which p				A
	001100	t, and complete beganition by prepared which graph of contribution of which p	propuror	nas any known	190	12
Z Ĺ ∵Sigı	•	Signature of officer		Date	/ 	
		BRAD RICHARDSON, PRESIDENT				
Her	_	Type or print name and title				
Ź			TD	ate	Check] PTIN
Paid		Print/Type preparer's name CHRIS R. CARTER, CPA Preparer's signature	-	VSIO	rf self-employe	~
CÉrep	2505					61-1294705
Cise	Oph.		<u> </u>	FIIIII	's EIN	01 1474/00
USE	UIIIY	Firm's address 2901 RING ROAD		DL -	no no 276	0-769-6371
		ELIZABETHTOWN, KY 42701		Phoi	ic 110.∡ / (
мау	tne IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

532001 12-18-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2015) CHAMBER OF COMMERCE	61-0470160	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	PROMOTE BUSINESS IN HARDIN COUNTY		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	X No
•	If "Yes," describe these changes on Schedule O	103	110
4	Describe the organization's program service accomplishments for each of its three largest program services, as	maggired by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
		is, the total expenses,	ailu
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$) (Revenue CODICANTED ATTENDED CODICANTED ATTENDED CODICANTED CO)
	ORGANIZATION WAS ABLE TO PROVIDE NEWSLETTERS TO MEMBERS		TES
	TO MEMBERS, USE OF THE ORGANIZATION'S FACILITIES AND DIS	COUNTS ON	
	SERVICES THAT MEMBERS CAN BUY.		
	- 		
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
	ORGANIZATION HELD A GOLF SCRAMBLE TO PROMOTE BUSINESS IN	HARDIN COU	NTY.
	THE SCRAMBLE ALLOWED BUSINESS OWNERS TO NETWORK AND PROM		
	BUSINESS.		
	2001112001	 -	
		· — — — —	
4c	(Code) (Expenses \$) (Revenue)
	ORGANIZATION HOLDS A MONTHLY LUNCHEON TO HELP PROMOTE BU		
	HARDIN COUNTY. LUNCHEON ALLOWS MEMBERS THE OPPORTUNITY	TO NETWORK	AND_
	PROMOTE THEIR GOODS OR SERVICES TO ONE ANTOHER.		
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses		
		Form 9	90 (2015)

Form 990 (2015) CHAMBER OF COMMERCE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ļ		
	during the tax year? If "Yes," complete Schedule C, Part II	4	L	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		v	
ь	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total	11a	_X	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		- 11
Ĭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ł	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ļ		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		i	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	aan <i>e</i>	ついしてい

			Yes	No_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	į		
	Schedule K If "No", go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2.00	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
.	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	230		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	_20		<u> </u>
27		ļ		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
00		_21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		v
		28b		X
b		200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		v
~~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	00		v
	•	_30		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		<u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_	ļ	v
	Schedule N, Part II	32_		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_		v
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33_		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	_36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37_		<u>X</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (2015)

Form 990 (2015) CHAMBER OF COMMERCE

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Г
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
-	Did the organization comply with backup withholding rules for reportable payments to vendors and r				
•	(gambling) winnings to prize winners?	. 5 0	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 5			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	<u> </u>	2b	x	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a		X
b	If "Yes," enter the name of the foreign country:	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b_		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a	L	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	1 1	7c	<u> </u>	
d	if "Yes," indicate the number of Forms 8282 filed during the year	7d_			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e	<u> </u>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	<u> </u>	
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g	 	
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	_		
_	sponsoring organization have excess business holdings at any time during the year?		_8_	\vdash	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a_	\vdash	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	140-1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against				l
U	amounts due or received from them)	11b			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note. See the instructions for additional information the organization must report on Schedule O		.00		
ь	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c	ı		
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
			_	200	

111 W. DIXIE AVENUE, ELIZABETHTOWN, KY

CHAMBER OF COMMERCE

61-0470160 Page 6

Form 990 (2015) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

800	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management			T	
4.		1.1	^	Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year	1a	9		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			l	
L	, ,	41-	9		
	Enter the number of voting members included in line 1a, above, who are independent		7	İ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh officer, director, trustee, or key employee?	ip with any other			v
3	Did the organization delegate control over management duties customarily performed by or under the	no direct auconiose	2		X
J	of officers, directors, or trustees, or key employees to a management company or other person?	ile direct supervision			v
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as		5	-	X
6	Did the organization have members or stockholders?	3000	6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or a	innoint one or	"		
	more members of the governing body?	Appoint one of	7a	l .	Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or	"		
	persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:	1.2		
а	The governing body?	······································	8a	Х	
	Each committee with authority to act on behalf of the governing body?	•	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code)			
				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
40	In Schedule O how this was done		12c	Х	77
13	Did the organization have a written whistleblower policy?		13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approv				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	•	4	ᢏ	
	· · · · · · · · · · · · · · · · · · ·		15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		15b	^	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
.04	taxable entity during the year?	inent with a	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participation	IUa		- 21
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation of evalua				
	exempt status with respect to such arrangements?	anzation o	16b		
Sec	tion C. Disclosure		100	i!	
17	List the states with which a copy of this Form 990 is required to be filed ▶KY				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only)	availab	le	
	for public inspection indicate how you made these available. Check all that apply.	. (,,,,, -,,			
		ın Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		id finan	cıal	
	statements available to the public during the tax year	• •			
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records.			
	WILLIAM B RICHARDSON - 2707654334				

Form 990 (2015)

CHAMBER	\cap E		ᄱᄞ
	O.F	COMMIN	~~

61-0470160

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any	y line in this Part V	11	 _	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	rson	than s bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KENNY RAMBO	2.00									
VICE CHAIR		X		X				0.	0.	0 .
(2) JOHN WRIGHT	2.00									
CHAIRMAN		X	<u> </u>	X		L		0.	0.	0
(3) PHILIP TABB	2.00]								
SECRETARY		X		X				0.	0.	0
(4) BRIAN KERR	2.00					ĺ				
TREASURER		X		X				0.	0.	0
(5) MARILYN FORD	2.00									
DIRECTOR		X						0.	0.	0
(6) CHRIS CARTER	2.00									
DIRECTOR		X				<u> </u>		0.	0.	0
(7) R. TERRY BENNETT	2.00									
DIRECTOR		X			<u>L</u>			0.	0.	0
(8) BRAD RICHARDSON	50.00									
PRESIDENT		ļ	_	X		_		85,810.	0.	0
		ļ	ļ		-	 				
·										
		-								
		_			_					
		}								
						-			,	
		<u> </u>	<u> </u>	$oxed{oxed}$						

(A) Name and title	(B) Average hours per week (list any	box, offic	Positio (do not check mor box, unless persor officer and a direct			than s bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	on J	an	(F) stimate nount o other	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensation the anization of the anization	e Ion ed
					_							-	
		-											
				_									
													
		-				<u></u>							
Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A						\	85,810. 0. 85,810.		0.			0
Total number of individuals (including but no compensation from the organization	ot limited to th	nose	liste	d at	oove	e) wh	no re		,000 of reportab				
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y en	nplo	yee,	or h	nighest compensated ei	mployee on		3	Yes	No X
For any individual listed on line 1a, is the su and related organizations greater than \$150.	ım of reportab	le co	-						the organization		4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•						elate	ed organization or indivi	dual for services		5		X
Complete this table for your five highest co the organization Report compensation for										pens	ation f	rom	
(A) Name and business		NC						(B) Description of s			(C omper) nsation	1
						_							
			_			_	+						
						_						<u>-</u>	
						-	+			<u>-</u>			
2 Total number of independent contractors (i	ncluding but n	ot lin	nited	d to	thos	e lis	sted	above) who received m	ore than				

Form 990 (2015) CHAMBER
Part VIII Statement of Revenue

		Check if Schedule O cont.	ains a response	or note to any line	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	Revenue excluded from tax under
						revenue	revenue	sections 512 - 514
ts ts	1 a	Federated campaigns	1a				-	
돌등		Membership dues	1b					
Ω. Ĕ	c	- I	1c					
if ts	d	. =	1d					
0,≝	e	0						
Sign	•	All other contributions, gifts, gran						
돌	•	similar amounts not included above						
草	_							
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a-1f	та-п ф					
	'	TOTAL		Business Code			<u> </u>	
ا بو	2 a	MEMBERSHIP DUES	;	813910	239,541.	239,541.		
Program Service Revenue	ь	MEMBERSHIP LUNC	HEONS	813910	51,521.	51,521.		
S Z	c	ONTO TENTON		813910	42,290.	42,290.		
ا ۾ اھ	d	GOLF SCRAMBLE		813910	26,850.	26,850.		
P. C.	e	LEADERSHIP HARD	IN COUN	813910	18,685.	18,685.		
<u>4</u>	f			813910	43,078.	43,078.		
		Total. Add lines 2a-2f		•	421,965.			
\neg	3	Investment income (including	dividends, intere	est, and				
	•	other similar amounts)	,	•	131.			131.
1	4	Income from investment of ta	x-exempt bond r	proceeds			-	
	5	Royalties		•				
	Ŭ	Tioyanios	(i) Real	(ii) Personal				
	6 a	Gross rents	12,468.	+				
		Less, rental expenses	0.					
		Rental income or (loss)	12,468.					
		Net rental income or (loss)	12/100		12,468.	12,468.		
		Gross amount from sales of	(i) Securities	(II) Other	12,400	12,400.		-
1	/ a		(i) Securities	(ii) Other				
		assets other than inventory						
		Less cost or other basis						
		and sales expenses		 				
	C	Gain or (loss)	L					
	C	Net gain or (loss)		P				
9	8 a	Gross income from fundraisin						
		including \$	of					
<u>é</u>		contributions reported on line	1c) See					
<u>-</u>		Part IV, line 18	а			1		
Other Reven	b	Less. direct expenses	b					
-		: Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac	ctivities See	1				
		Part IV, line 19	а					
ļ	b	Less: direct expenses	b					
	c	: Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	2,423.				
	b	Less cost of goods sold	b					
		Net income or (loss) from sale	s of inventory	•	<323.	> <323.	>	
Ī		Miscellaneous Revenu		Business Code			· · · · · · · · · · · · · · · · · · ·	
ļ	11 a							
	t							
		All other revenue				-		
		Total, Add lines 11a-11d						
'	12	Total revenue. See instructions.			434 241	434,110.	0	. 131.
532009				•	,	,,	_	Form 990 (2015)

Form 990 (2015) CHAMBER OF CO.
Part IX Statement of Functional Expenses CHAMBER OF COMMERCE 61-0470160 Page 10

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must c	omplete column (A)							
Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic				-						
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign		-								
	organizations, foreign governments, and foreign										
	individuals See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees	85,810.									
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	87,480.									
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes	15,582.									
11	Fees for services (non-employees)										
а	Management										
b	Legal										
С	Accounting	20,535.	·-··								
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees		•								
g	Other (If line 11g amount exceeds 10% of line 25,										
	column (A) amount, list line 11g expenses on Sch O.)										
12	Advertising and promotion	92.	·								
13	Office expenses	10,647.									
14	Information technology										
15	Royalties										
16	Occupancy	12,271.									
17	Travel	5,847.									
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest			-	<u>.</u>						
21	Payments to affiliates				·						
22	Depreciation, depletion, and amortization	7,252.			<u>.</u> .						
23	Insurance	5,618.									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)										
	amount, list line 24e expenses on Schedule O.)										
а	ONE KNOX	95,451.									
b	MEMBERSHIP LUNCHEON	38,863.									
С	COMMUNICATION CONTRACT	26,262.									
d	GOLF SCRAMBLE	13,874.									
е	All other expenses SEE SCH O	56,813.									
25	Total functional expenses Add lines 1 through 24e	482,397.									
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here Infollowing SOP 98-2 (ASC 958-720)										

61-0470160 Page 11

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 146,929. 88,703. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 256,908. basis Complete Part VI of Schedule D 10a 188,785. 67,563. 68,123. Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 214,492. 156,826. 16 16 Accounts payable and accrued expenses 17 17 18 Grants pavable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 15,140. Schedule D <u>5,630.</u> 25 15,140.Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 0. 0. 31 Paid in or capital surplus, or land, building, or equipment fund 31 199,352. 32 Retained earnings, endowment, accumulated income, or other funds 32 <u>151,196.</u> 199,352. 151,196. 33 Total net assets or fund balances 33 Total liabilities and net assets/fund balances 214,492. 156,826.

<u>Forn</u>	1990 (2015) CHAMBER OF COMMERCE	01-U4/	OTPO	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	43	4,2	<u>41.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			97.
3	Revenue less expenses. Subtract line 2 from line 1	3	<4	8,1	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19:	9,3	52.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	15	1,1	96.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	· O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2015)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990

2015
Open to Public Inspection

Name of the organization

HARDIN COUNTY

MANDIN COUNTI

Employer identification number

CHAMBER OF COMMERCE 61-0470160 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _ Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche	dule D (Form 990) 2015 CHAMBER	OF COMMER	CE					61-04	70160) Pa	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Othe	er Simi	lar Asse	ts (contint	ued)	
3	Using the organization's acquisition, accessing	on, and other record	ls, chec	k any of the	following tha	t are a s	ignificant	use of its	collection	ıtem	s
	(check all that apply)		_								
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	XIII		
5	During the year, did the organization solicit o					er sımıla	r assets	<u></u>	7	_	1
Das	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par	•	ete if the	e organizatio	n answered	"Yes" or	1 Form 95	30, Part IV,	line 9, or		
	·		liani far	oontribution	o or other on	ooto not	unaludas				
па	Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermed	nary for	contribution	is or other as	sets not	included	' -	Yes		No
h	If "Yes," explain the arrangement in Part XIII:	and complete the fo	llowing	table:					J 162		INO
D	ii res, explain the alrangement in Fait Alli	and complete the lo	llowing	lable					Amount		
С	Beginning balance						1c		Amount		
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liabi	lity?		Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation	on has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete it	f the organization an	swered	"Yes" on Fo	orm 990, Part	IV, line	10				
		(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	<u>back</u>
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities					}					
	and programs					-		,			
f	Administrative expenses									·-·	
g	End of year balance		- 0 1	/·	\\ hald a a	1					
2	Provide the estimated percentage of the curr	ent year end balanc		g, column (a	a)) neid as						
a	Board designated or quasi-endowment Permanent endowment	%	_%								
b	Temporarily restricted endowment	⁷⁰									
C	The percentages on lines 2a, 2b, and 2c sho										
33	Are there endowment funds not in the posse	•	ation the	at are held a	nd administe	red for t	he organ	ızatı∩n			
Ja	by	oolon or the organiza	acion the	at are note a	ina aaniinioto		no organ	Lation	Ţ,	Yes	No
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ıi)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	•									
Par	t VI Land, Buildings, and Equipm				· · ·						
	Complete if the organization answered	d "Yes" on Form 990), Part IV	V, line 11a S	See Form 990), Part X,	, line 10			_	
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value	•
		basis (investr	nent)	basis	(other)	de	preciatio	n			
1a	Land				0,000.						00.
b	Buildings			17	0,053.		<u> 128,0</u>	16.	42	, 0.	<u>37.</u>
С	Leasehold improvements										
d	Equipment			6	6,855.		60,7	69.	6	, 0	86.
	Other			<u> </u>							
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c)					,1	
								Schedule	D (Form	990)	2015

				_
Schedule	D'Æorm	990\2014	5 (Ω.

Schedule D'(Form 990) 2015 CHAMBER OF COMMERCE
Part VII Investments - Other Securities.

61-0470160 Page 3

Schedule D (Form 990) 2015

Complete if the organization answered "Yes" of				of year modest value
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of Va	aluation Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)			<u> </u>	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	n Form 990, Part IV, I	ine 11c See Form 990, I	Part X, line 13	
(a) Description of investment	(b) Book value			of-year market value
(1)				
(2)				
(3)				
(4)	<u> </u>			
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	in Form 990 Part IV I	ine 11d. See Form 990	Part X line 15	
	escription	ine tra occi annoso,	T dit X, iino 10	(b) Book value
				(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				·
(6)				
(7)				
(8)				·
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes" or	n Form 990, Part IV, I		990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) PAYROLL AND SALES TAX		5,630.		
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	25.1	5,630.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide t			nanoual atataments *	hat reports the
cranization's liability for uncertain tax positions under f		-		· —

Schedule D'(Form 990) 2015 CHAMBER OF COMMERCE	
Part XI Reconciliation of Revenue per Audited Finance	ial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, F	art IV, line 12a.
1 Total revenue, gains, and other support per audited financial statem	ents 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIII)	2d
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	
a Investment expenses not included on Form 990, Part VIII, line 7b	_4a
b Other (Describe in Part XIII)	4b
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part	
Part XII Reconciliation of Expenses per Audited Finan	cial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, F	art IV, line 12a
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIII)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIII)	4b
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Par	t I, line 18) 5
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	
nes 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to p	rovide any additional information.

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.

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

OMB No 1545-0047 Open to Public Inspection

HARDIN COUNTY Name of the organization **Employer identification number** 61-0470160 CHAMBER OF COMMERCE FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT WILL REVIEW THE 990. FORM 990, PART VI, SECTION B, LINE 12C: THIS IS COMPLETED AT FIRST BOARD MEETING OF EACH YEAR FORM 990, PART VI, SECTION B, LINE 15: BOARD OF DIRECTORS DETERMINED FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS MADE AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: LEADERSHIP HARDIN CO 11,065. **MISCELLANEOUS** 9,613. CONTRACT LABOR 6,320. 6,164. TELEPHONE CHAMBER MASTER 4,056. DUES 3,867. FARM CITY 3,398. 3,018. BREAKFAST CLUB 3,000. AWARDS/SCHOLARSHIP COMMUNITY PARTNERSHIP DINNER 2,127. <u>MAINTENANCE</u> <u>1,725.</u> 1,375. CREDIT CARD & BANK CHARGES 935. JOB FAIR

Schedule O (Form 990 or	990-EZ) (2015)									Page
Name of the organization	HARDIN	COUNTY R OF COM	MERCE						Employer 61-	identification number 0470160
SEMINAR										100
DONATIONS							-		<u> </u>	50
TOTAL OTHER E	XPENSES	ON FORM	990,	PART	IX,	LINE	24E,	COL	<u>A</u>	56,813
<u>-</u>		·— ·-—		-						
										
			·. .					·		
		·								
				-						
			- -							
					<u></u> -	<u> </u>				<u></u>
								•		
									·	
	·									
							_			