

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization: BEREA CHAMBER OF COMMERCE INC. Number and street: 204 N BROADWAY. City or town: BEREA, KY 40403

D Employer identification number: 61-0902537. 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), 4947(a)(1), 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. \$ 187,273

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

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 6,500 to 187,273.

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	64,131	22	67,169
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	404	24	
25 Total assets	64,535	25	67,169
26 Total liabilities (describe in Schedule O)	1,559	26	1,609
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,976	27	65,560

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 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
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	

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
JENNIFER NAPIER Vice President	2 00	0		
JACKIE ASH Secretary	2 00	0		
GREG POWELL Vice President	2 00	0		
PAUL REYNOLDS Treasurer	5 00	0		
DAVID ROWLETTE Executive Direc	40 00	0		
NOLA NEWMAN 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

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a		
b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="checkbox"/> 38b		
39	Section 501(c)(7) organizations Enter <input type="checkbox"/>		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed <input type="checkbox"/>		
42a	The organization's books are in care of <input type="checkbox"/> ROBERT M MCCORD Telephone no <input type="checkbox"/> (859) 623-8500 Located at <input type="checkbox"/> 130 S KILLARNEY LANE RICHMOND KY RICHMOND, KY ZIP + 4 <input type="checkbox"/> 40475		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42b	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: Yes (blank), No (blank)

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

Table with 3 columns: Question, Yes, No. Row 47: Yes (blank), No (blank)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (blank), No (blank)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (blank), No (blank)

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (blank), No (blank)

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"

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. Row 1: 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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

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

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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

Sign Here: Signature of officer (PAUL REYNOLDS Treasurer) and Date (2016-08-12)

Paid Preparer Use Only: Prnt/Type preparer's name (ROBERT MICHAEL MCCORD), Preparer's signature, Date, Check 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: 15000324

Software Version: 2015v2.0

EIN: 61-0902537

Name: BEREA CHAMBER OF COMMERCE INC

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

Describe what was achieved in carrying out the organization's exempt purposes. 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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
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 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
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 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 MEMBERSHIP MEETINGS, OFTEN SPONSORED BY A MEMBER ARE HELD TO ENCOURAGE KNOWLEDGE OF LOCAL BUSINESSES TO OTHERS OFTEN A NEW MEMBER WILL ADDRESS THE MEMBERSHIP TO ADVISE EVERYONE OF HIS BUSINESS OCCASIONALLY A GUEST SPEAKER OTHER THAN A LOCAL BUSINESS WILL SPEAK, TO UPDATE THE MEMBERSHIP ON LOCAL COMMUNITY EVENTS AND POTENTIAL CHANGES THAT MIGHT EFFECT THE MEMBERSHIP THE MAYOR'S ANNUAL STATE OF THE CITY ADDRESS, OR AN OCCASIONAL CANDIDATE FORUM WHERE ALL CANDIDATES FOR LOCAL OFFICES ARE INVITED TO GIVE SHORT SPEECHES AND MINGLE ARE EXAMPLES OF THE SPEAKERS AT THESE MEETINGS (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
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 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

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.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
BEREA CHAMBER OF COMMERCE INC

Employer identification number

61-0902537

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	UPDATE PUBLICATIONS \$155
Other Expenses 1001	Advertising and Promotion \$17664
Other Expenses 1003	Information Technology \$2040
Other Expenses 1005	Travel \$680
Other Expenses 1007	Conferences, Conventions, and Meetings \$75
Other Expenses 1008	Interest \$58
Other Expenses 1012	Insurance \$7850
Other Expenses 1	PERFORMERS \$30193
Other Expenses 2	Supplies \$13780
Other Expenses 3	Meal & Entertainment \$9137
Other Expenses 4	AWARDS&PRIZES \$7258
Other Expenses 6	Repairs \$5133
Other Expenses 8	MISCELLANEOUS \$2677
Other Expenses 9	Telephone \$2657
Other Expenses 10	Equipment Leases \$1352
Other Expenses 11	Dues \$1236
Other Expenses 12	PERMITS \$415
Other Assets 1	DEPOSITS - Beginning \$404 DEPOSITS - Ending \$0
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$1559 Accounts Payable and Accrued Expenses - Ending \$1609