DLN: 93493238007176

Form **990** 

Department of the Treasury Internal Revenue Service

### **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 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

	or th	2015	calendar year, or tax year beginnin	g 01-01-2015 , and ending 12-3	21_2015				
		applicable	C Name of organization		31-2013	1	D Emplo	yer ide	ntification number
		change	ROUND ROCK CHAMBER OF COMME	RCE INC			74-19	98342	3
┌ Nar	ne ch	nange	Doing business as				—	70542	3
┌ Init	ıal ret	turn							<u> </u>
Fina	al			all is not delivered to street address) Ro	oom/suite	9	E Teleph		
_		erminated					(512)	255-5	5805
_		d return	City or town, state or province, coun ROUND ROCK, TX 78664	try, and ZIP or foreign postal code			<b>G</b> Gross	eceints (	\$ 1,447,337
<b> </b> App	olicatio	on pendın	g				<b>C</b> 01033 1	cccipts	<del>, 1, 117, 337</del>
			F Name and address of prin	cıpal officer			s this a group		
			212 E MAIN STREET				ubordinates? .re all subord		ΓYes <b>Γ</b> No ΓYes ΓNo
			ROUND ROCK,TX 78664				ncluded?	naces	1 1651 110
———— т Та	v-eve	empt statu	IS	Insert no ) 4947(a)(1) or 527	7		-		(see instructions)
		•				H(c) (	Group exempt	ion nui	mber ►
J W	ebsit	te:► W	/WW ROUNDROCKCHAMBER ORG	j					
			on 🔽 Corporation 🗌 Trust 🦳 Association	Other 🕨		<b>L</b> Year	of formation 19	78 <b>M</b>	State of legal domicile TX
Pa	rt I	Su	mmary						
		,	escribe the organization's mission	_					
ω.	<u> </u>	LEADE	CONOMIC GENERATION IN ROU	IND ROCK					
Governance									
Ě	٠	C    -					250/ -5.t-		
Š		Спеск	this box দ if the organization dis	continued its operations or dispo	osea or	more tha	an 25% orits	necas	sets
	3	Numbe	r of voting members of the governi	ng body (Part VI, line 1a)				з	30
8	4	Numbe	r of ındependent votıng members o	f the governing body (Part VI, lir	ne 1b)			4	30
Activities &	5	Total n	umber of individuals employed in c	alendar year 2015 (Part V, line :	2a) .			5	15
Į.	6	Total n	umber of volunteers (estimate if ne	ecessary)				6	82
	ı		nrelated business revenue from Pa					7a	0
	Ь	Net unre	elated business taxable income from	m Form 990-T, line 34		1		7b	0
	_			413			Prior Year		Current Year
<u>o</u>	8		tributions and grants (Part VIII, lir gram service revenue (Part VIII, lii				770,	762	1,418,395
Revenue	10		estment income (Part VIII, column			489			1,418,393
歪	11		er revenue (Part VIII, column (A),			1,147			27,376
	12		il revenue—add lines 8 through 11				772,		1,447,337
		12)					772,	3 9 0	1,447,337
	13		nts and similar amounts paid (Part					0	0
	14		efits paid to or for members (Part I					0	0
8	15	Sala 5-1	ries, other compensation, employe 0)	e benefits (Part IX, column (A),	lines		428,	442	1,018,820
Expenses	16a	a Prof	· fessional fundraising fees (Part IX,	column (A), line 11e)				0	0
ੜੇ	ь	Total	fundraising expenses (Part IX, column (D)	, line 25) <b>►</b> 0					
ш	17		er expenses (Part IX, column (A), l				259,	300	523,786
	18	Tota	ıl expenses Add lines 13–17 (mus	st equal Part IX, column (A), line	25)		687,	742	1,542,606
	19	Rev	enue less expenses Subtract line :	18 from line 12	<u></u>		84,	656	-95,269
Not Assets or Fund Balances						Beginni	ng of Current	Year	End of Year
teger Legar	20	Tota	ıl assets (Part X, line 16)				1,052,	909	1,145,684
춫	21		ıl lıabılıtıes (Part X, lıne 26)					0	509,213
žĒ	22		assets or fund balances Subtract				1,052,	909	636,471
Par			nature Block						
my kr	nowle	edge an	of perjury, I declare that I have exa d belief, it is true, correct, and com knowledge						
		L **	***				2016-08-05		
Sign	1	- I B	gnature of officer				Date		
Here			KE ODOM PRESIDENT & CEO						
			pe or print name and title						
			Drint/Tuna propararia pama	I Decree and a constitute	Dat	te	Check I If	PTIN	
	_		Print/Type preparer's name SEAN HOLCOMB	Preparer's signature SEAN HOLCOMB		16-08-05		P01249	9221
Paid	-			SEÁN HOLCOMB			self-employed		

**Use Only** 

Firm's address ► 401 CONGRESS AVENUE SUITE 1100

AUSTIN, TX 787019682
May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no (512) 370-3200

. ✓ Yes ☐ No

Part IV	Checklist o	f Req	uired	<b>Schedule</b>

			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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations.  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	4		
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	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
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? If "Yes," complete Schedule D, Part IV	9		No
LO	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		No
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	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		No
L2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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 Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part $I$ .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2013)					Page
Pai	<b>t V</b> Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			
					Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	0			
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?		dors and reportable	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	15			
b	If at least one is reported on line 2a, did the organization file all required federal emp			2b	Yes	
_	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	-	•			
	Did the organization have unrelated business gross income of \$1,000 or more durin If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation of the state of the stat	_		3a 3b		No
	At any time during the calendar year, did the organization have an interest in, or a si			30		
	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
Ь	If "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank (FBAR)	k and	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					
_				5c		
	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable contributions.	trıbutı	ons?	6a		No
_	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution.	ıon an	d partly for goods and	7a		
	services provided to the payor?					
	If "Yes," did the organization notify the donor of the value of the goods or services p Did the organization sell, exchange, or otherwise dispose of tangible personal proper			7b		
·	file Form 8282?	•	. · · · · · ·	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	ersor	nal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal content of the organization of the	onal b	enefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the o		zatıon file Form 8899 as			
h	required?	s, dıd		7g 		
0	Form 1098-C?	•		7h		
0	Did a donor advised fund maintained by the sponsoring organization have excess bu during the year?	sınes	s holdings at any time	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966	?.		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
	Gross income from members or shareholders	11a	I			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	) ın lıe	eu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
4.0	year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	lote. 9	See the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states	401				
-	In which the organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		1.4-		NI -
	Did the organization receive any payments for indoor tanning services during the tax If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana			14a 14b		No
	z		, ,			

Part VI	Governance.	Management,	and	Disclosure

Se	ction A. Governing Body and Management			·
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			

State the name, address, and telephone number of the person who possesses the organization's books and records ▶MIKE ODOM 212 E MAIN STREET ROUND ROCK, TX 78664 (512) 255-5805

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

#### 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, or 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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organization and related organizations
See Additional Data Table										
										Form <b>990</b> (2015)

Section A. Officers,	Directors,	Trustees,	Key Em	iployee	s, and Hi	ghest Com	pensated Emi	ployees	(continued)
١	Section A. Officers,	Section A. Officers, Directors,	Section A. Officers, Directors, Trustees,	Section A. Officers, Directors, Trustees, Key Em	Section A. Officers, Directors, Trustees, Key Employees	Section A. Officers, Directors, Trustees, Key Employees, and Hi	Section A. Officers, Directors, Trustees, Key Employees, and Highest Com	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Em	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	(A) Name and Title	(B) Average hours per week (list any hours	more t	han o	one l both	box, an d	heck unless officer stee)	3	( <b>C</b> Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Officer Institutional Trustee Individual trustee or director		Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	organization and related organizations
See	Addıtıonal Data Table											
							-					
1b	Sub-Total						<u> </u>				<u> </u>	
C	Sub-Total		ection A	٠.			. •					
d	Total (add lines 1b and 1c) .						►		27	7,799	0	27,039
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) wl	ho receive	d more th	nan	
3	Did the organization list any <b>fo</b> on line 1a? <i>If "Yes," complete</i> S					key	emplo	yee,	or highes	t compen	sated employee	Yes No
4	For any individual listed on line organization and related organ	e 1a, is the sum	of repo	rtable	есо						on from the	3 No
F	Individual			· •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •					or individual fact	4 Yes
5	Did any person listed on line 1 services rendered to the organ										· · ·	5 No
Se	ection B. Independent Co											
1	Complete this table for your fix compensation from the organiz											
	N	(A) lame and business	address						·	Des	(B) scription of services	(C) Compensation
											•	
											<u> </u>	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part V	• • •	Statement o						
		Check if Schedu	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
u 22	1a	Federated camp	paigns 1a					
	b	Membership du	es <b>1b</b>					
Grants mounts	c	Fundraising eve	ents 1c					
Giffs, nilar A	d		ations 1d					
5 ≅		Government grants						
Contributions, and Other Sim	е	_						
<del>[</del>	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> included above					
tributions, Giffs, Grants Other Similar Amounts	g		ons included in lines					
Cont	h	1a-1f \$ <b>Total.</b> Add lines	: 1 a - 1 f					
<u>ತ</u> ಕ		Total. Add filles	, id-ii					
e E	٥.	MEMBER GUITR BUIE		Business Code				
Program Serwce Revenue	2a L	MEMBERSHIP DUES	-	900099	708,039	708,039		
æ	b	ECONOMIC DEVELO	DPMENT	900099	527,500	527,500		
M C	<b>c</b>	MEMBER EVENTS		900099	182,856	182,856		
<b>1</b> 5	d							
Ë	e	A II						
\$	f	All other progra	m service revenue					
Δ	g	Total. Add lines	s 2a-2f	+	1,418,395			
	3		ome (including dividender ar amounts)		1,566			1,560
	4		tment of tax-exempt bond					
	5	Royalties		•				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
	c	expenses Rental income						
	_	or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) Other				
	,	from sales of assets other						
		than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	C	Gain or (loss)						
	d		s)					
venue	8a	Gross income frevents (not incl	uding					
Other Revenue		of contributions See Part IV, lin	reported on line 1c) e 18 a					
5	b	Less direct exp	penses <b>b</b>					
	С		loss) from fundraising	events 🛌				
	9a	Gross income fr See Part IV, lin	rom gaming activities e 19					
		2221 GICAV, IIII	a a					
	b	Less direct exp	penses b					
	c	Net income or (	loss) from gaming acti	vities				
	10a	Gross sales of i						
		recums and allo	wances . a					
	b	Less cost of go	oods sold <b>b</b>					
			loss) from sales of inve	entory 🛌				
		Miscellaneous	s Revenue	Business Code				
ſ	11a	OTHER INCOM	1E	900099	27,376	27,376		
	b							
	c							
	d	All other revenu	ie					
	е	Total. Add lines	311a-11d	▶ [	27,376			
	12	Total revenue.	See Instructions	· · · · •	1,447,337	1,445,771	0	1,566

## Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	nplete column (A )	
	Check if Schedule O contains a response or note to any line in t				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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	169,281			
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	702,908			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,155			
9	Other employee benefits	33,495			
10	Payroll taxes	72,981			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	19,449			
d	Lobbying				
e	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 Schedule O)	33,579			
12	Advertising and promotion				
13	Office expenses	60,593			
14	Information technology	4,170			
15	Royalties				
16	Occupancy	38,383			
17	Travel	35,858			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,206			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,605			
23	Insurance	6,240			
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	MEMBER EVENTS	159,717			
b	ECONOMIC DEVELOPMENT	102,705			
c	DUES & SUBSCRIPTIONS	31,281			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,542,606			
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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) 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 505,207 561,527 1 1 391.405 2 2 377.927 Savings and temporary cash investments . . . . . 3 3 4 47.725 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 5 6 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 instructions) Complete Part II of Schedule L Assets 6 7 7 8 8 0 5,710 9 9 Prepaid expenses and deferred charges . . . . . 10a Land, buildings, and equipment cost or other basis 497,725 Complete Part VI of Schedule D 10a b 10b 344,930 156,297 10c 152,795 Less accumulated depreciation . . . . 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . 13 13 Investments—program-related See Part IV, line 11 . . . . . . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . . 1,052,909 16 1,145,684 17 **17** 103,823 18 18 n 19 405.390 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . \_iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 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 Schedule D 25 0 509,213 26 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ► 🔽 and complete Balance lines 27 through 29, and lines 33 and 34. 1.052.909 636,471 27 Fund ö

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.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,052,909	33	636,471
34	Total liabilities and net assets/fund balances	1,052,909	34	1,145,684
				Form <b>990</b> (2015)

Assets

Pai	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				୮
	Total revenue (never a neel Day) (A) (need 2)				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,4	147,337
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,5	542,606
3	Revenue less expenses Subtract line 2 from line 1	3			-95,269
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			52,909
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			321,169
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		(	536,471
Par	t XII Financial Statements and Reporting				•
	Check if Schedule O contains a response or note to any line in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: Software Version:

**EIN:** 74-1983423

Name: ROUND ROCK CHAMBER OF COMMERCE INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Posit more th perso and a	ion ( nan o n is b	ne booth a	ox, ι an o trus	inless fficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		-,,	related organizations
LORA WEBER	3 00	х		x				0	0	0
CHAIR		_ ^						0	0	0
MICHAEL DOSS	3 00	l x		×				0	0	0
CHAIR-ELECT	2.00									
BRYANT SMITH	3 00	x		x				0	0	0
PAST CHAIR	3 00									
KRIS WHITFIELD		x		х				0	0	0
JASON COLE	3 00									
TREASURER		x		х				0	0	0
NELSON AVERY	2 00									
DIRECTOR		X						0	0	0
JIM BOLES	2 00	l "						_		_
DIRECTOR		X						0	0	0
Donna Budak	2 00	x						0	0	0
DIRECTOR								Ů		Ů
JILL CASIC	2 00	x						0	0	0
DIRECTOR	2 00									
MICHELLE CERVANTES  DIRECTOR		х						0	0	0
HAYS DAVID  DIRECTOR	2 00	x						0	0	0
AMY ELLSWORTH DIRECTOR	2 00	х						0	0	0
RENE FLORES	2 00									
DIRECTOR		X						0	0	0
STEVE FLORES	2 00	х						0	0	0
DIRECTOR		_ ^						Ů	0	Ů
EDWARD HANNA DIRECTOR	2 00	х						0	0	0
JOHN HOWARD	2 00	х						0	0	0
DIRECTOR								ļ	0	ļ
LORA KAASCH	2 00	x						0	0	0
DIRECTOR	3.00									
AMANDA KEETER DIRECTOR	2 00	х						0	0	0
CELESTE LESMEISTER	2 00	x					_	0	0	0
DIRECTOR		<u> </u>						<u> </u>		
RON MARTIN	2 00	x						0	0	0
DIRECTOR	2 00									
EDNA REHBEIN		x						0	0	0
DIRECTOR LISA RICHARDSON	2 00	X						0	0	0
DIRECTOR	2.00						_			
MICHELLE ROEBUCK DIRECTOR	2 00	х						0	0	0
LORI SCOTT	2 00	х						0	0	0
DIRECTOR										<u> </u>
CATHY SHERIDAN	2 00	x						0	0	0
DIRECTOR	1	1	1			1	1			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related	Posit more th persoi and a	ion (d nan o n is b	ne both a	ox, u an of trus	inless fficer tee)		(D)  Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			related organizations
NANCY SIMPSON DIRECTOR	2 00	x						0	0	0
STEVE STAPP DIRECTOR	2 00	х						0	0	0
TERRY SWETS DIRECTOR	2 00	х						0	0	0
LOUELLA TATE DIRECTOR	2 00	х						0	0	0
ANDY WEBB DIRECTOR	2 00	х						0	0	0
MIKE ODOM PRESIDENT/CEO	40 00			х				154,750	0	14,531
SAMUEL WHITE  VP-ECONOMIC DEVELOPMENT	40 00					х		123,049	0	12,508
	•	1								

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DLN: 93493238007176

# Political Campaign and Lobbying Activities

**SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

**Inspection** 

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-区, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(b)). Complete Port II P. Do not complete Port II P.

line	<b>35c (Proxy Tax) (see separate</b> Section 501(c)(4), (5), or (6) orga	•	oxy rax) (see se		
	me of the organization UND ROCK CHAMBER OF COMMERCE IF	NC		Employer iden	tification number
110	ond noon enable of confidence in			74-1983423	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c	c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politı	cal campaıgn actı	vities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	tale: Complete if the or	ganization is exempt under	section 501(c	:)(3).	
1		e tax incurred by the organization un			\$
2	·	e tax incurred by organization manag			*
3	·	section 4955 tax, did it file Form 472			⊤ Yes
4a	Was a correction made?	,	,		⊤ Yes
ь	If "Yes," describe in Part IV				
Par	-	ganization is exempt under	section 501(c	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ection 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing o	organization's funds contributed to of	ther organizations	for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	¢
4	Did the filing organization file <b>F</b>	orm 1120-POL for this year?			
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and o political action committee (PAC) If	e amount paid fro directly delivered	m the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -
2					
3					
4					
5					

ŀ	e C (Form 990 or 990-EZ) 2015						Page <b>2</b>
1	CI-A Complete if the organization is under section 501(h)).	exempt under	section 501(	c)(3) and f	ilec	l Form 5768	(election
c	ck 🕨 🗆 if the filing organization belongs to an af		list in Part IV ea	ch affiliated g	roup	member's name	e, address, EIN,
c	expenses, and share of excess lobbying ck F if the filing organization checked box A a		l" provisions app	olv			
	Limits on Lobbying			·· /		(a) Filing	(b) Affiliated
	(The term "expenditures" means					organization's totals	group totals
	al lobbying expenditures to influence public opinions bying)	on (grass roots					
	oring) al lobbying expenditures to influence a legislative	e body (direct lobb	yıng)				
t	al lobbying expenditures (add lines 1a and 1b)						
h	ner exempt purpose expenditures						
t	al exempt purpose expenditures (add lines 1c and	d 1d)					
b	bying nontaxable amount Enter the amount from	the following table	ın both columns				
t	he amount on line 1e, column (a) or (b) is:	e lobbying nontaxal	ole amount is:				
t	over \$500,000 20°	% of the amount on li	ne 1e				
_	r \$500,000 but not over \$1,000,000 \$1	00,000 plus 15% of the	e excess over \$500 (	000			
		75,000 plus 10% of the	<u> </u>				
		25,000 plus 5% of the		<u></u>			
		,000,000					
_	h \$17,000,000 \$1,	,000,000					
a	ssroots nontaxable amount (enter 25% of line 1f	·)					
h	otract line 1g from line 1a  If zero or less, enter -0	) <b>-</b>					
b	otract line 1f from line 1c If zero or less, enter -0	-					
	here is an amount other than zero on either line 1  orting section 4911 tax for this year?	h or line 11, did the	organization file	Form 4720			
,,	orting section 4911 tax for this year?		Г	Yes	_ N	o	
			<u>'</u>		,		
	4-Year Aver	aging Period U	Inder section	501(h)			
	(Some organizations that made a sec	tion 501(h) el	ection do not	have to co			e five
	columns below. See the	separate instr	uctions for li	nes 2a thro	oug	h 2f.)	
	Lobbying Expend	itures During	4-Year Avera	ging Perio	d		
	Calendar year (or fiscal year beginning in)	(a)2012	<b>(b)</b> 2013	<b>(c)</b> 2014		<b>(d)</b> 2015	(e) Total
2	bbying nontaxable amount						
_	, , ,				$\dashv$		
	bbying ceiling amount						
_	50% of line 2a, column(e))				$\dashv$		
o	otal lobbying expenditures						
_					十		
r	assroots nontaxable amount						
0	50% of line 2a, column(e)) stal lobbying expenditures						

Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	edule C (Form 990 or 990-EZ) 2015			Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and ha filed Form 5768 (election under section 501(h)).	s NOT		
For i	each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying	(	a)	(b)
	racii res response on innes la timough il below, provide in Part IV a decaned description of the lobbying vity.		No	Amount
	••/	Yes		7111104111
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	O ther activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		<b> </b>	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
L	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	708,039
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	150
b	Carryover from last year	2b	5,352
C	Total	2c	5,502
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	14,161
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	-8.659

#### Part IV Supplemental Information

If "Yes," enter the amount of any tax incurred under section 4912

c If "Yes," enter the amount of any tax incurred by organization managers under section 4912
 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference Explanation

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DLN: 93493238007176

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

### **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.

Open to Public

ernal	Revenue Service	Information about Schedule D	(Form 990) and its instructions is at <u>www.ir</u>	s.gov/f	orm990. Inspection
	<b>ne of the organ</b> JND ROCK CHAMBE	<b>ization</b> R OF COMMERCE INC		Empl	oyer identification number
					983423
Pa			r <b>Advised Funds or Other Similar F</b> ed "Yes" on Form 990, Part IV, line 6.	unds c	or Accounts.
			(a) Donor advised funds	(b)	Funds and other accounts
	Total numbe	er at end of year			
	Aggregate v year)	value of contributions to (during			
	Aggregate v	value of grants from (during year)			
	Aggregate v	alue at end of year			
	_		advisors in writing that the assets held in dor the organization's exclusive legal control?	nor advis	Fed Yes No
	used only for c		and donor advisors in writing that grant funds benefit of the donor or donor advisor, or for a		purpose <b>Yes No</b>
aı	t III Conse	rvation Easements. Comple	ete if the organization answered "Yes" o	on Forn	າ 990, Part IV, line 7.
	Preservation Preservation	on of land for public use (e g , recre of natural habitat on of open space	ne organization (check all that apply) eation or education)	certified	historic structure
	easement on t	he last day of the tax year			
a	Total number o	of conservation easements		2a	Held at the End of the Year
u b		restricted by conservation easeme	ents	2b	
3	_	servation easements on a certified		2c	
ł	Number of con		c) acquired after 8/17/06, and not on a	2d	
	Number of con tax year ►	servation easements modified, tra	nsferred, released, extinguished, or terminato	ed by the	e organization during the
	Number of stat	tes where property subject to cons	ervation easement is located 🗠		
		nization have a written policy regar I enforcement of the conservation (	ding the periodic monitoring, inspection, han easements it holds?	dling of	┌ Yes
	Staff and volun year	teer hours devoted to monitoring,	inspecting, handling of violations, and enforc	ing cons	ervation easements during the
	<u> </u>	<del></del>			
		enses incurred in monitoring, insp	ecting, handling of violations, and enforcing c	onserva	tion easements during the year
		servation easement reported on li ion 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	ction 17	0(h)(4) <b>Yes  No</b>
	In Part XIII, d balance sheet,	escribe how the organization repor and include, if applicable, the text	ts conservation easements in its revenue an c of the footnote to the organization's financia		
312		on's accounting for conservation ea	ctions of Art, Historical Treasures,	or Oth	er Similar Assets
			ed "Yes" on Form 990, Part IV, line 8.		
3	works of art, hi	storical treasures, or other similar	FAS 116 (ASC 958), not to report in its rever assets held for public exhibition, education, note to its financial statements that describe	or resea	arch in furtherance of public
b	works of art, hi		FAS 116 (ASC 958), to report in its revenue rassets held for public exhibition, education, othese items		
(	i) Revenue incli	uded on Form 990, Part VIII, line	1	<b>►</b> \$_	
(ii	i) <sub>Assets includ</sub>	ed in Form 990, Part X			
	If the organiza	tion received or held works of art, l	historical treasures, or other similar assets f SFAS 116 (ASC 958) relating to these items	or financ	
a	Revenue includ	ded on Form 990, Part VIII, line 1			<b>►</b> \$

**b** Assets included in Form 990, Part X

Part	1441	Organizations Maintaining (continued)	Collections of A	rt, His	torical	Trea	sures, (	or Ot	her Similar A	ssets	
		the organization's acquisition, acce tion items (check all that apply)	ession, and other reco	ords, cl						e of its	
а	ГР	ublic exhibition		d	Lo	an or e	xchange ¡	progra	ms		
b	Г s	cholarly research		е	┌ ot	her					
c	ГР	reservation for future generations									
4	Provid Part X	de a description of the organization's (III	s collections and exp	laın hov	w they fur	ther th	e organız	atıon's	s exempt purpose	: In	
	asset	g the year, did the organization solic s to be sold to raise funds rather tha	an to be maintained a							i	
Part	: IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, Pai	rt IV, l	line 9, oi	r repo	orted an amour	nt on For	m 990,
		organization an agent, trustee, cus led on Form 990, Part X?	todian or other intern	nediary	for contr	ribution	s or othe	rasse	ts not <b>Yes</b>	s	
ь	If"	Yes," explain the arrangement in Pa	rt XIII and complete	the fol	lowing ta	ble			Am	ount	
c		Jinning balance						1c			
d		ditions during the year					Ī	1d			
e		tributions during the year						1e			
f		ling balance						1f			
2a		ie organization include an amount or	n Form 990. Part X. lı	ne 21.	for escro	worcu	ם stodial ad	ccoun	t liability? <b>「 Yes</b>	. □ No	
	D 14 C11	e organization morade an amount of	, , , , , , , , , , , , , , , , , , ,	,	101 05010	., ., .,	ocourar a	cccuii		,	
b	If"Ye	s," explain the arrangement in Part	XIII Check here if th	ne expl	anation h	as bee	n provide	d ın Pa	art XIII		Γ
Par		Endowment Funds. Complete									
		·	(a)Current year		or year			<del></del>	<b>d)</b> Three years back		ears back
1a	Begin	ning of year balance									
b	Contr	ributions									
C	Net ir Iosse	nvestment earnings, gains, and s									
d	Grant	s or scholarships									
е		r expenditures for facilities rograms									
f	• A dmi	nistrative expenses				+					
g		fyear balance									
_		de the estimated percentage of the o	current vear end hala	nce (lir	e 1a col	umn (a	)) held as			l	
		designated or quasi-endowment 🕨	currency cur ena bara	1100 (111	16 19, 601	amm (a	// Hela as				
		anent endowment ►									
	•	orarily restricted endowment Feercentages on lines 2a, 2b, and 2c s	should equal 100%								
	organ	nere endowment funds not in the pos ization by	_		that are h	neld an	d admınıs	tered		Yes	No
		related organizations					•			a(i) n(ii)	<del>                                     </del>
b	If"Ye	lated organizations s" on 3a(ii), are the related organization in the intended was a	ations listed as requir	red on S	Schedule	R? .				3b	
4 Part		The in Part XIII the intended uses o Land, Buildings, and Equip		nuowin	ent lulius	•					
rait		Complete if the organization a  Description of property			(a)		ne 11a.S		orm 990, Part >		ok value
1- '				C	ost or othe (investme		Cost or oth (othe		s (c)depreciation		
				.  -				225.00	1 333.5	41	102 112
		gs		. ⁺⊢				335,98	1 232,8	941	103,143
		nent		.  -				161,74	1 112,0	189	49,652
								,			

152,795

	<ul><li>(a) Description of security or cate (including name of security)</li></ul>	gory 	( <b>b)</b> Book value	(c)Method of valuation Cost or end-of-year market va
	derivatives			
Closely-h Other	held equity interests			
	n (b) must equal Form 990, Part X, col (B) line 12			
t VIII	Investments—Program Related	d. arad 'Vas' an Farm O	O Part IV line 11c	
	Complete if the organization answer		<b>(b)</b> Book value	ee Form 990, Part X, line 13. (c) Method of valuation
	(a) Description of investment		(b) Book value	Cost or end-of-year market va
	on (b) must equal Form 990, Part X, col (B) line 13  Other Assets. Complete if the organi  (a) D		n Form 990, Part IV, line	11d See Form 990, Part X, line 15  (b) Book value
	Other Assets. Complete If the organi	zatıon answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete If the organi	zatıon answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete If the organi	zatıon answered 'Yes' o	n Form 990, Part IV, line	
al. (Colum	Other Assets. Complete if the organi (a) D  in (b) must equal Form 990, Part X, col.(B) in Other Liabilities. Complete if the	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organi (a) D	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
nl. (Column	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Columart X	Other Assets. Complete if the organical Description of liability  (a) Description of liability	zation answered 'Yes' o Description  line 15.)  organization answere  (b) Book valu		(b) Book value

Par	TEXT Reconciliation of Revenue per Audited Financial Statements With Revenue Complete of the organization answered 'Yes' on Form 990, Part IV, line 12a.	enue per Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	1,447,337
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		· · · · · ·
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	. 2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,447,337
4	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		1,447,337
Part	Reconciliation of Expenses per Audited Financial Statements With Exp	enses per Ret	urn.
1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	. 1	1,542,606
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1,542,606
	Donated services and use of facilities		
a b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,542,606
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,5 12,6 6 6
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)		1,542,606
Par	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1t t V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b  Also complete this		v additional
	rmation	pare to provide an	y daditional
	Return Reference Explanation		

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

DLN: 93493238007176

OMB No 1545-0047

#### Schedule J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ROUND ROCK CHAMBER OF COMMERCE INC

**Employer identification number** 

74-1983423

Pa	rt I	Questions Regarding Compensation	)				
						Yes	No
1a				ny of the following to or for a person listed on Form ride any relevant information regarding these items			
	┌ F	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Г	Travel for companions	Γ	Payments for business use of personal residence			
	$\Gamma$	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
		Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b		y of the boxes in line 1a are checked, did the org bursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?				2		
		, , , , , , , , , , , , , , , , , , , ,		, 3	<del>-</del>		<b></b>
3	orgar	eate which, if any, of the following the filing organ nization's CEO/Executive Director Check all th by a related organization to establish compensa	at appl				
	<b>▽</b> (	Compensation committee	<u>  -     -     -     -       -          </u>	Written employment contract			
	Г	Independent compensation consultant	굣	Compensation survey or study			
	F	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4		ng the year, did any person listed on Form 990, l related organization	Part VI	I, Section A, line $f 1a$ with respect to the filing organization			
а	Rece	eive a severance payment or change-of-control p	oaymen	nt?	4a		No
b	Parti	cipate in, or receive payment from, a supplemen	ital non	qualified retirement plan?	4b		Νo
c	Parti	cipate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
	If"Y	es" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions m	ust complete lines 5-9.			
5		ersons listed on Form 990, Part VII, Section A, pensation contingent on the revenues of	, line 1a	a, did the organization pay or accrue any			
а	The	organization?			5a		
Ь	Anyı	related organization?			5b		
	If "Y	es," on line 5a or 5b, describe in Part III					
6		persons listed on Form 990, Part VII, Section A, pensation contingent on the net earnings of	, line 1a	a, did the organization pay or accrue any			
а	The	organization?			6a		
b	Anyı	related organization?			6b		
	If "Y	es," on line 6a or 6b, describe in Part III					
7		ersons listed on Form 990, Part VII, Section A, nents not described in lines 5 and 67 If "Yes," d		•	7		
8	subje	any amounts reported on Form 990, Part VII, pect to the initial contract exception described in int III		accured pursuant to a contract that was itions section 53 4958-4(a)(3)? If "Yes," describe	8		
9		es" on line 8, did the organization also follow the	rebutt	able presumption procedure described in Regulations	٩		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990	
		Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation				
1 MIKE ODOM PRESIDENT/CEO	(i)	140,000	7,550	7,200	9,285	5,246	169,281	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493238007176

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

Open to Public Inspection

J contract the second contract to the second	Employer identification number
ROUND ROCK CHAMBER OF COMMERCE INC	
	74-1983423

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	PROSPECTIVE MEMBERS CAN JOIN BY COMPLETING AN APPLICATION AND PAYING AN ANNUAL MEMBERSHIP FEE BASED UPON THEIR CHOICE OF SIX INVESTMENT LEVELS MEMBER BENEFITS PROVIDED BY THE ORGANIZATION ARE BASED UPON THE INVESTMENT LEVEL
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE GOVERNING BODY ARE ELECTED BY A MAJORITY VOTE OF OFFICERS
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS APPROVE THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND TREASURER AND THEN SUBMITTED TO THE BOARD OF DIRECTORS PRIOR TO THE MONTHLY MEETING FOR REVIEW
FORM 990, PART VI, SECTION B, LINE 12C	THE DOCUMENT IS REVIEWED AND SIGNED BY THE BOARD MEMBERS AND STAFF AT THE MANDATORY ANNUAL RETREAT THE VICE PRESIDENT OF FINANCE AND OPERATIONS MAINTAINS THE SIGNED ACKNOWLEDGEMEN TS AND ROUTINELY EVALUATES POTENTIAL CONFLICTS AMONG BOARD AND STAFF MEMBERS
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION AMOUNTS ARE ESTABLISHED BY THE HIRING COMMITTEE BASED UPON COMPENSATION STUDI ES AND THEN APPROVED BY THE BOARD AS PART OF THE BUDGET PROCESS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILBLE TO THE PUBLIC FOR INSPECTION AT CHAMBER OFFICES UPON REQUEST
FORM 990, PART XII, LINE 1	THE ORGANIZATION CONVERTED FROM THE MODIFIED CASH BASIS OF ACCOUNTING TO THE ACCRUAL BASIS OF ACCOUNTING AS OF JANUARY 1, 2015 A PRIOR PERIOD ADJUSTMENT IN THE AMOUNT OF \$-321,169 WAS RECORDED TO REFLECT THE DECREASE IN NET ASSETS AS OF DECEMBER 31, 2014, AS A RESULT OF THIS ACCOUNTING METHOD CHANGE
FORM 990, PART XII, LINE 2C	THE ORGANIZATION'S PROCESSES FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT DID NOT CHANGE DURING THE TAX YEAR