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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Open to Public
Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	ALBANY AREA CHAMBER OF COMMERCE Number and street (or P.O. box, if mail is not delivered to street address) P. O. BOX 548 City or town, state or country, and ZIP + 4 ALBANY, OR 97321	93-0110065 E Telephone number (541) 926-1517 F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► WWW.ALBANYCHAMBER.COM

H Check ► if the organization is not

J Organization type (check only one) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 516,485.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less: cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ►	6a
a Gross revenue (not including \$ _____ of contributions reported on line 1)	106,365.
b Less: direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	45,536.
7a Gross sales of inventory, less returns and allowances	7a
b Less: cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe ► <u>CHAMBER DOLLARS</u>)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ► <u>RECEIVED</u>)	16
17 Total expenses. Add lines 10 through 16	17
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)	
22 Cash, savings, and investments	(A) Beginning of year
23 Land and buildings	(B) End of year
24 Other assets (describe ► <u>OPEN</u>)	22
25 Total assets	176,383.
26 Total liabilities (describe ► <u>SEE STATEMENT 3</u>)	23
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	84,330.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	137,842.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	25
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	398,555.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,798.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	351,757.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? BUSINESS MEMBERSHIP ORGANIZATION

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, or other relevant information for each program title.

Expenses
(Required for 501(c)(3)
and (4) organizations and
4947(a)(1) trusts; optional
for others.)

28 LOCAL CHAMBER OF COMMERCE WITH OVER 750 MEMBERS SERVING THE NEEDS OF BUSINESSES IN THE GREATER ALBANY AREA.

(Grants \$) If this amount includes foreign grants, check here □ 28a 361,082.

29 _____

(Grants \$) If this amount includes foreign grants, check here 29a

30

(Grants \$) If this amount includes foreign grants, check here 30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ▶ 31a

32 Total program service expenses (add lines 28a through 31a)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 7		86,879.		

Part V Other Information (Note the statement requirements in the instructions for Part VI)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Yes No

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34 Yes No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. 35a Yes No

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35b Yes No

b If "Yes," has it filed a tax return on **Form 990-T** for this year? 36 Yes No

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N 36 Yes No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0. 37b Yes No

b Did the organization file **Form 1120-POL** for this year? 38a Yes 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 unpaid at the start of the period covered by this return? 38b N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a N/A

39 Section 501(c)(7) organizations. Enter: 39b N/A

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A 40b N/A

b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40c 0.

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d 0.

d Enter amount of tax on line 40c reimbursed by the organization 40e X

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

41 List the states with which a copy of this return is filed. ► **OR**

42a The books are in care of ► **ALBANY CHAMBER OF COMMERCE** Telephone no. ► **(541) 926-1517**
Located at ► **435 FIRST AVE, WEST, ALBANY, OR** ZIP + 4 ► **97321** 42b Yes No

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: ► 42c Yes No

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► 43 43 N/A

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Yes No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Yes No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Yes No

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 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 Yes No
46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47

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

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
b If "Yes," was the related organization(s) a section 527 organization? 49b

50 Complete this table for the 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." 50

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000		

Sign Here	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		171-10
	Janet E. Steele	Date	
	Signature of officer		
	Janet E. Steele, President		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's Identifying Number (See instr.)
	JERAL DASGRO	JUN 29 2010	<input type="checkbox"/>	
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		
	KOONTZ & PERDUE, P.C.	Phone		
	920 ELM STREET SW	no.		
	ALBANY, OR 97321-2037	(541) 926-5543		

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Form 990-EZ (2008)

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
72	BUILDING CANOPY ON FRONT OF	071166SL	40.00	16	18,500.			18,500.	18,500.		0.	
73	BUILDING	110296SL	20.00	16	1,580.			1,580.	984.		79.	
74	BUILDING IMPROVEMENTS	070101SL	40.00	16	105,411.			105,411.	18,446.		2,635.	
75	AWNNG FOR BUILDING	050900SL	15.00	16	1,325.			1,325.	626.		88.	
76	AIR CONDITIONER	082602SL	10.00	16	5,695.			5,695.	3,324.		570.	
77	DRWRS	070166SL	10.00	16	50.			50.	50.		0.	
78	2 FILING CABINETS	070177SL	10.00	16	100.			100.	100.		0.	
79	REFRIGERATOR	070185SL	15.00	16	75.			75.	75.		0.	
80	MICROWAVE	070188SL	10.00	16	75.			75.	75.		0.	
81	VACUUM	070195SL	5.00	16	105.			105.	105.		0.	
82	PRINTER	070196SL	5.00	16	325.			325.	325.		0.	
83	9 PHONE SYSTEM	070197SL	10.00	16	1,125.			1,125.	1,125.		0.	
84	45 CHAIRS	070198SL	10.00	16	4,500.			4,500.	4,500.		0.	
85	FILING CABINET HON	070198SL	10.00	16	100.			100.	100.		0.	
86	8 OFFICE CHAIRS K&K	070198SL	10.00	16	600.			600.	450.		0.	
87	6 SECRETARY CHAIRS	070198SL	10.00	16	900.			900.	690.		0.	
88	10 TABLES FORT SMITH	070198SL	10.00	16	1,500.			1,500.	1,110.		0.	
89	TABLES	070198SL	10.00	16	400.			400.	400.		0.	

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
905	1 COMPUTER IMPRESSION	0701199SL	10.0016	1,300.					1,300.	1,040.		130.
913	DESKS	0701198SL	10.0016	1,500.					1,500.	1,250.		0.
923	DESK/COMPUTER SET	0701000SL	10.0016	2,400.					2,400.	1,840.		240.
93	PRINTER HP 1220C	0701000SL	5.00	16	400.				400.	400.		0.
942	COMPUTER AIWA	0601010SL	5.00	16	2,000.				2,000.	1,967.		0.
952	HP COMPUTER	061502SL	5.00	16	2,000.				2,000.	1,967.		0.
96	PANAFAX FAX MACHINE	020202SL	5.00	16	1,296.				1,296.	1,295.		0.
976	PC'S & MONITORS	012304SL	5.00	16	8,916.				8,916.	8,915.		1.
98	REFRIGERATOR/FREEZER	060107SL	5.00	16	950.				950.	206.		190.
99	DELL LAPTOP	120107SL	5.00	16	657.				657.	77.		131.
100	PROJECTOR	040208SL	5.00	16	947.				947.	47.		189.
101	DELL LAPTOP	081808SL	5.00	16	990.				990.			165.
102	CAMERA	071808SL	5.00	16	270.				270.			50.
103	FILE CABINET	080408SL	10.0016	130.					130.			12.
* TOTAL 990-EZ PG 1												
	DEPR								0.	166,122.	69,989.	0.
												4,480.

04-25-08
028102

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
MISCELLANEOUS EXPENSE	1,663.
COMMITTEES	10,263.
SCHOLARSHIPS	4,500.
OFFICE EXPENSE	27,936.
ACCOUNTING	4,852.
MEMBER SERVICES	71,999.
GOOD GOVERNMENT COUNCIL	22,301.
TOTAL TO FORM 990-EZ, LINE 16	143,514.

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS	49,864.	110,178.
ACCOUNTS RECEIVABLE	19,080.	19,372.
PREPAID EXPENSES	969.	969.
OTHER DEPRECIABLE ASSETS	7,778.	7,323.
TOTAL TO FORM 990-EZ, LINE 24	77,691.	137,842.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED LIABILITIES	8,298.	5,933.
UNREDEEMED CHAMBER DOLLARS	67,594.	40,865.
TOTAL TO FORM 990-EZ, LINE 26	75,892.	46,798.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT	314.
TOTAL TO FORM 990-EZ, LINE 20	314.

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	5
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DESCRIPTION	AMOUNT
DEPRECIATION	4,480.
OTHER EXPENSES	34,217.
TOTAL TO FORM 990-EZ, LINE 14	38,697.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JIM DENHAM	CHAIR 5.00	0.	0.	0.
MIKE MARTIN	CHAIR ELECT 1.00	0.	0.	0.
GEORGENE MCALHANY	SR. VICE CHAIR 1.00	0.	0.	0.
TOM KRUPICKA	VICE CHAIR 1.00	0.	0.	0.
MARTHA WELLS	VICE CHAIR 1.00	0.	0.	0.
SKIP GRAY	IMMEDIATE PAST CHAIR 1.00	0.	0.	0.
JENNIFER STANAWAY	TREASURER 1.00	0.	0.	0.
GREG BARHAM	DIRECTOR 1.00	0.	0.	0.
TIM FITZPATRICK	DIRECTOR 1.00	0.	0.	0.
GREG HAHN	DIRECTOR 1.00	0.	0.	0.
KEVIN HINES	DIRECTOR 1.00	0.	0.	0.
RICK JOHNSON	DIRECTOR 1.00	0.	0.	0.
RICK KENYON	DIRECTOR 1.00	0.	0.	0.
RON LITWILLER	DIRECTOR 1.00	0.	0.	0.

ALBANY AREA CHAMBER OF COMMERCE

93-0110065

CAROLINE MOUILLE	DIRECTOR 1.00	0.	0.	0.
KIP MUCH	DIRECTOR 1.00	0.	0.	0.
CORDELL POST	DIRECTOR 1.00	0.	0.	0.
DAVID REECE	DIRECTOR 1.00	0.	0.	0.
GREG ROE	DIRECTOR 1.00	0.	0.	0.
DAVE ROTH	DIRECTOR 1.00	0.	0.	0.
DAVID TRIEBES	DIRECTOR 1.00	0.	0.	0.
JOE VINCENT	DIRECTOR 1.00	0.	0.	0.
BUZZ WHEELER	DIRECTOR 1.00	0.	0.	0.
JEFF YODER	DIRECTOR 1.00	0.	0.	0.
JANET STEELE	PRESIDENT 40.00	86,879.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		86,879.	0.	0.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print	Name of Exempt Organization ALBANY AREA CHAMBER OF COMMERCE	Employer identification number 93-0110065
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions P.O. BOX 548	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALBANY, OR 97321	

Check type of return to be filed (File a separate application for each return)

<input type="checkbox"/> Form 990	<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ALBANY CHAMBER OF COMMERCE

- The books are in the care of ► **435 FIRST AVE, WEST - ALBANY, OR 97321**

Telephone No. ► **(541) 926-1517** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2010**

5 For calendar year , or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

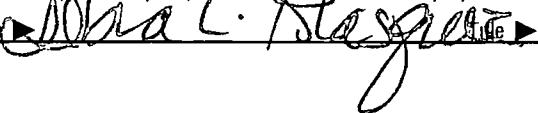
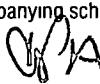
6 If this tax year is for less than 12 months, check reason: - Initial return Final return Change in accounting period

7 State in detail why you need the extension **Additional time is needed to compile the information necessary to file a complete and accurate return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  

Date ► **FEB 15 2010**

Form 8868 (Rev. 4-2009)

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	ALBANY AREA CHAMBER OF COMMERCE	93-0110065
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions.	
	P.O. BOX 548	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	ALBANY, OR 97321	

Check type of return to be filed(file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

ALBANY CHAMBER OF COMMERCE

- The books are in the care of ► **435 FIRST AVE, WEST - ALBANY, OR 97321**
- Telephone No. ► **(541) 926-1517** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year or
 ► tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$
		N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

823831
05-26-09*Debra L. Blasque, CPA*

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