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Form Department of the Treasury Internal Ravenue Service **Return of Organization Exempt From Income Tax** 

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

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

OMB No 1545-0047 2008
Open to Public Inspection

<u>A</u>	For the 20	08 calendar y	ear, or tax year beginning $10/01/08$ , and ending $9/30/09$		
<u>B</u>	Check if applic		To hamber district and the state of the stat	D Empl	loyer identification number
$\sqcup$	Address chan	ge use IRS label or			
П	Name change			0.3	-0108780
$\overline{\sqcap}$	Initial return	type.	Number and street (or P O box if mail is not delivered to street address)  Room/suite	E Telep	hone number
$\equiv$		See Specific	60 Main Street   100	80:	<u>2-863-3489</u>
닖	Termination	Instruc	City or town, state or country, and ZIP + 4	G Gross rec	peipts \$ 2,739,270
Ш	Amended retu		Burlington VT 05401		
	Application pe	<sub>nding</sub> F Nan	ne and address of principal officer	H(a) Is the	s a group return for
				affilia H(b) Are a	ites? Yes X No
				induc	ded? Yes No
	_			If "No	o," attach a list. (see instructions)
	Tax-exemp		501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or 527		_
		11	vermont.org		p exemption number
	Type of organ			911	<b>M</b> State of legal domicile $VT$
	art I	Summa			
	1		the organization's mission or most significant activities		
9			Champlain Regional Chamber of Commerce is a		
nan			ip-supported organization created for the purpose		•
Ş			ting the Lake Champlain Region of Vermont.		
ő			If the organization discontinued its operations or disposed of more than 25% of its assets.		l
∞5	1		g members of the governing body (Part VI, line 1a)	3	44
ties			pendent voting members of the governing body (Part VI, line 1b)	4	44
Activities & Governance	1		employees (Part V, line 2a)	5	35
ĕ	1		volunteers (estimate if necessary)	6	93
			lated business revenue from Part VIII, line 12, column (C)	7a	109,117
_	<b>D</b> Net	unrelated bu	Isiness taxable income from Form 990-T, line 34  Prior Yea	7b_	Current Year
_	8 Cor	itributions an		7,243	138,844
nue				475	
Revenue			3,253		
ď	11 Oth	er revenue (	me (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11200	10,7.30
	<b>12</b> Tota	al revenue—	add lines & through to must equal Part VIII dolumn (A), line 12) 2,749	3.971	2,738,099
	<b>13</b> Gra	nts and simil	ar amounts gaid (Part IX, column (A), lines (3)		
	14 Ben	efits paid to	or for members/Part+Xx column (A) lind #V		
s	15 Sala	aries, other c		,881	656,760
penses	16a Pro	essional fun	draising fees (Part IX, column (A), Irre-11e)		
			expenses (Part IX, column (D), line 25)		
Ä	17 Oth	er expenses	(Part IX, column (A), lines 11a-11d, 11f-24f) 1, 908	3,179	1,817,561
	<b>18</b> Tota	al expenses	Add lines 13-17 (must equal Part IX, column (A), line 25) 2,724	,060	2,474,321
	19 Rev	enue less ex		911	263,778
Net Assets or Fund Balances			Beginning of		End of Year
Sala	20 Tota	l assets (Pa			2,834,308
팔	21 Tota	-		678	1,003,475
				543	1,830,833
	art II		re Block //		<del></del>
		under pena and belief, r	ties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and t is true, defrect, and complete peclaration of preparer (other than officer) is based on all information of which prep	o the best o arer has an	of my knowledge ov knowledge
Sig	n		11/2/00	1 4	16-1.
Her		Support		/	<del>/ ~}/\\</del>
1161	6		ore of officer/ / President / President	Dat€	•
			r print name and Alle		
					Preparer's identifying number
Pai	d	Preparer's signature	Date Check if self-	. [	(see instructions)
	parer's	Signature	3/19/10 employe		J P00497283
	Only	Firm's name	Davis/# Hodgdon Associates CPAs, PLC 33 Blair Park Rd Ste 201	EIN	<b>▶</b> 03-0325875
	-	if self-emplo address, an	· · · · · · · · · · · · · · · · · · ·	Phone	000 000 1000
May	the IRS d		d ZIP + 4 Williston, VT 05495	no 🕨	802-878-1963

		Lake Champlain Re		3-0108780	Page 2
			ce Accomplishments (see instruc	tions)	
		nbe the organization's mission	and Chamber of Commons		
			nal Chamber of Commerc anization created for		
			amplain Region of Verm		
	or brow	ocind che pare cue	umbratii vedioi or vetu	ione.	•
	Did the orga	anization undertake any significant or	ogram services during the year which were n	not listed on	
-		rm 990 or 990-EZ?	ogram controvo damig are year which were h	iot listed on	Yes X No
		scribe these new services on Schedu	le O	•	
3			significant changes in how it conducts, any p	rogram	
	services?				Yes X No
	If "Yes," des	scribe these changes on Schedule O		•	
4	Describe the	e exempt purpose achievements for	each of the organization's three largest progr	am services by expenses	
			nd section 4947(a)(1) trusts are required to re	<del>-</del>	
	allocations t	o others, the total expenses, and rev	enue, if any, for each program service report	ed	
	(0 - 1 -				
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
					•
			•		
		•			
	•			•	
				•	•
		••	•	•	•
	•	•	•		
		•			
			_		•
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
				•	
		•		•	
			·		
					•
		•			
		•			
4c	(Code.	) (Expenses \$	including grants of \$	) (Revenue \$	)
			•		
44	Other progra	am services (Describe in Schedule (	))		
-ŧu	(Expenses_	•	ding grants of \$	) (Revenue \$	,
4e		am service expenses > \$	(Must equal Part IX, I		
	, g- ·		times adams are but	(-)	Form <b>990</b> (2008)

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		١., ا	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			.,
_	Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			17
^	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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,"			3.7
40	complete Schedule D, Part IV	9		X
10 44	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		\ ,	
12	Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	ا مر ا		
13	·	12	Х	X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
b	Did the organization maintain an office, employees, or agents outside of the U.S.?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	445		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b	$\dashv$	Λ
••	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	-13		
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Χ
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			<del></del>
	Schedule J	23	Х	
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 questions		İ	
	24b-24d and complete Schedule K If "No," go to question 25	24a	ľ	Χ
Ь	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		
25a	Section 501(c)(3) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u>X</u>
		Form	990	20081

# Form 990 (2008) Lake Champlain Regional Chamber Part IV Checklist of Required Schedules (continued)

	·		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			ĺ
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	Ĺ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X

table Teler the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable  □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prze winners?  □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prze winners?  □ Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  □ Statements, filed for the calendar year ending with on within the year covered by this return  □ If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  □ Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return (see instructions)  □ Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  □ Saa X  □ If 'Yes,' has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O  □ 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 in a foreign country; (such as a bank account, securities account, or other financial accounts and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  □ If 'Yes,' enter the name of the foreign country; □ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  □ If 'Yes,' enter the name of the foreign country: □ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  □ If 'Yes,' in question 5 aor 5 b, did the organization hat it was or is a party to a prohibited tax selter transaction?  □ Did the organization aparty to a		Statements Regarding Other INS Finings and Tax Compitance		<del></del>	
U.S. Information Returns Enter-0-if not applicable  □ Del the origanization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize wanners  2 Enter the number of Forms W-25 ancholder line 1s Enter-0-if not applicable  □ Del the origanization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize wanners  2 Enter the number of employees exported on Form W-3. Transmittal of Wage and Tax  Statements, flied for the calendar year ending with or within the year covered by this return  I all tell east one is reported on line 2a, did the origanization fle all requered deleval employment tax returns?  2 B X  If the sum of lines 1a and 2a is greater than 250, you may be reculted to e-file this return (see instructions)  3 D I differ origanization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3 A X I any time duming the calendar year, did the origanization have an interest in, or a signiture or other nauthority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial accountry and the such accounts).  3 Was the origanization and fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  3 Was the origanization and fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  3 Was the origanization and party to a prohibited tax sheller transaction?  5 D did any taxtellors of the origanization that was or is a party to a prohibited tax sheller transaction?  5 D did the origanization and party and the was of its party to a prohibited tax sheller transaction?  5 D did the origanization and the party of the origanization and party or party to a pr	19	Enter the number reported in Box 3 of Form 1096 Applied Summary and Transmitted of		Yes	No
be Enter the number of Forms W-2G included in line 1a Enter - U-f not applicable Old the organization comply with backup withholding dues for reportable payments to vendors and reportable gamming (gambring) with backup withholding dues for reportable payments to vendors and reportable gamming (gambring) with minimal process of the pro	ıa	· · · · · · · · · · · · · · · · · · ·	2		[
but the organization comply with backup withholding fules for reportable payments to vendors and reportable gaming (gambhrg) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleet for the calendar year enting with or within the year covered by this return  1 If at least one is reported on line 2a, did the organization fleet all required dectard employment tax returns?  2b If we sum of lines 1a and 2a is greater than 250, you may be required to e-flie this return (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3a X  3b If "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O  3b X  4 A any time duming the calendar year, did the organization have an interest in, or a signiture or other authority over, a financial account in a foreign country. [such as a bank account, securities account, or other financial account in a foreign country. [such as a bank account, securities account, or other financial account in a foreign country. [such as a bank account, securities account, or other financial accounts.]  3a Was the organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  3b Was the organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  3c Was the organization and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  3c Was the organization and party to a prohibited tax shelter transaction?  3c If "Yes," to question 5 or 5b, did the organization that it was or is a party to a prohibited tax shelter fransaction?  3c If "Yes," to question 5 or 5b, did the organization that it was or is a party to a prohibited tax shelter fransaction?  3c If "Yes," to question 5 or 5b, did the organization that was very selected to a service of the organization of the foreign 5 organization organ	h	· · · <del></del>			1
agaming (gambling) winnings to prize winners?  Site files 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  I list least one is reported on line 2a, did the organization file all required feederal employment tax returns?  Note: If the sum of lines 1 and 2a greater than 250, you may be required to e-file their return (see but of lines 1 and 2a greater than 250, you may be required to e-file their return (see but of lines 1 and 2a greater than 250, you may be required to e-file their return (see but of lines 1 and 2a greater than 250, you may be required to e-file their return (see but of lines 1 and 2a greater than 250, you may be required to e-file their return (see but of their settlem?)  If I I'ves, 1 has at filed a Form 990-T for this year? If 'No," provide an explanation in Schedule O  3b X  4a At any time during the calendar year, did the organization have an elecettin, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)  If 'Yes, 'and the name of the foreign country. ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  If 'Yes, 'and provide you did the organization that it was or is a party to a prohibited tax shelter transaction?  If 'Yes, 'and the organization of the view organization that was or is a party to a prohibited tax shelter transaction?  If 'Yes, 'and the organization provide goods or services in exchange for any guid pro quo contributions or grids were not tax deductible?  If 'Yes,' and the organization enders that were not tax deductible?  If yes,' and the organization provide goods or services in exchange for any guid pro quo contribution of more than 3/5?  If yes,' and the organization net,' organization she form 8282? If yes,' organization shell, exchange, or ritherwise dispose of tangibl	_		<del></del>		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, life for the catendar year ending with or within the year covered by this return  if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines ta and 2a is greater than 250, you may be required to e-flie this return (see instructions)  did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return  this return?  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  3c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a form 990-T for this year? If "No," provide an explanation in Schedule O  3c 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 accounts.  4c At any time and accounts.  4c If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts.  5d Was the organization a party to a prohibited tax shelter transaction?  5d Did any taxelbe party notify the organization that two or is a party to a prohibited tax shelter transaction?  5d Did with organization provide general remains of the special party to grow the financial accountry.  5c Did with organization provide general remains on a special any contributions that were not tax deductable?  6d X  1f "Yes," did the organization motify the donor of the value of the goods or services statement that such contributions of more than \$15.70  1f "Yes," did the organization motify the donor of the value of the goods or services provided?  7d Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$15.70  1f "Yes," indicate the number			100	l y	
Statements, filed for the calendar year ending with or within the year covered by this return 2 3 35  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)  30 bit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  31 bit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  32 bit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  33 bit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  33 bit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  34 bit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  35 bit the organization account is organized that organization have an interest in, or a signiture or other authority over, a financial account is organized account, or other financial accounts.  36 bit the organization account is organized account, or other financial accounts.  37 bit the organization approach of exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  38 bit the organization approach is partly to a prohibited tax shelter transaction at any time during the tax year?  39 bit the organization approach is partly to a prohibited tax shelter transaction?  30 bit the organization approach is the organization that it was or as partly to a prohibited tax shelter financial accounts.  30 bit the organization approach organization that it was or as partly to a prohibited tax shelter transaction?  30 bit the organization provide goods or services in exchange for any qued pro quo contributions or grids were not tax deductible?  30 bit the organization provide goods or services in exchange for any qued pro quo contribution of more than	2a			<del>  ^</del> -	<del> </del>
It all east one is reported on line 2a, did the organization file all required for define this return (see instructions)   Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)   It is the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)   It is the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return?   3a			35		İ
Note. If the sum of fines 1a and 2a is greater than 250, you may be required to e-flie this return (see instructions)  Job the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  Jan X X  If Yes, has it filled a Form 990-T for this year? If YNo," provide an explanation in Schedule O  Jan X X  At any time during the calendary 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 in a foreign country; (such as a bank account, securities account, or other financial account in a foreign country; (such as a bank account, securities account, or other financial account)?  If Yes, either the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Was the organization apprit to a prohibited tax shelter transaction at any time during the tax year?  Sa Was the organization prolify the organization that it was or is a party to a prohibited tax shelter transaction?  So Unit the organization spirit, or office of the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  So Unit the organization spirit with the organization receive adductable?  If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable?  If Yes, did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  Organizations that may receive deductable contributions under section 170(c).  Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  Organizations that may receive deductable contributions under section 170(c).  Did the organization provide goods or services provided?  If Yes, "Indicate the number of Forms 8282 file	ь	· · · · · · · · · · · · · · · · · · ·		l <sub>x</sub>	1
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b It "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			12a	$\vdash$	
	b	It "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management						
						Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the	•					
	circumstances, processes, or changes in Schedule O See instructions.						
1a	Enter the number of voting members of the governing body	1a	44				
ь	Enter the number of voting members that are independent	1b	44				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship will	h					
	any other officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customanly performed by or under the dire	ect					
	supervision of officers, directors or trustees, or key employees to a management company or other person				3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 9	90 wa:	s filed?		4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?				5		X
6	Does the organization have members or stockholders?				6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	ers					
	of the governing body?				7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin	g					
	the year by the following						
а	The governing body?				8a	X	
Ь	Each committee with authority to act on behalf of the governing body?				8b	Χ	
9a	Does the organization have local chapters, branches, or affiliates?				9a		_X_
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapter	ers,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?				9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization	ations	;				
	must describe in Schedule O the process, if any, the organization uses to review the Form 990				10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reach	ed at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				11		<u>X</u>
Sec	tion B. Policies						
				ı		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could gi	ve					
	nse to conflicts?				12b		<u>X</u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	'					
	describe in Schedule O how this is done				12c	Х	
13	Does the organization have a written whistleblower policy?				13		X
14	Does the organization have a written document retention and destruction policy?				14		<u>X</u>
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 de	cision:				- 1	
а	The organization's CEO, Executive Director, or top management official?				15a	<u>X</u>	
b	Other officers or key employees of the organization?				15b	X	
	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		<u>X</u>
b	If "Yes," has the organization adopted a written policy or procedure requining the organization to evaluate						
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safegue	ard					
	the organization's exempt status with respect to such arrangements?				16b		
<u>Sec</u>	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed None						
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501	(c)(3)s	s only)				
	available for public inspection. Indicate how you make these available. Check all that apply						
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	ct of in	terest				
	policy, and financial statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books and re-	cords	of the				
	organization. ▶ Thomas Torti 60 Main Stre						
Βι	urlington V	Γ 0	5401	802	-86	<u>3-3</u>	<u>489</u>

# 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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

(A)		(C) (D) (E) sition (check all that apply) Reportable Reportable							(F) Estimated	
Name and Title	Average hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Don Rendall	_									
Chair	0	X		X		┷┼		0	0	0
Paul Richey	_								_	_
Director	0	X	<u> </u>			$\vdash$		0	0	0
Al Gobeille		١				1 1				
<u>Director</u>	0	X			<u> </u>			0	0	0
Barbara Grim		,,								
Director	0	X			<u> </u>	┼-		0	0	0
Bill Birnn		7,	ĺ			.		0	0	0
<u>Director</u> Brigitte Rit	O O	X			<u> </u>	╁╌┼		0	0	0
Director	0	X						0	0	0
Charles Haft		1^						0	0	0
Director	0	X						o	0	0
Charlie Kire		$+$ $\frac{\alpha}{1}$						0		<u> </u>
Director	0	Х						0	0	0
David Finney		1								
Director	0	X						0	0	0
Dawn Terrill										
Director	0	X						0	0	0
Donald Baker										
Director	0	X						0	0	0
Donald Vicke	rs								-	
Director	0	X						0	0	0
Ed Carroll								;		
<u>Director</u>	0	X						0	0	0
_Gary Margoli										
Director	0	X					_	0	0	0
Glen Wright	_				i			_	_	_
Director	0	X				$\vdash \vdash$		0	0	0
Gretchen Mor								٨		•
<u>Director</u> Jeffrey Beer	0	X				$\vdash$	$\dashv$	0	0	0
Director	0		·							^
DITECTOT	U	X				oxdot		0	0	5 000 (2000)

		T	s, Ne			yees	, and	d Highest Compensated E		<del></del>			
(A) Name and title	(B) Average hours per	⊢	1	check		nat ap		(D) Reportable compensation	(E)  Reportable compensation	1	(F) Estima amount		
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	co o a	other ompens from the rganization and relation	r ation he ation ated	
Jeffrey Nola	n												
Director	0	X		<u> </u>				0	0				C
_Bill Birnn									_				
Director	0	X			_			0	0	<del> </del>			(
Joe Carton Director	0	X						0	0				_
John Dwyer	0	<u> </u>						<u> </u>		<b></b>			
Director	0	X						0	0	ĺ			C
John O'Kane	<u> </u>	1							<u>_</u>				
Director	0	X						0	0				C
Karen Marsha	11												
<u>Director</u>	0	X	<u> </u>					0	0				С
Kenneth Boyl										l			
Director	0	X	_			<u> </u>		0	0	<u> </u>			C
Maria McClel	lan O	l ,							0				_
<u>Director</u> Marilyn Corm		Х	$\vdash$	<u> </u>				0	0	<b>—</b>			C
Director	0	Х						0	0				C
Yves Bradley		<u> </u>											
Director	0	Χ						0	0				С
Melinda Este	s, MD												
Director	0	X						0	0				0
Michael Seav													
Director	00	Х						0	0				0
Brian Searle		v							0				_
Director  1b Total	0	X		L	<u> </u>	LJ	_	401,247	0				0
	riduals (including those in 1	a) wt	no re	Ceive	ed m	ore ti	nan :	\$100,000 in reportable com	nensation from the				
organization ▶ 3		۰, ۰۰۰		00		0.0		Troportable com	pensadon nom the				
	<u> </u>											Yes	No
	list any <b>former</b> officer, dire						loye	e, or highest compensated					,,
	? If "Yes," complete Schedured on line 1a us the sum of						nn a	nd other compensation fron	n		3		<u> X</u>
								complete Schedule J for su					
individual								•		 	4	Χ	<u> </u>
	on line 1a receive or accru the organization? If "Yes,"										5		Х
Section B. Independent		win	леце	Suit	suuic	3 10	Suc	ur person			<u> </u>		
		sate	d ind	eper	nden	t con	tract	tors that received more than	\$100,000 of				
compensation from the	ne organization.												
	(A) Name and business address							Descript	(B) ion of services		Соп	(C) pensat	uon
								<del></del>					
<del></del>										<del>-  </del>			
2 Total number of the		·_ ·		! 41	•								
2 Total number of inde compensation from the	pendent contractors (includ	ing th	ıose	ın 1)	wnc	rece	eived	a more than \$100,000 in			^		
DAA	io organization 🚩							<u></u>			0 Form '	990	(2008

<u>Pa</u>	rt V	III Statem	nent of Rev	enue						
	•						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
. s	12	Federated cam	naigns	1a				revenue		512, 513, or 514
ant	h	Membership du		1b	<del></del>	<del></del>				
₽ξ	C	Fundraising ev		1c						
ifts	d			1d						
eii Gii		Government grants (		1e	23	, 698				
Sign		All other contributions		<del>  •</del>		, 0 3 0			İ	
E E	•	and similar amounts		1f	115	146			1	
d d		Noncash contribution	ne included in lines 1			, 487				
ãō	9	Total. Add line:		a-11 •	, -	, 10,	138,844			
Program Service Revenue   Contributions, gifts, grants and other similar amounts		Total. Add line	<u> </u>	•	But	sn. Code	130,011			
eun	2a	Membersh	un Dues		55	JII. OOGO	814,035	814,035		
Re	b		ins. Comm.				230,607	011/033		230,607
<u>8</u>	C	North Re		•			187,003	187,003		2307001
eΣ	d	South Re			·		187,003	187,003		
E	e	CB Dues	st Alea				162,455	162,455		
Ē	f	All other progra	m service rev	enue	<del></del>		977,354	685,425	109,117	182,812
P	a	Total. Add line:		51.00			2,558,457	0007120	100/11/	102/012
_	3	Investment inco		dividen	ds. interest. an	d				
	_	other similar an	-		,	•	41,969			41,969
	4	Income from in	· ·	x-exem	ot bond procee	ds 🕨	,	. *.*.		
	5	Royalties				•				<del></del>
		Í	(ı) Real		(II) Perso	nal				
	6a	Gross Rents								
	ь	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental incor	me or (loss)			<b>•</b>		<u> </u>		
	7a	Gross amount from sales of assets	(ı) Secunt	ies	(II) Oth	er				
		other than inventory								
	b	Less cost or other			]					
		basis & sales exps				1,171				
	c	Gain or (loss)			_	1,171				
	đ	Net gain or (los	ss) .			▶	-1,171	-1,171	_	
	8a	Gross income from	m fundraising ev	ents						
ne		(not including \$								
ver		of contributions re	eported on line 1	c)			:			
Re		See Part IV, line	18	а				:		
Other Revenue	b	Less direct exp	penses	b	L					
ŏ		Net income or (		-	events					
	9a	Gross income from	m gaming activiti	ies						
		See Part IV, line	19	а						
		Less: direct exp		b						<del></del>
		Net income or (		-	ivities					
	10a	Gross sales of	=	;						
		returns and allo		а		_				
		Less cost of go		b						
	Ç	Net income or (				<u> </u>				
		Misce	ellaneous Reveni	ue	Bus	sn. Code				
	11a				<u> </u>		-			<del></del> -
	b				<u> </u>					
	C	<b>A</b> 11 41			<u> </u>					
	d	All other revenu			<u> </u>					
		Total. Add lines		0-0-	4 5 61 7	•	<del></del>			
	12	Total Revenue		, 2g, 3, 4	1, 5, 6d, 7d, 8c	,	2 720 000	2 224 352	100 117	455 202
		9c, 10c, and 11	e				2,738,099	2,034,750	109,117	455,388

#### Part IX . Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

					<del></del>
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U S. See Part IV, line 22	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16		·		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	285,226			
_	trustees, and key employees	203,220			
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	285,731	<del></del>	·	·
8	Pension plan contributions (include section 401(k)	203,731			_
J	and section 403(b) employer contributions)				
9	Other employee benefits	37,981			<del>-</del>
10	Payroll taxes	47,822	· · · · · · · · · · · · · · · · · · ·	<del></del>	
11	Fees for services (non-employees)				
а	Management				
	Legal	680			
	Accounting	16,638			
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	80,019			
14	Information technology	3,139	········	·	
15	Royalties				
16	Occupancy	54,075			
17	Travel	5,001			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,445			
20	Interest			-	
21	Payments to affiliates	22 620			
22	Depreciation, depletion, and amortization	33,620	<del></del>		<del></del>
23	Insurance	15,423			
24	Other expenses. Itemize expenses not				
24	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	Convention Bureau	248,151			
b	South Rest Area	220,242			
c	North Rest Area	213,206			
d	Government Relations	168,722		-	
6	Information Center	108,868			<del> </del>
f	All other expenses	646,332			
25	Total functional expenses. Add lines 1 through 24f	2,474,321			
26	Joint Costs. Check here If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				l

	,	. Balance onect	(A) Beginning of year		(B) End of		
	1	Cash—non-interest bearing	497,252	1	68	36,	069
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3		29,	894
	4	Accounts receivable, net	403,463	4	3		215
	5	Receivables from current and former officers, directors, trustees, key	<del>_</del> _				
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
		Part II of Schedule L		6_			
ţ	7	Notes and loans receivable, net	7				
Assets	8	Inventones for sale or use		8			
As	9	Prepaid expenses and deferred charges	2,098	9		5,	679
	10a	Land, buildings, and equipment cost basis 10a 228, 586					
	ь	Less accumulated depreciation Complete					
		Part VI of Schedule D 163, 309	95,961	10c		55,	277
	11	Investments—publicly traded securities	1,579,447	11	1,67	0,	174
	12						
	13	13					
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,578,221	16	2,83	4,	308
	17	Accounts payable and accrued expenses	27,804	17	4	7,	684
	18	Grants payable		18			
	19	Deferred revenue	937,137	19	90	2,	589
	20	Tax-exempt bond liabilities		20			
Liabilities	21	Escrow account liability Complete Part IV of Schedule D		21			
Ħ	22	Payables to current and former officers, directors, trustees, key					
ap		employees, highest compensated employees, and disqualified		[			
<b>=</b>		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	23				
	24	Unsecured notes and loans payable	24				
	25	Other liabilities. Complete Part X of Schedule D	38,737	25			202
	26	Total liabilities. Add lines 17 through 25	1,003,678	26	1,00	3,	475
S		Organizations that follow SFAS 117, check here ▶ X and					
nces		complete lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets	1,574,543	27	1,83	0,8	<u> 333</u>
ä	28	Temporanly restricted net assets		28			
Fund Bala	29	Permanently restricted net assets		29			
교		Organizations that do not follow SFAS 117, check here					
ō		and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds	<u>-</u>	30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
As	32	Retained earnings, endowment, accumulated income, or other funds		32			
et	33	Total net assets or fund balances	1,574,543	33	1,83		
	34	Total liabilities and net assets/fund balances	2,578,221	34	2,83	4,	<u> 308</u>
Pa	art X	Financial Statements and Reporting				Yes	
1	Acc	counting method used to prepare the Form 990 Cash X Accrual Oth	ner			163	No
<b>2</b> a		re the organization's financial statements compiled or reviewed by an independent accountant			2a		Χ
b		re the organization's financial statements audited by an independent accountant?			2b	Х	
		Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for or	oversight of				
•		e audit, review, or compilation of its financial statements and selection of an independent account	•		2c	Х	
3a		a result of a federal award, was the organization required to undergo an audit or audits as set f					
		Single Audit Act and OMB Circular A-133?	<del></del>		3a		Χ
b		res," did the organization undergo the required audit or audits?			3b		
		The second secon					(0000)

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

Department of the Treasury

Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, 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(h)): Complete Part II-B Do not complete Part II-A

	Section 501(c)(4), (5), or (6) organizations Complete Part III								
Na	me of organization Lake Champlain Region of Commerce, Inc.	onal Chamber		Employer identific					
P	art I-A To be completed by all organization See the instructions for Schedule C to	-	501(c) and sec	ction 527 organiza	tions.				
1	Provide a description of the organization's direct and ind	lirect political campaign activities ii	n Part IV.						
2	Political expenditures  Volunteer hours			▶ \$	<del></del>				
3	volunteer nours			_					
P	To be completed by all organization See the instructions for Schedule C f	_	501(c)(3).						
1	Enter the amount of any excise tax incurred by the organ			<b>▶</b> \$					
2	Enter the amount of any excise tax incurred by organization	-	5	▶ \$ _					
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No				
4a					∐ Yes ∐ No				
<u>t</u>	<u>If "Yes," describe in Part IV.</u> art I-C To be completed by all organizatior	ns exempt under section	501(c) except	section 501(c)(3)					
•	See the instructions for Schedule C f		oo i(c), except		•				
1	Enter the amount directly expended by the filing organization	on for section 527 exempt function	n						
	activities			▶ \$ _					
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for sect	on						
	527 exempt function activities			▶ \$ _					
3	Total of direct and indirect exempt function expenditures A	Add lines 1 and 2 and enter here a	ind						
	on Form 1120-POL, line 17b			<b>▶</b> \$ _					
4	Did the filing organization file Form 1120-POL for this year			Yes No					
5	State the names, addresses and employer identification nu	, ,							
	were made. Enter the amount paid and indicate if the amount								
	contributions received and promptly and directly delivered	• •	•	ate segregated fund					
	or a political action committee (PAC) If additional space is	1		T 48.1	4-3 4 4 4 14 1				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-				
_									

• 31							
Sch	nedule C (Form 990 or 990-EZ) 2008 _ La	ke Champlai	n Regional	Chamber		03-01087	80 Page <b>2</b>
ı	Part II-A To be completed by or	-	•				
_	(election under section			Schedule C fo	<u>or detail</u>	<u>s.</u>	
	Check ▶ ☐ if the filing organiza	~	• .	-4			
ᄧ	Check ▶ ☐ if the filing organiza			ntroi provisi		<del>`</del>	
	Limits on Lo "The term "expenditures"	bbying Expendit means amounts	tures paid or incurred.	)	-	) Filing ation's totals	(b) Affiliated group totals
1	a Total lobbying expenditures to influence pu			1			
	b Total lobbying expenditures to influence a	• ••	• - •	Ī			
	c Total lobbying expenditures (add lines 1a						
	d Other exempt purpose expenditures	·					
	e Total exempt purpose expenditures (add li						
	f Lobbying nontaxable amount Enter the an	nount from the followin	g table in both				
	columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	xable amount is:				
	Not over \$500,000	20% of the amount or	n line 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	f the excess over \$500,000	)			
	Over \$1,000,000 but not over \$1,500,000	00					
	Over \$1,500,000 but not over \$17,000,000	0					
	Over \$17,000,000						
	g Grassroots nontaxable amount (enter 25%	•					
	h Subtract line 1g from line 1a. Enter -0- if lin	•	1				
	i Subtract line 1f from line 1c Enter -0- if line			_ L			
	j If there is an amount other than zero on eit	ther line 1h or line 1i, d	lid the organization file	Form 4720 repor	ting		П., П.,
	section 4911 tax for this year?				<del></del>		Yes No
		4-Year Averagii	ng Period Under	Section 501(	h)		
	(Some organizations th	at made a sectio	n 501(h) election	do not have	to com	plete all of the	e five
	columns below.	See the instruct	ions for lines 2a	through 2f o	f the ins	structions.)	
	Lob	bying Expenditu	res During 4-Yea	r Averaging	Period		<del></del>
	Calendar year (or fiscal year						
	beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007		(d) 2008	(e) Total
			<u> </u>				
2	a Lobbying non-taxable amount						
	b Lobbying ceiling amount				1		
	(150% of line 2a, column(e))						<del> </del>
	c Total lobbying expenditures						
	d Grassroots non-taxable amount						
	e Grassroots ceiling amount						
	(150% of line 2d, column (e))						<u> </u>

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

Part II-B	To be completed by organizations	exempt under section 50	1(c)(3) that have NOT filed Form
•	5768 (election under section 501(h	n)). See the instructions for	Schedule C for details.

		(;	a)	(b)
		Yes	No	Amount
1	Dunng 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)?			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	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 other means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	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?	L		

#### To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

#### Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1	Dues, assessments and similar amounts from members	1	976,490
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	144,217
b	Carryover from last year	2b	
C	Total	2c	144,217
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	244,105
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 (line 2c total minus 3 and 4)	5	-99,888

#### Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i.

Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2008 Lake Champlain Regional Chamber

\_03-0108780

Page 4

Part IV Supplemental Information (continued)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2008

Open to Public Inspection

	of the organization		Employe	er identification nu	mber					
	ake Champlain Regional Chamber									
0	f Commerce, Inc.			108780						
Pa	the organization answered "Yes" to Form 990, F	ds or Other Similar Funds or Ac Part IV, line 6.	counts	s. Complete if						
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate contributions to (during year)									
3	Aggregate grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised		<del></del> ,						
	funds are the organization's property, subject to the organization's exclusi	ive legal control?		Yes	☐ No					
6	Did the organization inform all grantees, donors, and donor advisors in wi	nting that grant funds may be								
	used only for chantable purposes and not for the benefit of the donor or d	onor advisor or other								
	ımpermissible private benefit?			Yes	No_					
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, P	art IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check al	l tha <u>t a</u> pply)	-							
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	rtant land	d area						
	Protection of natural habitat	Preservation of certified historic str	ucture							
	Preservation of open space									
2	Complete lines 2a-2d if the organization held a qualified conservation cor	ntribution in the form of a conservation ease	ment							
	on the last day of the tax year.									
				Held at the End	of the Year					
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
С	Number of conservation easements on a certified historic structure includ-	ed ın (a)	2c							
d	Number of conservation easements included in (c) acquired after 8/17/06	`,	2d							
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization of	during							
	the taxable year	,	J							
4	Number of states where property subject to conservation easement is loc	ated <b>&gt;</b>								
5	Does the organization have a written policy regarding the periodic monitor	— —								
	enforcement of the conservation easements it holds?			Yes	☐ No					
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing e	easements during the year		_	_					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing eas			· <b></b>						
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section		· <b></b>						
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	•		Yes	☐ No					
9	In Part XIV, describe how the organization reports conservation easemen	ts in its revenue and expense statement, ar	nd							
	balance sheet, and include, if applicable, the text of the footnote to the org									
	the organization's accounting for conservation easements.									
Pa	rt III Organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" to I	<b>listorical Treasures, or Other Si</b> r Form 990, Part IV, line 8.	nilar A	ssets.						
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet wi	orks of							
	art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	ic service	e,						
	provide, in Part XIV, the text of the footnote to its financial statements that	describes these items.								
b	If the organization elected, as permitted under SFAS 116, to report in its re	evenue statement and balance sheet works	of art,							
	historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of public se	ervice,							
	provide the following amounts relating to these items									
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$	<b>-</b> -					
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$						
2	If the organization received or held works of art, historical treasures, or other	ner sımılar assets for financıal gaın, provide	the							
	following amounts required to be reported under SFAS 116 relating to the	se items								
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$						
b	Assets included in Form 990, Part X		•	\$ <u>_</u>						

Sche	dule D (Form 990) 2008 Lake Cham	plain Regiona	l Chamber	03-0	108780	Page 2			
Pa	rt III Organizations Maintaining	Collections of Art, H	istorical Treas	ures, or Other	Similar Asset				
3	Using the organization's accession and other ritems (check all that apply).	ecords, check any of the fol	lowing that are a sig	nificant use of its c	ollection				
_	Public exhibition	<b></b> □		_					
a		<b>! !</b>	r exchange program	ıs					
b	Scholarly research	e U Other		. – – – –		-			
С	Preservation for future generations								
4	Provide a description of the organization's colle Part XIV.	ections and explain how the	y further the organiz	ation's exempt purp	oose in				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to be	be maintained as part of the	organization's collection	ction?		Yes No			
Pa	rt IV Trust, Escrow and Custodi Part IV, line 9, or reported a				red "Yes" to Fo	orm 990,			
					-				
та	Is the organization an agent, trustee, custodiar	or other intermediary for co	ontributions or other	assets not					
	included on Form 990, Part X?					☐ Yes ☐ No			
Ь	If "Yes," explain the arrangement in Part XIV a	nd complete the following ta	ble			Amount			
	S				<del>                                      </del>	Amount			
C	Beginning balance			-	1c	<del></del>			
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance	000 B 1 V I 010			1f	Yes No			
	2a Did the organization include an amount on Form 990, Part X, line 21?								
	If "Yes," explain the arrangement in Part XIV.	ata if association on	overed "Vee" to	- Farms 000 Da	at IV line 40	·			
_Pa	rt V Endowment Funds. Compl			(c) Two years back		hadi (a) Farranan hadi			
	<u> </u>	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years I	back (e) Four years back			
1a	Beginning of year balance				-				
ь	Contributions								
C	Investment earnings or losses			<del> </del>		<del>-</del>			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs			<u> </u>		·			
f	Administrative expenses								
g	End of year balance				<u>. l</u>				
2	Provide the estimated percentage of the year e	end balance held as							
а	Board designated or quasi-endowment	%							
b	Permanent endowment								
	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	ion of the organization that	are held and adminis	stered for the					
	organization by.					Yes No			
	(i) unrelated organizations	•				3a(i)			
	(ii) related organizations					3a(ii)			
b	If "Yes" to 3a(II), are the related organizations I					3b			
	Describe in Part XIV the intended uses of the c			D 13/ 12 4					
<u>Pa</u>	rt VI Investments—Land, Buildi			1					
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or oth basis (other)	1	Depreciation	(d) Book value			
1a	Land								
b	Buildings		<u> </u>						
C	Leasehold improvements		<u> </u>						
d	Equipment		228	,586	163,309	65,277			
e	Other								
<u>Total</u>	. Add ines 1a-1e (Column (d) should equal Fo	rm 990, Part X, column (B),	line 10(c) )		<u> </u>	65 <b>,</b> 277			

Bank Champian Regio		03-0108780	Page
Part VII Investments—Other Securities. See Form 9		<del> </del>	
(a) Description of security or category	(b) Book value	(c) Method o	
(including name of security)		Cost or end-of-ye	ar market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	-		
	-		<del></del>
	_		
	_		<del></del>
			<del></del>
	<del>-</del>		
	<u> </u>		
Part VIII Investments—Program Related. See Form 9	990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method o	f valuation
		Cost or end-of-ye	
**			
<u></u>	···		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13)	<b>&gt;</b>		
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description			(b) Book value
	<del></del>		(0) 000.11.00
	·		
			-
			· · · · · · · · · · · · · · · · · · ·
			<del></del>
otal. (Column (b) should equal Form 990, Part X, col_(B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line	25.		
(a) Description of liability	(b) Amount	•	<del>-</del>
rederal income taxes	(2)/11100111		
	F2-200		
Deferred compensation liability	53,202		
	<del></del>		
otal (Column (h) should equal Form 000. Bod V and (B) line 25.)	<b>▶</b> 53,202		
(-)		<u></u>	<u></u>
n Part XIV, provide the text of the footnote to the organization's financial sta	tements that reports the organi	zation's liability for	
ncertain tax positions under FIN 48.			

	dule D (Form 990) 2008 Lake Champlain Regional Chamb			Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to	Financial Statements	<u> </u>	<del></del>
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,738,099
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	2,474,321
3	Excess or (deficit) for the year Subtract line 2 from line 1		. 3	263,778
4	Net unrealized gains (losses) on investments	•	4	35,835
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments .		7	
8	Other (Describe in Part XIV)	•	8	
9	Total adjustments (net). Add lines 4-8		9	35,835
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	299,613
Pa	irt XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per	Return	<del></del>
1	Total revenue, gains, and other support per audited financial statements		1	2,773,934
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•		
а	Net unrealized gains on investments	2a   35,	835	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d		2d		
e	Add lines 2a through 2d	[ 24 ]	2e	35,835
3	Subtract line 2e from line 1		3	2,738,099
ح 4	•	) (	- 3 -	<u> </u>
•	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIV)	4b		
С _	Add lines 4a and 4b	•	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)		5	2,738,099
-	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses p	er Return	
1	Total expenses and losses per audited financial statements		1	2,474,321
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		
а	Donated services and use of facilities	2a		
b	Pnor year adjustments .	2b		
C	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,474,321
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	2,474,321
	rt XIV Supplemental Information			27 1 17 0 0 1
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	s 1a and 4 Part IV lines 1h		
	th, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and			
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Schedule D (F	Form 990) 20	008	Lake	<u> </u>	amp	<u>lai</u>	<u>n R</u>	egi	Lona	1_0	Cham	ıbe	r		0	<u>3-0</u>	108	780	) _					Page 5
Schedule D (F	Supple	menta	I Info	rmati	on (c	ontinu	ed)																	
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# SCHEDULE J

(Form 990)

Part I

**Compensation Information** 

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Lake Champlain Regional Chamber

of Commerce, Inc.

Questions Regarding Compensation

Employer identification number 03-0108780

			Yes	No				
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form							
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items							
	First-class or charter travel  Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal residence							
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees							
	Discretionary spending account  Personal services (e.g , maid, chauffeur, chef)							
L								
D	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or	46						
2	provision of all of the expenses described above? If "No," complete Part III to explain  1b							
2								
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?							
3	Indicate which, if any, of the following the organization uses to establish the compensation of the							
_	organization's CEO/Executive Director. Check all that apply.							
	Compensation committee Written employment contract							
	Independent compensation consultant Compensation survey or study							
	Form 990 of other organizations X Approval by the board or compensation committee		i i					
	——————————————————————————————————————		İ					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:							
а	a Receive a severance payment or change of control payment?							
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X				
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Χ				
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5 –8.							
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
	compensation contingent on the revenues of	_						
	The organization?	5a						
b	Any related organization?	5b						
_	If "Yes" to line 5a or 5b, describe in Part III.							
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any							
а	compensation contingent on the net earnings of. The organization?	6-	İ					
_	Any related organization?	6a 6b						
,	If "Yes" to line 6a or 6b, describe in Part III.	UD						
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed							
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7						
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	-						
•	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe							
	in Part III	8						

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

03-0108780

Schedule J (Form 990) 2008 Lake Champlain Regional Chamber

Part II

7960

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	-	(F) Compensation
(A) Name	(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Tom Torti (0)	164,092	0 0	0 0	0.0	0	164,092	0 0
(9)							
(D)							
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(II) (9)	(tr						
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(D)	(u) (t)						
)) ))	(u) (i)			•			:
						Schedule	Schedule J (Form 990) 2008

Page 3

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Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

# SCHEDULE-J-2 (Form 990)

### **Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Lake Champlain Regional Chamber of Commerce, Inc.

Employer Identification number 03-0108780

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours			(C check	C) call t	nat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
	Miller, Esq.									
Director	0	X				-	_	0	0	0
Paul Frascoia		١					ŀ			
Director	0	X				<u> </u>		0	0	0
Paul Kaza	_	١. <i>.</i>				ł				
Director	0	X			<u> </u>	<u> </u>		0	0	0
Peter Bernhar		l			l					
Director	0	X	_		<b> </b>	<u> </u>	_	0	0	0
Rocki-Lee DeW		,,						]		_
Director	0	Х				<u> </u>	<u> </u>	0	0	0
Ron Boucher		,,						]	^	_
Director	0	Х			$\vdash$	_	_	0	0	0
Sen. Diane Sn	_	١								
Director	0	Х			⊢		_	0	0	0
Stephanie Map		١								
Director	0	Х			<u> </u>	<u> </u>		0	0	0
Stephanie O'E		l								
Director	0	Х			_			0	0	0
Steve Janson		١								
Director	0	Х			_	<u> </u>		0	0	0
Michael Tromb		,,								
Director	0	Х						0	0	0
Brad Worthen	0	١,,			ļ					^
Director	0	Х		_	<u> </u>			0	0	0
David Rocchic		١.,							0	_
Director	0	Х		-	<u> </u>	_		0	0	0
Win Smith III		,			1					_
Director Michael Kalla	0	X.				_		0	0	0
Michael Kelle		١,,								
<u>Past Chair</u> Tom Torti	0	Х		_	_			0	0	0
	4.0			37				164 000		
President Tim Shea	40			Χ				164,092	0	0
	4.0			v				117 400		
V. President	40	H		Χ		-		117,406	0	0
Susan Fayette Dir. of Dev	40					Х		110 740	0	0
DII. OI Dev	40					^		119,749	0	0

#### SCHEDULE M (Form 990)

**NonCash Contributions** 

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Lake Champlain Regional Chamber

of Commerce, Inc.

Employer identification number 03-0108780

Pa	ert I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of Contributions	Revenues reported on	Method of determining	,		
		applicable		Form 990, Part VIII, line 1g	revenues			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock		<u> </u>					
11	Secunties—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution (historic							
	structures)							
14	Qualified conservation							
	contribution (other)							
15	Real estate—Residential			-				
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles	<u> </u>						
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		2.60	71 407				
25	Other > (Auction items )	X	362	71,487	Fair market value	!		
26	Other ►(							
27	Other ►(							
28	Other ►(							
29	Number of Forms 8283 received by the	-	•		20			
	which the organization completed For	m 8283, Pa	art IV, Donee Acknowled	gement	29		Yes	No
200	During the year, did the organization	rocowo by	contribution any proporty	reported in Part Lines 1.2	9 that		162	NO
30a	During the year, did the organization it must hold for at least three years from							
	used for exempt purposes for the ent			, and willon is not required t	lo be	30a		X
b	If "Yes," describe the arrangement in	_	periou.			30a		
31	Does the organization have a gift acc		alicy that requires the revi	ew of any non-standard				
٠.	contributions?	cptance po	mey blactequiles the text	cw or any non-standard		31		X
32a	Does the organization hire or use thin	d parties or	related organizations to	solicit, process, or sell non-	cash			_ <del></del>
	contributions?	paraco 01	. J. J. Co. Organization to	SSS.Q Processor or son flori-		32a		Х
ь	If "Yes," describe in Part II.		•					
33	If the organization did not report rever	nues in coli	umn (c) for a type of prop	erty for which column (a) is	checked,			
_	describe in Part II							

Schedule M (Form 990) 2008 Lake Champlain Regional Chamber 03-0108780

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

#### SCHEDULE O (Form 990)

Department of the Treasury

#### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service
Name of the organization

Lake Champlain Regional Chamber of Commerce, Inc.

Employer identification number 03-0108780

Form 990, Part III, Line 4d - All Other Achievements See statement 14

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 A copy of the 990 was provided to the Board of Directors for review and approval prior to the 990 being filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
We have a conflict of interest policy in our employee manual - the entire
manual is reviewed, acknowledged and signed off on by the employee upon
hiring. The employee manual is updated by outside council and reviewed by
staff - last time formally - 2007 and is available in our database for
employees to review/print/etc., at any time. We encourage and foster open
communications between staff & management.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Chair of the Board solicits feedback on the President's performance
from board members and others that are deemed appropriate. The Chair also
confers with members of the Executive Committee in making salary
adjustments. The Chair reviews salary and benefit comparables for both
in-state and out of state non-profit businesses.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Each year every employee compiles a list of their accomplishments compared to the goals set by their supervisor. The supervisor then reviews this

Name of the organization

Lake Champlain Regional Chamber

Employer identification number 03-0108780

list with the employee. Compensation usually increases across the board anywhere between 3-5% per year. On an occasion, if the wages seem way out of line, they will be adjusted to more be in line with that position, responsibilities and comparables.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request.

Form (Rev April 2009) Application for Extension of Time To File an Exempt Organization Return

Form **8868** (Rev 4-2009)

Department of the Treasury Internal Revenue Service

► File a separate application for each return.

סואוכ	NO	1343-	ı	•	υs

If you are f	iling for an Automatic 3-Month Extension, complete only Part I and check this box iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form			► X
Do not comple Part i	ete Part II unless you have already been granted an automatic 3-month extension on a previously filed For			
A corporation r Part I only	Automatic 3-Month Extension of Time. Only submit original (no copies needed) equired to file Form 990-T and requesting an automatic 6-month extension—check this box and complete rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension.			▶ 🗆
	me tax returns.	31011 01		
one of the return electronically if returns, or a co	ng (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of tirms noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 88 (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, imposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Para details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofi	68 group t II) of For	m 	
Type or	Name of Exempt Organization	Employ	er identification numb	er er
print	Lake Champlain Regional Chamber	00.0	100700	
File by the due date for	of Commerce, Inc.	03-0	108780	
filing your	Number, street, and room or suite no. If a P.O. box, see instructions  60 Main Street  100			
return See Instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions.			
	Burlington VT 05401			
Form 990 Form 990 Form 990	D-BL Form 990-T (sec 401(a) or 408(a) trust) D-EZ Form 990-T (trust other than above)		Form 4720 Form 5227 Form 6069 Form 8870	
Telephone If the organ If this is for	are in the care of ► Thomas Torti  No ► 802-863-3489  FAX No ►  Dizization does not have an office or place of business in the United States, check this box  a Group Return, enter the organization's four digit Group Exemption Number (GEN)  Toup, check this box  I if it is for part of the group, check this box  Thomas Torti  Thomas Torti  Thomas Torti	If this is	I	▶ □
	an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
	5/15/10 , to file the exempt organization return for the organization named above. The extension is ganization's return for:			
. $\square$	calendar year or			
	ax year beginning $10/01/08$ , and ending $9/30/09$			
2 If this tax	year is for less than 12 months, check reason linitial return Final return Change i	n account	ing period	
	olication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,			
	nonrefundable credits See instructions	3a	\$	
	plication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax			
	s made Include any prior year overpayment allowed as a credit.	3b	\$	
	Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, if required, by using EFTPS (Electronic Federal Tax Payment			
	See instructions	3c	\$	
	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E			
or payment ins				

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