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Department of the Treasury

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 requirement

2008 Open to Public

_	rnal Revenue Sen	12/01/02	rung requirements	Inspection
<u>A</u>	For the 2008 ca	llendar year, or tax year beginning 10/01/08, and ending 9/30/09		
В	Check if applicable	Please C Name of organization ARLINGTON CHAMBER OF COMMERCE	D Em	ployer identification number
Ш	Address change	use IRS FOUNDATION, INC.		
	Name change	print or Doing Business As	54	4-2085214
\equiv	•	type. Number and street (or P O box if mail is not delivered to street address) Room	n/suite E Tel	ephone number
님	Initial return	See 505 EAST BORDER STREET		
\sqcup	Termination	Specific Instruc- City or town, state or country, and ZIP + 4	G Gross	receipts 1,612,496
П	Amended return	tions. ARLINGTON TX 76010		
Ħ	Application pending	F Name and address of principal officer	H(a) Is	this a group return for
ш	Application pending		aff	illiates? Yes X No
			H(b) Ar	e all affiliates Yes No
			l l	'No," attach a list (see instructions)
1	Tax-exempt statu	us X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		., (
		HTTP://WWW.ARLINGTONTX.COM/	H(c) G	oup exemption number
	Type of organization			M State of legal domicile TX
	3	ummary		
		escribe the organization's mission or most significant activities:	· · · · · · · · · · · · · · · · · · ·	
4		/E AS A SUPPORTING ORGANIZATION TO THE ARLINGTON CHAMB!	ER	
ĕ		COMMERCE AND TO LESSEN THE BURDENS OF THE ARLINGTON		
Activities & Governance		AT. COVERNMENT WITH RESPECT TO MATTERS OF ECONOMIC		
Š		nis box I if the organization discontinued its operations or disposed of more than 25%	Af ite seedle	
ŏ		of voting members of the governing body (Part VI, line 1a)	EIAED I İ	2
ح د د		of independent voting members of the governing body (Part VI, line 1b)	ರಸ	39
iţie		1001	F 2010 10	
휹		mber of employees (Fart V, line 2a) mber of volunteers (estimate if necessary)	5 2010 Cs	0
ĕ		oss unrelated business revenue from Part VIII, line 12, column (C)		
	_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	EN, UT	b 0
_	b Net unre	elated business taxable income from Form 990-T, line 34	Prior Year	Current Year
_	8 Contribu	tions and grants (Part VIII, line 1h)	2,209,03	
Revenue		service revenue (Part VIII, line 2g)	146,00	
9	1	ent income (Part VIII, column (A), lines 3, 4, and 7d)	18,92	
æ		venue (Part VIII, column (A), lines 5, 4d, 8c, 9c, 10c, and 11e)	7,40	
		venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,381,36	
_		and similar amounts paid (Part IX, column (A), lines 1-3)	2/301/30	988,450
		paid to or for members (Part IX, column (A), line 4)		300,430
		, other compensation, employee benefits (Part IX, column (A), lines 5–10)	69,98	5 129,585
nses	1	onal fundraising fees (Part IX, column (A), line 11e)	03730	123,303
ē	h Total fun		× 100 - 100 - 100	NOTES AND A LA
Expe	47 Other ex	ndraising expenses (Part IX, column (D), line 25) penses (Part IX, column (A), lines 11a-11d, 11f-24f)	986,03	
	11 041101 02	· · · · · · · · · · · · · · · · · · ·	1,056,02	
		penses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,325,34	
<u> </u>	19 Revenue	e less expenses Subtract line 18 from line 12	Beginning of Year	End of Year
ets	20 Total ass	sets (Part X, line 16)	4,541,27	
Ass	21 Total liat	polities (Part X, line 26)	827,55	
Net Assets or Fund Balances	22 Net asse	ets or fund balances Subtract line 21 from line 20	3,713,71	
		ignature Block,	<u> </u>	<u> </u>
' †'	V 7 15 1	der penalties of perjuly, I declare that have examined this return, including accompanying schedules and s	tatements and to the	hest of my knowledge
; \	and	d belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information	on of which preparer	has any knowledge
Siç	an L	KNN111+H11111111111111111111111111111111	1	8/16/2010
He		Signature of officer		ate
<u> </u>	<i>i</i>		NCE AND A	
	·7 •	Type or print nafte and title		
·	, ====================================	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Check if	Preparer's identifying number
Pai	id Pre	eparer's Institute I May 1 mg SIIC/10	self-	(see instructions)
	eparer's	110/10	employed	□ P00980420
	e Only Fin	m's name (or yours PSK LLP	EIN	•
	ıfs	3001 MEDLIN DR STE 100	Pho	· · ·
		dress, and ZIP + 4 ARLINGTON, TX 76015	no	▶ 817-664-3000
		ss this return with the preparer shown above? (see instructions)		Yes No
DAA	ror Privacy	Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2008)

) (Revenue \$

(Must equal Part IX, Line 25, column (B))

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses > \$

including grants of \$

1,781,731

Pa	art IV Checklist of Required Schedules			
		Ye	s 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	X		_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	+-	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	+	X	_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		x	
_	Schedule C, Part II	+	 ^	_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	+	+	_
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		x	
-	Schedule D, Part I	+	├ ^	_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ĺ	x	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	+	1	_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		x	
	complete Schedule D, Part III	+	+*	-
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," complete Schedule D, Part IV		x	
40	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	+	$\frac{1}{x}$	
10 11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	1	1	_
	Parts VI, VII, IX, or X as applicable	x	.	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	+-	+	_
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	:	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X	_
14a			X	_
b			1	_
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	,	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			_
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1		_
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		x	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		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		X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X	_
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		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	Х		
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		X	_
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J 23		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K If "No," go to question 25	Ц	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u> </u>		
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?	Ц_		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	Ц_	\bot	_
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction		1	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	4	<u> </u>	_
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	4-	<u> </u>	_
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	_	<u> </u>	_
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		X	

_P	art 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			É
	employee), or an indirect business relationship through ownership of more than 35% in another entity			Ė
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			Ė
	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			1
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	conservation contributions? If "Yes," complete Schedule M	30_		X
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			ĺ
	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	<u> </u>	<u> </u>

Form **990** (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U S Information Returns. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and repor	table				
_	gaming (gambling) winnings to prize winners?	1 1		1c		X
2a		_	0			
	Statements, filed for the calendar year ending with or within the year covered by this return	<u>2a</u>	<u> </u>			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	,		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	v				
-	this return?	,		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	hority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	•				
	account)?			4a		X
b	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 Ba	nk				l
	and Financial Accounts					l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1?		5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Regarding Prohibited Tax Shelter Transaction?			5c		 ,,-
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		6 L		
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	.n				l
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more the \$75?	311		7a	•	x
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
•	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
θ.	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers					
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	7		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	S				
	required?			7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sect	ion				l
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsor	oring				
	organization, have excess business holdings at any time during the year?			8		<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					!
а	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	1 400				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				l
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	נוטט	<u> </u>			1
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a				l
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	· · · ·				1
	amounts due or received from them)	11b				I
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		1
b	If "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 2			
b	Enter the number of voting members that are independent 1b 39			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
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	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	X	
b	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 during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1		$\overline{}$
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	9ь	х	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	"		
	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 reached at			 -
••	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		x
Sac	tion B. Policies		L	
<u> </u>	RION D. 1 ONGIGS		Van	l Na
120	Door the organization have a written conflict of interest nallar/2 if "No." as to line 13	12a	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	124		\vdash
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	405	v	
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.	v	
	describe in Schedule O how this is done	12c	X	<u> </u>
13	Does the organization have a written whistleblower policy?	13	X	├─
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		X
ь	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		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sec	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 only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	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 records of the			
	organization ▶ ROBERT HERNANDEZ 505 E BORDER ST			
Al	RLINGTON TX 76010	817-27	5-2	613

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.

Check this box if the or	ganization did not compens	sate a	any c	ffice	r, dı	rector	r, tru	istee, or key employee		
(A)	(B)			(0	•			(D)	(E)	(F)
Name and Title	Average hours per	Position (check all that apply)				Reportable compensation	Reportable compensation	Estimated amount of		
	week	Individual or director	Institutional	Officer	Key employee	em b High	Former	from	from related	other
		idua recto	utio	ğ	emp	loye est	Ē	the organization	organizations (W-2/1099-MISC)	compensation from the
		מי ליו	nal t		loye	e Si		(W-2/1099-MISC)	(*** == *******************************	organization and related
		trustee	trustee		•	Peng				organizations
			ě			Highest compensated employee				
DR. JUDITH J	. CARRIER									
DIRECTOR								0	0	0
THOMAS J. CI	AYTON								-	
DIRECTOR								0	0	0
TOM CRAVENS										
DIRECTOR								0	0	0
DAVID R. DUN	N									
DIRECTOR								0	0	0
	LHOFF, JR., C	FΡ	,	CHI	FC	∤⊄	:			
DIRECTOR						<u> </u>		0	0	0
RON ELSENBAU	MER							_	_	_
DIRECTOR		_				\sqcup		0	0	0
JOE EWEN										
DIRECTOR						\sqcup		0	0	0
RICHARD GREE	NE									
DIRECTOR		\vdash				┦		0	0	0
MOJY HADDAD						i I				•
DIRECTOR						 		0	0	0
EARL HARCROW										0
DIRECTOR CARL HARRIS				_		\vdash		0	0	0
DIRECTOR								o	o	0
KENNETH HAYN	FC	H		-		\vdash			<u> </u>	0
DIRECTOR	113							o	o	0
ROBERT HERNA	NDEZ					\vdash				
DIRECTOR								o	o	0
FRANK HILL						Н				<u>_</u>
DIRECTOR								o	o	0
JERRY R. HOC	DENPYLE			\dashv		П				
DIRECTOR								0	0	0
JERRY JORDAN						П				-
DIRECTOR								0	0	0
WES JUREY										
PRESIDENTCEO								0	0	0

Part VII

` (A) (B)		(C) Position (check all that app					abe)	(D)	(E)	(F)			
Name and title	Average hours per week	or director		Officer	Key employee	employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensate from the organizatio	of con con ced		
LUKAS LOEFFI DIRECTOR	ER							o	0		0		
	HONEY	,						0	0		0		
RUDY MARTINE	7.	 	\vdash	\vdash	\vdash		┢╌		<u> </u>				
DIRECTOR	_							l o	0		0		
CHARLIE MERR	ILL, CLU												
DIRECTOR								0	0		0		
RICK MERRITI									·				
DIRECTOR					L			0	0		0		
MARY JEAN MODIRECTOR	LONEY							0	0		0		
MR. ELZIE D.	ODOM - INDIV	ID	UA	L 1	ME)	1BE	-			-			
DIRECTOR								0	0		0		
JEFF POKRIFO	SAK							o	0		0		
RANDAL J. RO	SE												
DIRECTOR								0	o		0		
DAN T. SERNA DIRECTOR								0			0		
RALPH SHELTO	N						-		0				
DIRECTOR								О	0		0		
	EPARD										_		
DIRECTOR								0	0		0		
DAVID TESMER DIRECTOR								o	o		0		
1b Total							>				<u>_</u>		
	iduals (including those in 1	a) wł	no re	ceive	ed m	ore t	han	\$100,000 in reportable com	pensation from the				
organization ▶ 0	· · · · · · · · · · · · · · · · · · ·								·				
3 Did the organization l	list any former officer, direc	tor o	r tru:	stee.	kev	emp	love	e, or highest compensated		Y	es No		
employee on line 1a?	If "Yes," complete Schedu	le J t	for s	uch ii	ndıvı	dual	-	•		3	X		
								and other compensation from complete Schedule J for su			1		
individual	related organizations great	ei ui	ап ф	150,0	,000	11 1	es,	complete Scriedule 3 for su	CII	4	x		
	on line 1a receive or accru						-	•					
	the organization? If "Yes,"	comp	lete	Sch	edule	e J fo	r su	ch person	<u> </u>	5	X		
Section B. Independent		sate	d inc	lene	nden	t cor	trac	tors that received more than	\$100,000 of				
compensation from the	he organization	isaic	Q 113C	срсі	10011		T		· · · · · · · · · · · · · · · · · · ·				
	(A) Name and business address						L	Descript	(B) ion of services	((Compe	C) ensation		
							<u> </u>						
							\vdash						
	·						<u> </u>						
2 Total number of indep	pendent contractors (includ	ing tl	nose	≀n 1)	who	rec	eive	d more than \$100,000 in					
compensation from the	ne organization 🕨									0			
DAA										Form 9	90 (2008)		

		(2008) ARLINGTON		DEK (JF COMM	LRCE	54-2085214		Page 9
Pa	rt V	ili Statement of Rev	enue		Ò	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
							revenue	revenue	512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a	-					
gra		Membership dues	1b						
ft, an		Fundraising events	1c	<u> </u>					
igia	d	Related organizations	1d						
Sim		Government grants (contributions)	1e	5	40,605				
iğ e	f	All other contributions, gifts, grants,							
ēş		and similar amounts not included above	1f	6	54,992				
o u	_	Noncash contributions included in lines 1	a-1f \$						
_	h	Total. Add lines 1a-1f			, •	1,195,597			
Program Service Revenue					Busn. Code			***************************************	
, er	2a	CONTRACT REVENUE				154,642	154,642		
2	b								
Ş.	С								
Ser	d								
ᇤ	0								
g	f	All other program service revi	enue						
ڇ	g	Total. Add lines 2a-2f			•	154,642			
	3	Investment income (including	dividend	is, interes	t, and				
		other similar amounts)			▶	4,124			4,124
	4	Income from investment of ta	x-exemp	t bond pro	oceeds 🕨	·			
	5	Royalties	·	•	▶ أ			· · · · · · · · · · · · · · · · · · ·	
		(ı) Real		(II) F	ersonal				
	6a	Gross Rents 215	5,404						
	b		1,512						1
	C		5,108						1
	d	Net rental income or (loss)	-,,			-36,108	-36,108		†
		Gross amount from (i) Securit	ies	(11)	Other	30/100	30,200		+
		sales of assets other than inventory						1	
	h	Less cost or other		·					1
		basis & sales exps				İ			
	_	, 				1			
		Gain or (loss) L		<u>l</u>		†			Ť
	d	Gross income from fundraising ev	[
	8a	•	ens				1		
ğ		(not including \$	_,						
8		of contributions reported on line 10	·						
٣		See Part IV, line 18	a						1
Other Revenue		Less direct expenses	b			1			†
0		Net income or (loss) from fund		events	•			,,	1
	9a	Gross income from gaming activiti				I			1
		See Part IV, line 19	a			I	•		1
		Less direct expenses	ρĺ						
		Net income or (loss) from gan	- 6	vities	•				
ļ	10a	Gross sales of inventory, less	I			1	1		1
		returns and allowances	а			1	1		1
		Less cost of goods sold	b			1	1		1
ļ	С	Net income or (loss) from sale		entory	<u> </u>				
ļ		Miscellaneous Revenu	ıe		Busn. Code	1			1
	11a	MISCELLANEOUS INCOME	E		<u> </u>	42,729			42,729
ļ	b								
	C				I				
	d	All other revenue						··· ·	
	0	Total. Add lines 11a-11d			•	42,729			
	12	Total Revenue. Add lines 1h,	2g, 3, 4	, 5, 6d, 7d	ı, 8c,				
		9c, 10c, and 11e			▶	1,360,984	118,534		0 46,853
_					i l				Form 990 (2008)

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).

	All other organizations must				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	988,450	988,450		
2	Grants and other assistance to individuals in	,	,		
_	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,	· · · · · · · · · · · · · · · · · · ·			··············
3					
	organizations, and individuals outside the				
_	U S See Part IV, lines 15 and 16	ļ			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	129,585	127,617	1,968	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)			<u> </u>	<u> </u>
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				*****
	Management				
	Legal				
	Accounting	14,000		14,000	
	Lobbying				
9	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other			········	<u> </u>
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	373		373	
	· · ·	373		373	
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials		<u> </u>		
19 20	Conferences, conventions, and meetings				
20	Interest			· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates	60 106	60 406		- -
22	Depreciation, depletion, and amortization	68,406	68,406		
23	Insurance				
34	Other evenesses them are successed.				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed			`	
	5% of total expenses shown on line 25 below)	207 005	207 005		
a	CONSULTING FEES	327,035			
b	CAHDC EXPENSES	160,641	160,641		
C	TUITION AND FEES	69,000		30 500	
d	REAL ESTATE TAXES	39,529		39,529	
0	CONTRACTS	34,560		05 044	
	All other expenses	31,063		25,041	· · · · · · · · · · · · · · · · · · ·
25	Total functional expenses. Add lines 1 through 24f	1,862,642	1,781,731	80,911	
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				

·P	irt)	K Balance Sheet					•		
		•			(A)		(B		
_					Beginning of year		End of		
	1	Cash—non-interest bearing		-	558,919	1	4	00,	708
	2	Savings and temporary cash investments		-	1 050 400	2			
	3	Pledges and grants receivable, net		-	1,059,498	3	• 	<u>88,</u>	
	4	Accounts receivable, net		ļ. <u>.</u>	1,482	4		24,	284
	5	Receivables from current and former officers, directors, tru		-					
		employees, or other related parties Complete Part II of Sci		 -	-	5	<u> </u>		
	6	Receivables from other disqualified persons (as defined un							
		4958(f)(1)) and persons described in section 4958(c)(3)(B)	Com	plete		_	1		
	_	Part II of Schedule L		<u> </u>		6	<u> </u>		
Assets	7	Notes and loans receivable, net		-		7			
SS	8	Inventories for sale or use		-		8			
4	9	Prepaid expenses and deferred charges	ا ۔۔ ا	3 360 064		9	ļ		_
	10a	, , , ,	10a	3,260,064					
	D	Less accumulated depreciation Complete	ا ؞؞ ا	671,424	2 400 920	4.0	2,5	00	<i>-</i> 40
		Part VI of Schedule D	10b	0/1,424	2,499,839 421,532		2,3	00,	640
	11	Investments—publicly traded securities		 	421,332	11	 		
	12	Investments—other securities See Part IV, line 11		-		12			
	13	Investments—program-related See Part IV, line 11		-		13	<u> </u>		
	14	Intangible assets		-		15			
	15	Other assets See Part IV, line 11		-	4,541,270	16	3,5	02	532
	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses			638,163	17		19,	
	18	Grants payable		F	030,103	18	_	<u> </u>	500
	19	Deferred revenue	<u> </u>	95,	660				
	20	Tax-exempt bond liabilities		-	159,794	19 20	†	, , , , , , , , , , , , , , , , , , , 	
Ś	21	Escrow account liability Complete Part IV of Schedule D		<u> </u>		21	 		
Liabilities	22	Payables to current and former officers, directors, trustees,	kev						
Ē		employees, highest compensated employees, and disquali	•				Ī		
Ξ		Ī							
	23								
	24	Secured mortgages and notes payable to unrelated third pa Unsecured notes and loans payable	u			23	 		
	25	Other liabilities Complete Part X of Schedule D		49,	109				
	26	Total liabilities. Add lines 17 through 25		<u> </u>	29,600 827,557	25 26		64,	
ņ		Organizations that follow SFAS 117, check here ▶ 🗶	and						***************************************
ces		complete lines 27 through 29, and lines 33 and 34.	J				1		
<u>a</u>	27	Unrestricted net assets			3,472,616	27	3,1	37,	855
Balan	28	Temporarily restricted net assets		Γ	241,097	28	<u> </u>		
ᄝ	29	Permanently restricted net assets				29			
Net Assets or Fund		Organizations that do not follow SFAS 117, check here	▶ [1 [
Ē		and complete lines 30 through 34.	_	_			İ		
S	30	Capital stock or trust principal, or current funds			,	30			
šet	31	Paid-in or capital surplus, or land, building, or equipment fu	und	Г		31			
AS:	32	Retained earnings, endowment, accumulated income, or o	ther fu	nds		32			
e /	33	Total net assets or fund balances			3,713,713	33	3,1	37,	855
ž	34	Total liabilities and net assets/fund balances			4,541,270	34	3,5	02,	532
P	art)	XI Financial Statements and Reporting							
		_						Yes	No
1	Ac	counting method used to prepare the Form 990 Ca	ash	X Accrual Oth	er				
28	W	ere the organization's financial statements compiled or review	wed by	an independent accountant?	7		2a	Х	
b	W	ere the organization's financial statements audited by an inde	epende	nt accountant?			2b	X	
c	If "	Yes" to lines 2a or 2b, does the organization have a committ	tee tha	t assumes responsibility for o	oversight of				
	th	e audit, review, or compilation of its financial statements and	l select	ion of an independent accou	ntant?		2c	X	
3a	As	a result of a federal award, was the organization required to	under	go an audit or audits as set f	orth in				
	the	e Single Audit Act and OMB Circular A-133?					3a	L	X
t	If"	Yes," did the organization undergo the required audit or audi	ıts?				3b		

SCHEDULE A' (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

OMB No 1545-0047

2008

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ARLINGTON CHAMBER OF COMMERCE FOUNDATION, INC.

Employer identification number 54-2085214

The	orgai	nization is not	a private foundation because	it is (Please check only one org	anization)				<u>-</u>			
1		A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>i</i>	A)(i).						
2	П	A school desi	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П	A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii)	. (Attach	Schedu	le H.)				
4	П			in conjunction with a hospital de-						e hospi	tal's name,		
	_	city, and state		•						-			
5		An organizati	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmenta	ıl unıt de	scribed	ın			
		-	b)(1)(A)(iv). (Complete Part I	-	•								
6				vernmental unit described in sec	tion 170(b)(1)(A)(v).						
7	X		-	ubstantial part of its support from			•	n the ge	neral pu	blic			
		described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II)	-								
8	П	A community	trust described in section 17	'0(b)(1)(A)(vi). (Complete Part II	.)								
9	П	•		more than 33 1/3 % of its suppo		ntribution	s, memb	ership f	ees, and	gross			
	_	_	• • • • • • • • • • • • • • • • • • • •	ot functions—subject to certain e				•		•			
		•	•	d unrelated business taxable inco	•								
		• •	₹	, 1975 See section 509(a)(2). (-		•						
10	\Box			xclusively to test for public safety			a)(4). (se	e instru	ctions)				
11	П	•	•	kclusively for the benefit of, to pe		•	,, , ,						
		purposes of o	one or more publicly supporte	d organizations described in sec	tion 509(a)(1) or se	ction 509	9(a)(2) \$	See sec	tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	and com	plete lines	11e thre	ough 11	h				
		a Type	I b Type II	c Type III–Functiona	illy Integra	ited	d	Тур	e III–Oti	her			
ө		By checking t		nization is not controlled directly			or more	disquali	fied				
		persons other	r than foundation managers a	and other than one or more public	cly suppor	ted organ	zations	describe	d in sec	ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organiza	ation received a written deteri	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box						_				
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							_
Ū		following per	sons?										
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wi	th persons	s describe	d ın (ıı)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(i)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii)	
h		Provide the f	ollowing information about the	e organizations the organization	supports								
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did v	ou notify	(vi)	ls the	(vii) Am	ount of	
(.,		anization	(11/ 2.11	(described on lines 1–9	1 ' '	sted in your		nization in	organizat		sup		
				above or IRC section	governing	document?		of your	(i) organi				
				(see instructions))	Yes	No	Yes	nort?	Yes	S?			
					165		163	110	163	- 140			
					 				 				
					1								
				<u> </u>	 			-					
					•	1							
		_											

Schedule A (Form 990 or 990-EZ) 2008 ARLINGTON CHAMBER OF COMMERCE Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (f) Total (a) 2004 (b) 2005 (d) 2007 (e) 2008 (c) 2006 Gifts, grants, contributions, and membership fees received (Do not 490,378 464,708 603,921 603,921 1,205,597 3,368,525 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,205,597 3,368,525 Total. Add lines 1-3 490,378 464,708 603,921 603,921 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 700,992 Public support. Subtract line 5 from line 4 2,667,533 Section B. Total Support Calendar year (or fiscal year beginning in) (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 (c) 2006 <u>464,</u>708 <u>603,</u>921 1,205,597 490,378 603,921 3,368,525 7 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 4,124 129,939 7,386 26,545 45,942 45,942 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets 70,320 48,000 117,975 117,975 258,133 612,403 (Explain in Part IV) 11 Total support. Add lines 7 through 10 4,110,867 Gross receipts from related activities, etc. (see instructions) 12 242,267 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 64.8898 14 15 55.3423 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 33 1/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

18

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box of	on line 9 of Pa	rt I.)			
	tion A. Public Support					·	
Cal	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		<u></u>				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b			· · · · · · · · · · · · · · · · · · ·			
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	:					· · · · · · · · · · · · · · · · · · ·
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)			I	L		
14	First five years. If the Form 990 is for the o	-	second, third, fourt	h, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here						▶ ⊔
	tion C. Computation of Public Su			40)		145	
15	Public support percentage for 2008 (line 8,	, ,	•	(t))		15	
<u>16</u>	Public support percentage from 2007 Sche					16	<u>%</u>
	tion D. Computation of Investme					47	
17	Investment income percentage for 2008 (In			column (1))		17	<u>%</u>
18 10-	Investment income percentage from 2007 3 33 1/3 % support tests—2008. If the organ			14 and line 15 is m	ore than 33 1/3 0/	and line	
19a	17 is not more than 33 1/3 %, check this bo						▶ □
b	33 1/3 % support tests—2007. If the organ	-	•		· · · · · · · ·		, L
-	line 18 is not more than 33 1/3 %, check the						▶ □
20	Private foundation If the organization did	<u>-</u>	•	•	•		·

Schedule A (Form 990 or 990-EZ) 2008 ARLINGTON CHAMBER OF COMMERCE 54-2085214 Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10;

Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

GROSS RENTS \$ 546,246

OTHER REVENUES \$ 66,157

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

Open to Public Inspection

	RLINGTON CHAMBER OF COMMERCE		Employe	r identification nui	IIDer
	OUNDATION, INC.		54-2	085214	
Pa	organizations Maintaining Donor Advised Fur the organization answered "Yes" to Form 990, F				
		(a) Donor advised funds	(b)	Funds and other ac	counts
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	he assets held in donor advised		_	
	funds are the organization's property, subject to the organization's exclus	ive legal control?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advisors in w	riting that grant funds may be			
	used only for chantable purposes and not for the benefit of the donor or d	lonor advisor or other		_	_
	ımpermissible private benefit?			Yes	No_
Pε	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 a	ll tha <u>t a</u> pply)			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	rtant land	l 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 con	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		
C	Number of conservation easements on a certified historic structure include	fed in (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06		2d		
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization of	dunng		
	the taxable year				
4	Number of states where property subject to conservation easement is loc	cated			
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, violations, and			
	enforcement of the conservation easements it holds?			∐ Yes	∐ No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	easements during the year P			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing ear	sements during the year 🕨 \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section			
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			∐ Yes	∐ No
9	In Part XIV, describe how the organization reports conservation easemer	•			
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descri	bes		
D-	the organization's accounting for conservation easements. It III Organizations Maintaining Collections of Art,	Historical Transuras, or Other Si	milar A	acata .	
1-10	Complete if the organization answered "Yes" to		iiiiiai A	135613.	
	Complete it the organization allowered 100 to				
10	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and halance shoot w	orks of		
ıa	art, historical treasures, or other similar assets held for public exhibition,			-	
	provide, in Part XIV, the text of the footnote to its financial statements tha	·	55. 415.	-,	
	provide, in a data vive, the text of the looking to its intaligial statements that	it describes these items			
b	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet works	s of art.		
_	historical treasures, or other similar assets held for public exhibition, educ		•		
	provide the following amounts relating to these items	and the second s	,		
	(i) Revenues included in Form 990, Part VIII, line 1		•	s	
	(ii) Assets included in Form 990, Part X		•	š — — — —	
2	If the organization received or held works of art, historical treasures, or of	ther similar assets for financial dain provide	the	·	
-	following amounts required to be reported under SFAS 116 relating to the	- · · ·			
а	Revenues included in Form 990, Part VIII, line 1		•	s	
	Assets included in Form 990, Part X		-	<u>-</u>	
w	- 1000to indiaded in 1 onn 000, 1 att A			*	

Sche	dule D (Form'990) 2008 ARLINGTON	CHAMBER OF C	OMMERCE		54-20	85214			Page 2
Pa	rt III Organizations Maintaining	Collections of Art,	Historical Treas	sures, o	Other S	imilar As	sets (continu	•
3	Using the organization's accession and other ritems (check all that apply)	ecords, check any of the fo	ollowing that are a sig	gnificant us	e of its colle	ection			•
а	Public exhibition	d Loan	or exchange progran	ns					
b	Scholarly research	e Other	or onenange program						
c	Preservation for future generations	- L - L - L - L - L - L - L - L - L - L	_				_		
4	Provide a description of the organization's colle Part XIV	ections and explain how the	ey further the organiz	zation's exe	empt purpos	se in			
5	Dunng the year, did the organization solicit or assets to be sold to raise funds rather than to				ar			Yes	☐ No
Pa	Trust, Escrow and Custod Part IV, line 9, or reported a				answere	d "Yes" to	Form	990,	
1a	Is the organization an agent, trustee, custodiar	n or other intermediary for o	contributions or other	r assets no	t				
	included on Form 990, Part X?							Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following t	able.			r			
								Amoun	ıt
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					10			
f	Ending balance					1f			
	Did the organization include an amount on For	m 990, Part X, line 21?						Yes	No
**********	If "Yes," explain the arrangement in Part XIV.								
Pa	ert V Endowment Funds. Compl	-		1					
		(a) Current year	(b) Prior year	(c) Two	ears back	(d) Three yea	rs back	(e) Fou	ır years back
1a	Beginning of year balance								
b	Contributions			ļ				ļ	
C	Investment earnings or losses								
d	Grants or scholarships							ļ	
е	Other expenditures for facilities								
	and programs			ļ					
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·		ļ				ļ	
g	End of year balance			<u> </u>				<u> </u>	
2	Provide the estimated percentage of the year of	end balance held as							
а	Board designated or quasi-endowment _	%							
b	Permanent endowment — %								
С	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	sion of the organization that	t are held and admin	istered for	the				
	organization by								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
þ	If "Yes" to 3a(II), are the related organizations I							3b	
4	Describe in Part XIV the intended uses of the o								
Pa	rt VI Investments—Land, Buildi								
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or ot basis (other		(c) Der	preciation		(d) Book	
1a	Land		144	,017				1	<u>44,017</u>
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other	<u>l.</u>	3,116	,047	. (671,42	1		44,623
Total	l. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, column (B)), line 10(c))		.		<u>. </u>	2,5	88,640

Schedule D (Form 990) 2008 ARLINGTON CHAMBER OF C	OMMERCE	54-2085214	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market valu	e
Financial derivatives and other financial products			
Closely-held equity interests			
Other		-	
			
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	·
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990). Part X. line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market valu	ie
			·
		-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.	<u> </u>	(1)0	
	L	(b) B	ook value
Part IX Other Assets. See Form 990, Part X, line 15.	L	(b) B	ook value
Part IX Other Assets. See Form 990, Part X, line 15.	I.	(b) B	ook value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) B	ook value
Part IX Other Assets. See Form 990, Part X, line 15.	L	(b) B	ook value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) B	ook value
Part IX Other Assets. See Form 990, Part X, line 15.	-	(b) B	ook value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) B	ook value
Part IX Other Assets. See Form 990, Part X, line 15.	-	(b) B	ook value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) B	ook value
Part IX Other Assets. See Form 990, Part X, line 15.		(b) B	ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description			ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	(b) Amount		ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (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 Federal income taxes	(b) Amount		ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (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 Federal income taxes PROPERTY TAXES PAYABLE	(b) Amount 29,600		ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (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 Federal income taxes	(b) Amount		ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (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 Federal income taxes PROPERTY TAXES PAYABLE	(b) Amount 29,600		ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (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 Federal income taxes PROPERTY TAXES PAYABLE	(b) Amount 29,600		ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (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 Federal income taxes PROPERTY TAXES PAYABLE	(b) Amount 29,600		ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (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 Federal income taxes PROPERTY TAXES PAYABLE	(b) Amount 29,600		ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (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 Federal income taxes PROPERTY TAXES PAYABLE	(b) Amount 29,600		ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (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 Federal income taxes PROPERTY TAXES PAYABLE	(b) Amount 29,600		ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (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 Federal income taxes PROPERTY TAXES PAYABLE	(b) Amount 29,600		ook value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (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 Federal income taxes PROPERTY TAXES PAYABLE	(b) Amount 29,600		ook value

	dule D (Form 990) 2008 ARLINGTON CHAMBER OF COMMERCE		54-208521	4	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to I	Finan	cial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,360,984
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,862,642
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-501,658
4	Net unrealized gains (losses) on investments			4	-74,367
5	Donated services and use of facilities			_5_	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	167
9	Total adjustments (net) Add lines 4-8			9	-74,200
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9			10	-575,858
Pa	Reconciliation of Revenue per Audited Financial Statemen	its W	ith Revenue per Reti		1 771 604
1	Total revenue, gains, and other support per audited financial statements			1	1,771,624
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	-74,367		
b	Donated services and use of facilities	2b	233,497		
C	Recovenes of prior year grants	2c	051 510		
d	Other (Describe in Part XIV)	2d	251,510	1	410 640
θ	Add lines 2a through 2d			2e	410,640 1,360,984
3	Subtract line 2e from line 1	ı	1	3	1,360,964
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	١.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		4.	
C -	Add lines 4a and 4b			4c	1,360,984
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) Int XIII Reconciliation of Expenses per Audited Financial Stateme	nte V	Vith Evnances per P	oturr	
	<u> </u>	IIICO V	VILLI Expenses per IX	4	2,347,482
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25				2,317,102
	Donated services and use of facilities	2a	233,497		
a h	Prior year adjustments	2b	200,101		
0	Losses reported on Form 990, Part IX, line 25	2c			
c d	Other (Describe in Part XIV)	2d	251,510		
9	Add lines 2a through 2d			2е	485,007
3	Subtract line 2e from line 1			3	1,862,475
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b	167		
	Add lines 4a and 4b			4c	167
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	1,862,642
	ert XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	1 4, Part IV, lines 1b		-
	2b, Part V, line 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and				
	PART XI, LINE 8 - RECONCILATION OF CHANGES	ro -	HER		
	RENTAL INCOME		\$		<u> 251,510</u> _
	RENTAL EXPENSES				-251,510
		_			
_'	BOOK / TAX DEPRECIATION_DIFFERENCE		§		<u>_ 167</u>
_					
	PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED	7 T	- FINWNCIWTS	<u> </u>	HER
_'	RENTAL INCOME		\$		_ <u>251,510</u>

Schedule D (Forn	1 990) 2	800	AK	$\Gamma T \overline{V}$	16.1	.ON	CH	AME	SER	C O	r C		ŒК	CE				54 -	208	352	14					Pag	e 5
Part XIV		Supple	ement	al In	forr	nat	ion (contin	nued)																			_
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PART	<u>X</u> .	┰┸┸	ΉT	E	<u>Σ</u> <u>υ</u>	_	EXF	EN.	2 <u>F</u>	AM		<u>ит5</u>	<u> T</u> r	IÇT	ODE	<u>.</u> D_	Т <u>и</u>	F.T	<u>NAN</u>	C_{1}	āТS		_01	HF.	к_			_
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_PART	X	III.	LIN	IE 4	4B	_	EXI	EN:	SE	AM	ЮU	NTS	IN	ICL	UDE	D (ON	RE	TUR	N·	- c	TH	ER					
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_B <u>OOK</u>	/	TAX	DEF	PRE	CIA	TI	ON	DI	FFE	ERE	NC	E _										\$				167	7 _	
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SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No 1545-0047 2008

Open to Public inspection

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

Comments of the Transaction	Complete in the Organization answered Test, Only 530, Fairly, intest 21 of 22.		
Department of the Treasury Internal Revenue Service	▶ Attach to Form 990.	Inspection	Ē
Name of the organization ARLI	Name of the organization ARLINGTON CHAMBER OF COMMERCE		
FOUN	FOUNDATION, INC.		
Part i General Info	General Information on Grants and Assistance		
1 Does the organization mair	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	\ \ \	<u> </u>
the selection criteria used t	the selection criteria used to award the grants or assistance?	ू इक्ष	2
2 Describe in Part IV the orga	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
Part II Grants and (Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on	s"on	
Form 990, P.	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	5,000. Use	[

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

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CHAMBER	nce to Individ
ARLINGTON	Grants and Other Assistance
e I (Form 990) 2008	Grants an
Schedule I (Part III

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Schedule I.	Schedule I (Form 990) 2008 ARLINGTON CHAMBER OF COMMERCE	HAMBER OF COM		54-2085214		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the	United States. Com needed.	nplete if the organizati	on answered "Yes" on Forn	
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
	:					
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	rovide the informatio	in required in Part I, li	ne 2, and any other addition	nal 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

Name of the Organization

ARLINGTON CHAMBER OF COMMERCE FOUNDATION, INC.

Employer Identification number 54-2085214

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (C) (D) (E) (F) (A) (B) Average hours Position (check all that apply) Reportable Reportable Estimated Name and Title per week compensation compensation amount of Individual trustee or director Key employee nstitutional trustee from from related other the organizations compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related organizations JEFF WILLIAMS DIRECTOR 0 0 0 STEPHEN ZIMMER 0 0 0 DIRECTOR CATHY DERIZZO 0 0 0 DIRECTOR LARRY FOWLER 0 0 0 DIRECTOR LEONARD FOX 0 0 0 DIRECTOR STEVE MCCOLLUM 0 0 0 DIRECTOR DAN DIPERT 0 0 0 DIRECTOR LEONARD FOX 0 0 0 DIRECTOR BRIAN NEWBY 0 0 0 DIRECTOR RAY GOMEZ 0 0 0 DIRECTOR AUDREY MICKLIN 0 0 0 DIRECTOR DAN TAAFFE DIRECTOR 0 0 0 BORLAND, WINSTON DIRECTOR 0 0 0 SHARYN BAILEY 0 0 0 DIRECTOR

SCHEDÜLE O (Form 990)

Department of the Treasury Internal Revenue Service

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

Name of the organization

ARLINGTON CHAMBER OF COMMERCE FOUNDATION, INC.

Employer identification number 54-2085214

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
DEVELOPMENT AND URBAN LAND USE AND TO PROVIDE EDUCATION TO
THE PUBLIC ABOUT LOCAL GOVERNMENT

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
MEMBERS

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
THERIS A NOMINATION PROCESS EVERY YEAR. MEMBERS AND EMPLOYEES CAN MAKE
RECOMMENDATIONS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO A VOTE BY THE BOARD.

FORM 990, PART VI, LINE 9B - POLICIES AND PROCEDURES GOVERNING CHAPTERS
YES, THESE POLICIES AND PROCEDURES ARE MAINTAINED AT THE CHAMBER OF
COMMERCE FOUNDATION'S OFFICE AND ARE UPDATED PERIODICALLY.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

POLICY IS DISTRIBUED AT YEAR END AND THE BOARD OF DIRECTORS VOTES ON ANY

CHANGES AND THEY APPROVE THE POLICY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST AND AT VARIOUS MEETINGS.

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 2008

2008
Attachment Sequence No 6

Name(s) shown on return

ARLINGTON CHAMBER OF COMMERCE FOUNDATION, INC.

Identifying number 54-2085214

Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If marned filing separately, see instructions 5 (a) Description of property (c) Elected cost (b) Cost (business use only) 6 Listed property Enter the amount from line 29 7 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 68,406 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation d) Recovery (a) Classification of property year placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction penod service only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property d 15-year property 20-year property 25-year property 25 yrs. g Residential rental 27.5 yrs MM S/L property 27 5 yrs MM S/L MM Nonresidential real 39 vrs S/L property ММ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life 12-vear 12 yrs S/L ММ S/L C 40-year 40 yrs Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 68,406 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service 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 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 **Employer Identification number** Name of Exempt Organization Type or ARLINGTON CHAMBER OF COMMERCE print FOUNDATION, INC. 54-2085214 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions. filing your 505 EAST BORDER STREET return See City, town or post office, state, and ZIP code For a foreign address, see instructions instructions ARLINGTON TX 76010 Check type of return to be filed (file a separate application for each return): Form 4720 Form 990 Form 990-T (corporation) Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 6069 Form 990-T (trust other than above) Form 990-EZ Form 8870 Form 990-PF Form 1041-A The books are in the care of FAX No. ▶ Telephone 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 ▶ | . If it is for part of the group, check this box and attach for the whole group, check this box a list with the names and EINs of all members the extension will cover I request 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 for the organization's return for calendar vear tax year beginning 10/01/08, and ending 9/30/09. If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period 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 Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO payment instructions

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

Form	n√8868 (R	ev. 4-2009)							Page 2
			(Not Automatic) 3-Month Ex	tension, complete onl	ly Part II and c	heck this box			▶ X
	-	=	ve already been granted an a		-		n 8868.		_
•	If you are	filing for an Automatic	3-Month Extension, comple	te only Part I (on page	1)				
Pa	art II	Additional (Not	Automatic) 3-Month E	xtension of Time.	Only file th	ne original (n	o copie:	s needed).	
Туре	or or	Name of Exempt Or	ganization			34 2 W	Employe	r Identification	number
print	t	ARLINGTON	CHAMBER OF COM	MERCE		176			
File b	•	FOUNDATION	I, INC.				54-20	85214	
exten due d filing	date for	l	room or suite no If a P O bo	x, see instructions.			For IRS u	se only	
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ınstru	ictions	ARLINGTON	TX .	76010			,	* ************************************	法执行
Che	ck type o	f return to be filed (Fil	e a separate application for ea	ach return)				_	
X	Form 99	90	Form 990-PF		F∈	orm 1041-A		Form 6	6069
	Form 99	90-BL	Form 990-T (sec. 401(a)	or 408(a) trust)	F	orm 4720		Form 8	3870
	Form 99	0-EZ	Form 990-T (trust other th	nan above)	F	orm 5227			
STO	P! Do not	complete Part II if yo	u were not already granted	an automatic 3-month	extension on	a previously fi	ed Form	8868.	
• 1	The books	s are in the care of							
7	Telephone	e No. ▶		FAX No. ▶					
• 1	f the orga	nization does not have	an office or place of busines	s in the United States, o	check this box				▶ 🗌
• [f this is fo	or a Group Return, ente	er the organization's four digit	Group Exemption Num	ber (GEN)		s is		
for th	ne whole g	group, check this box	▶ ☐ . If it is for p	part of the group, check	this box	▶ 📗 a	nd attach	а	
list w	vith the na	mes and EINs of all m	embers the extension is for						
4	l reques	t an additional 3-month	n extension of time until 8	/15/10 .					
5	For cale	ndar year	, or other tax year beginning	_ 10/01/0 <u>8</u> ,	, and ending	9/30/09)		
6	If this ta	x year is for less than	12 months, check reason:	Initial return	Final return	Change I	n accounti	ng penod	
7		detail why you need th							
	ADDI	TIONAL TIME	E IS REQUESTED	TO GATHER I	NFORMAT	ION TO I	PREPA	RE A COM	PLETE
	AND	ACCURATE RE	ETURN.						
Ja	If this ap	oplication is for Form 9	90-BL, 990-PF, 990-T, 4720,	or 6069, enter the tenta	ative tax,				
	less any	nonrefundable credits	See instructions				8a	\$	
b	If this ap	oplication is for Form 9	90-PF, 990- T, 4720, or 6069,	enter any refundable c	redits and		1. T ye		
	estimate	ed tax payments made	Include any prior year overp	ayment allowed as a cr	edit and any		2, 3		
	amount	paid previously with Fo	orm 8868				8b	\$	
c	Balance	Due. Subtract line 8b	from line 8a. Include your pa	yment with this form, or	r, if required, d	leposit			
	with FT	O coupon or, if required	d, by using EFTPS (Electronic	Federal Tax Payment	System) See	instructions	8c	\$	
			Si	gnature and Verif	ication				
Under	r penalties ue, correct,	of penury I declare that I I and-complete, and that	pave examined this form, including authorized to prepare this form	accompanying schedules	and statements,	, and to the best of	my knowle	dge and belief,	
Signa	iture 🕨	X /W //	Χ	Title ▶ (CP/1			Date > 4	-26-10
					1			Form 8868	(Rev 4-2009)