

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2008 calendar year, or tax year beginning 11/01, 2008, and ending

Inspection

Α	For t	he 200	8 cale	ndar year,	or tax ye	ar beg	inning		11	/01·	2008, and	ending		10	/31,20	09	
В	Check if	applicable	Please	C Name of o	rganization	CHAM	BER C	OF CO	MMERC	E OF	GREATE	R KANSAS	D Empl	yer identific	ation num	ber	
ſ	Add	iress nge	use IRS label or	Doing Busi	ness As								44-	019684	0		
	_	ne change	print or		nd street (or	PO box	k if mail is	not deliv	ered to str	eet addre	35)	Room/suite	E Telep	hone numbe	r		
	Insti	al return	type See	911 MAI	N STRE	ET,	SUITE	260	0				(81	6)221-	2424		
	Ter	mination	Specific Instruc-		n, state or c					AAE NO	ON ATTACH	&T)		_			
	Ame	ended	tions	KANSAS	CITY,	MO 6	4105		E	X I CINO	UN AN INCA		G Gross	receipts \$	5.	404	,524.
	App	lication ding	F N	ame and add	ress of pri	ncipal of	ficer PI	ETE L	EVI					is a group retu		Yes	X No
-			l	MAIN ST						CITY.	MO 641	L05	1	ates? all affiliates inc	Juded?	Yes	No
$\overline{}$	Tax-e	exempt st		X 501(c)(1		a)(1) or	52			11.0	lo," attach a list	t (see instruct	lions)	
J	Webs	site: 🕨	WWW	. KCCHAME				•			-		H(c) Grou	p exemption n	umber 🕨		
K	Туре	of organ		X Corpora		rust	Associa	ation	Other	>	L	Year of form	ation	M State	of legal dor	nicile	МО
P	art I	 -	mmary		·		1		-		L					•	
	1			be the organ	nization'e e	niceion	or most	cianifica	nt actuati	00							
	'												ONAL				
		PROVIDE LEADERSHIP TO BUILD A VIBRANT AND PROSPEROUS REGIONAL COMMUNITY WITH AN OUTSTANDING QUALITY OF LIFE. ASSIST OUR MEMBERS IN															
				S SMARTE										7.07 - 11.7			
13 g	2			ox ▶									% of its ass	ets			
⊃ຶັ	3			oting membe													61
≨s	4	Numb	er of in	idependent v	otina mem	bers of	the gov	ernina l	hody (Par	 tVI line	 1b)			4			59
4	5	Total	numbe	r of employee	es (Part VII	line 2a)	e get	· · · · · · · · · · · · · · · · · · ·		,				5			5 <u>5</u> 51
تَ ا	6			r of volunteer										• • • • • • • • • • • • • • • • • • • •			
	7 a			inrelated bus				 II. line 1	2. column) (C)				· · · 		-33	,814.
2	·	Netu	nrelate	d business ta	axable inco	me from	Form 9	90-T. lır	ne 34		. 			7b			814.
NZZZ	† 	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											Prior			ent Ye	
	8	Contr	bution	and grants (I	Part VIII. lin	ne 1h)						-					NONE
	9	Progr	am ser	vice revenue	(Part VIII) li	ne 2a)					· · · · ·		5 20	5,744.	4	740	, 433.
Reveil (1)	10			ncome (Part										3,545.			, 967.
ď	11			ie (Part VIII,								····-		1,985.			,058.
	12	Total	revenu	e - add lines	8 through	11 (mu	REI		Edward	(A) line	 12)	• • • •		1,274.	5		, <u>524</u> .
	13			ımılar amour						Ol				5,000.			,000.
	14	Renef	ite nair	to or for me	mhers (Par		urbe/(A)	.,,	0,0	8) ·		• • • • • • •		3,000.			NONE
	4.5			er compensa						Yimes 5	 -10)	• • • •	2 81	3,996.	2	964	548.
Expenses	16			fundraising f						E P			2,01	3, 330.		JU4,	NONE
per				sing expense					TIT	} .		••••	 -				NONE
ŭ	17			ses (Part IX,					\ \ \ \				3 12	8,571.	2	580	786.
	18			es Add lines										7,567.			334,
	19			s expenses								• • • • •		6,293.			810.
2 8				- SAPONGOO				- · · ·	<u></u>		· · · · · · ·	-:	Beginning			of Yea	
ets (20	Total	accete i	Part X, line 1	6)									8,246.			158.
Asse	21			s (Part X, line										8,960.			884.
Net Assets or Fund Balances	22			r fund baland									_	9,286.			274.
	art II			e Block		J L		20.	• • • • •	· · · ·	· · · · · ·	1	1,03	2,200.	<u>_</u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>~ , 4 ,</u>
	41 C 11	Under	nenalti	es of perjury, is true, corre	I declare th	at I have	e examin eclaration	ned this	return, inc parer (othe	luding a	companying officer) is bas	schedules ar sed on all inf	nd statemen ormation of	ts, and to the	ne best of o	my kno	owledge wledge
5	Sign		\mathbb{X}			A			-				-1	5/5	5/10		
	lere		Signatu	re of officer								<u></u> -	Da	te			
			J	mes A.	Heer	ER 1	PREC	DEUT	+ ce	- 0							
			Type or	print name and		-, ·	<u>,</u>			-	_						
		Prepa	rer's	ΛΛ	() 1	<u>n</u>				Dat	9	Check if			identifying	numbe	ī
Paid	t	signa		₽ yu.	de bold	り し				4	129110	self- employed		(see instru	ctions)	44	
	parer'	- I Firm's	name (or yours HC	OUSE PA	RK £	DORR	ATZ	P.C.				EIN	·	3-1562		
Use	Only	if self-	employe s, and 2	(d).	W. 47TH					TY. MO	64112		Phone no		16-931		
Ma	y the			is return with									1		X Ye		No
===	, D-:			and return the									• • • • •		<u> </u>	~	1140

51P17Y K501 03/30/2010 13:21:28

Part	IV Checklist of Required Schedules			
			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		Х
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			
	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	Sections 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	5	Х	
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		Х
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,"			
	complete Schedule D, Part III	8		Х
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	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VIII, IX, or X as applicable	11	<u> </u>	ļ
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	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
4.	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		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	4.5		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
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		×
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		×
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	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			
	24b-24d and complete Schedule K If "No," go to question 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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>
JSA 8E 1021	1 000	Form	990	(2008)

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			
	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
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	1	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	 -	<u> </u>	
•••	section 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,	<u> </u>		
••	III. IV. and V. line 1	34	х	
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		х
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	l		
	VI	37		x

Form **990** (2008)

Par	t 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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	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	3ь	Х	
4 a	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)?	4a		<u> </u>
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 Bank			
	and Financial Accounts			.,
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	30		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5 c		
_	Prohibited Tax Shelter Transaction?	6a		x
	Did the organization solicit any contributions that were not tax deductible?		-	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
7 a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
-	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7 c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7 e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7 h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a		
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	30		
0	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Section 501(c)(12) organizations. Enter			
ıı a	Gross income from members or shareholders			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			
,	amounts due or received from them)			
l 2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · ·	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		I	
		Form	990	(2008)

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

Sect	ion 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			l
	circumstances, process, or changes in Schedule O See instructions			l
1a	Enter the number of voting members of the governing body			l
b	Enter the number of voting members that are independent			ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			į
	any other officer, director, trustee, or key employee?	2		х
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
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			
	of the governing body?	7 a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		х
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			ĺ
	the year by the following			ĺ
а	The governing body?	8a	Х	l
b	Each committee with authority to act on behalf of the governing body?	8 b	_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,			į
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9 b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			l
	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
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			l
	rise to conflicts?	12b	Х	
С				
	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	Х	
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	<u>. </u>		ı
a	The organization's CEO, Executive Director, or top management official?	15a	X	
ь	Other officers or key employees of the organization?	15b	X	
4.0	Describe the process in Schedule O (see instructions)			ı
16a		40-		
_	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	16a		X
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		ŀ	
		466		
Saat	the organization's exempt status with respect to such arrangements?	166		
	ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MO,			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):			
. 0	available for public inspection. Indicate how you make these available. Check all that apply	, U. 11 y)		
	Own website X Another's website X Upon request			
10		est		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public			
19 20	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who pe			
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public			

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 organization did not com										
(A)	(B)			_	C)			(D)	(E)	(F)
Name and Title	Average	Posi				that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	취호	Former	compensation from	compensation from related	amount of other
	""	중출	Ē	ļĕ	eg a	loye	Per	the	organizations	compensation
		[호 호	na		joy	# 8		organization	(W-2/1099-MISC)	from the
		uste	ž		ë	eg		(W-2/1099-MISC)		organization and related
	}		ee]	Highest compensated employee				organizations
			-	<u> </u>	<u> </u>	ă				
SEE SCHEDULE J-2			_	<u> </u>	-		┝-			
									,	
			-		H					
		├	 	 						
	 	ļ	<u> </u>	<u> </u>						
			├	<u> </u>			<u> </u>			
		<u> </u>	<u> </u>		<u> </u>					
		<u> </u>					<u> </u>			····
		ĺ	[
										··
				_						
							_			-
					<u> </u>	ľ				
								· · · · · · · · · · · · · · · · · · ·		
			_							
			- 1	ł	l	ł				
						l	1			

Form 990 (2008)

JSA

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	ıplo	уе	es,	and l	Hig	hest Compensat	ed Emplo	yees (continue	ed)	
	(A) Name and title	(B) Average	Posit	ion (chec		that ap	_	(D) Reportable	(E) Report	able	1	(F) timate	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compens from re organiza (W-2/1099	lated ations	com fro orga and	ount o other pensat om the anization d relate	ion e on ed
												-		
													- <u>-</u> -	
												: 		
			ļ L											
 -														
								_						
													··	
														
<u>1b</u>	Total							<u> </u>	969,133.				256,	
2	Total number of individuals (including those organization ► 5	e in 1a) w	ho r	ece:	ved		ore ti	nan ——	\$100,000 in rep	oortable co	ompens ———	ation fi		
3	Did the organization list any former officemployee on line 1a? If "Yes," complete Schedu												Yes	No
4	For any individual listed on line 1a, is the the organization and related organizations	sum of greater th	repor	tabl 150	e c	om;	oensa If "Y	atior 'es, "	n and other comp complete Sched	pensation ule J for	from such	3	Х	·
5	Did any person listed on line 1a receive	or accri	ue co	mp	ens	atio	n fro	m	any unrelated o	rganization	n for	4	X	
Sec	services rendered to the organization? If "Yes," tion B. Independent Contractors	complete S	schedi	JIO .	<u>for</u>	suc	сп рег	rson	·	· <u>· · · ·</u> ·	• • • •	5	1	<u> </u>
1	Complete this table for your five highest compensation from the organization	compensat	ed in	dep	end	lent	cont	rac	tors that received	more th	an \$10	0.000	of	
	(A) Name and business addr	ess							(B) Description of ser	vices	С	(C) ompens	ation	
SE	E STATEMENT 3	ATEMENT 3												
_												<u>.</u>		
								+-						—
2	Total number of independent contractors (in compensation from the organization ▶	ncluding th	ose	n 1) w	/ho	rece	ived	more than \$100	ni 000,0				

Par	t-VII	Statement of Revenue		44-0196840		·
	•	-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns				
	h	Total. Add lines 1a-1f	NONE			
age .		Business C	ode			1
Program Service Revenue	2a b c	PROGRAM AND EVENTS INCOME MEMBERSHIP DUES	1,626,256. 3,114,177.	1,626,256. 3,114,177.		
Š	d					· · · · · · · · · · · · · · · · · · ·
Progran	e f g	All other program service revenue	. > 4,740,433.			
	3	Investment income (including dividends, interest, and				
		other similar amounts) STMT4 .	1		-33,814.	56,932.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties · · · · · · · · · · · · · · · · · · ·	. NONE			
	6a b	Gross Rents				
	c	Rental income or (loss)				1
	d	Net rental income or (loss)	. NONE			
	7 a	Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses Gain or (loss)	_			
	C d	Net gain or (loss)	-31,085.			-31,085.
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
þer	ь	Less direct expenses b				
ŏ	С	Net income or (loss) from fundraising events	. NONE			
	9 a	Gross income from gaming activities See Part IV, line 19				
	b	Less direct expenses	. NONE		·	
	10a	Gross sales of inventory, less returns and allowances		-		
	b	Less cost of goods sold b				ŀ
		Net income or (loss) from sales of inventory				ļ
		Miscellaneous Revenue Business C				-
	11a	ADMINISTRATIVE SERVICES	11,122.	11,122.		
	ь	CHAMBER CHOICE-NET	630,000.	630,000.		ļ
	С	CENTURIONS REVENUE	30,936.	30,936.		ļ
	ď	All other revenue				
	е	Total. Add lines 11a-11d	672,058.			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c. 9c, 10c, and 11e	. > 5,404,524.	5,412,491.	-33,814.	25,847.

Part IX Statement of Functional Expenses

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

	All other organizations must comple	ete column (A) but are	not required to con	ipiete columns (B), (C	6), and (D).
	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	25,000.	25,000.		
,	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
		NONE			
5	Compensation of current officers, directors, trustees, and key employees	060 001			
_	T .	969,991.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
_	F	NONE			
7	Other salaries and wages	1,286,085.			
8	Pension plan contributions (include section 401	201 211			
_	(k) and section 403(b) employer contributions)	301,318.			
9	Other employee benefits	234,593.	-		
10	Payroll taxes	172,561.			
11	Fees for services (non-employees)				
	Management	NONE			
b	Legal	6,985.			
	Accounting	149,526.			
d	Lobbying	NONE			
е	Professional fundraising services See Part IV, line 17	NONE			
f	Investment management fees	NONE			
g	Other	NONE			ļ. <u> </u>
12	Advertising and promotion	NONE			· · · · · · · · · · · · · · · · · · ·
13	Office expenses	98,550.		- 	
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	287,283.			
17	Travel	49,258.	- · · · · · · · · · · · · · · · · · · ·		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	11,356.			
20	Interest	NONE			
2 1	Payments to affiliates	NONE			
2 2	Depreciation, depletion, and amortization	40,269.			
23	Insurance	NONE			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	İ			
	and labeled miscellaneous may not exceed		İ		
	5% of total expenses shown on line 25 below)				
а	SPECIAL_PROJECTS	955,805.			
b	MEMBER_DEVELOPMENT	416,522.			
	MEMBER_SERVICES	344,973.			
	PARKING	26,495.			
	BANK_CHARGES	31,145.			
	All other expenses	162,619.			
	Total functional expenses. Add lines 1 through 24f	5,570,334.	25,000.		
	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				

Par	τΧΙ	Balance Sheet					
			(A) Beginning of year			B) of yea	r
	1	Cash - non-interest-bearing	56,167.	1		120,	121
	2	Savings and temporary cash investments		2		649,	466
- 1	3	Pledges and grants receivable, not		3			
	4	Accounts receivable, net	54,770.	4		153,	744
	5	Receivables from current and former officers, directors, trustees, key					
		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					
1		of Schedule L		6			
g	7	Notes and loans receivable, net		7			
Assets	В	Inventories for sales or use		8			
As	9	Prepaid expenses and deferred charges STMT. 5				195	935
- 1	-	Land, buildings, and equipment. cost basis 10a 1,182,001.	210,300.	- - -		177,	<u> </u>
		Less accumulated depreciation Complete					
- 1	U	Part VI of Schedule D	67,757.	100		101,	400
	11	Investments - publicly traded securities STMT- 6		11			_
	-	·				163,	393.
- 1	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	<u> </u>	12			——
	13	Investments - program-related See Part IV, line 11		13			
- 1	14	Intangible assets		14			
- 1	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15			
+	<u>16</u>	Total assets. Add lines 1 through 15 (must equal line 34)					158.
1	17	Accounts payable and accrued expenses	397,557.	17		351,	782.
- 1	18	Grants payable		18			
- 1	19	Deferred revenue		19		<u>816,</u>	<u>518</u> .
ŀ	20	Tax-exempt bond liabilities		20			
es	21	Escrow account liability Complete Part IV of Schedule D		21			
	22	Payables to current and former officers, directors, trustees, key employees,					
Liabilities		highest compensated employees, and disqualified 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			
ļ	25	Other liabilities Complete Part X of Schedule D	1,191,527.	25		322,	584.
	<u> 2</u> 6	Total liabilities. Add lines 17 through 25	2,548,960.	26	1,	490,	884.
es		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets	1,899,286.	27	1,	893,	274.
ह्रि	28	Temporarily restricted net assets		28			
9	29	Permanently restricted net assets		29		-	
or Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
ا دہ	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
	32	Retained earnings, endowment, accumulated income, or other funds		32			
=	33	Total net assets or fund balances	1,899,286.	33	1	803	274.
	34	Total liabilities and net assets/fund balances	4,448,246.	34			158.
	t XI	Financial Statements and Reporting	4,440,240.	94		304,	<u> 100.</u>
rai	LVI	Timuncial otatements and reporting			_	Yes	No
		unting method used to prepare the Form 990 Cash Accrual X Othe				103	
		the organization's financial statements compiled or reviewed by an independent account				<u> </u>	X
b	Were	the organization's financial statements audited by an independent accountant?	· • • • • • • • • • • • • • • • • • • •		· 2b	x	——
С	if "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the		1	1 :	
	audit.	, review, or compilation of its financial statements and selection of an independent accou	ntant?		· 2c	х	L
3a	As a	result of a federal award, was the organization required to undergo an audit or audits as s	et forth in				
		ingle Audit Act and OMB Circular A-133?			. 3a		x
b	If "Ye	es," did the organization undergo the required audit or audits?	<u></u>	<u> </u>	. 3b		
					F	000	(2000

SCHEDULE C (Form 990 or 990-EZ)

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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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(cy)(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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	Section 501(c)(4), (5), or (6)	organizations Complete Part III			
Na	me of organization			1 .	fication number
	t I-A To be complete	OF GREATER KANSAS CITY of by all organizations exemptons for Schedule C for details	under section 50	1(c) and section 527 or	196840 rganizations.
1 2 3	Political expenditures	ne organization's direct and indirect		▶ \$	
Par	See the instruction	d by all organizations exempt ons for Schedule C for details.			
1 2 3 4a b	If the organization incurre Was a correction made? If "Yes." describe in Part IV	excise tax incurred by the organizate excise tax incurred by organization d a section 4955 tax, did it file Form	managers under seon 4720 for this year	Ction 4955	Yes No
Par	See the instructi	ed by all organizations exemptons for Schedule C for details)1(c)(3).
1	activities	expended by the filing organizatio			
2	527 exempt function activ	ing organization's funds contributed		▶ \$	
3	on Form 1120-POL, line 1	t exempt function expenditures Ad		· ▶ \$	
5	State the names, addresse were made Enter the an contributions received and	file Form 1120-POL for this year?. es and employer identification number ount paid and indicate if the amount paid and directly delivered to littee (PAC). If additional space is ne	per (EIN) of all section of all section of all section of all sections as separate political of the section of all sections are sections.	on 527 political organizat the filing organization's organization, such as a se	ions to which payments funds or were political
	(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-

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

JSA 8E 1264 1 000

Schedule C (Form 990 or 990-EZ) 2008

d Grassroots non-taxable amount

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

f Grassroots lobbying expenditures

Sche	edule C (Form 990 or 990-EZ) 2008 44 - Q1 9 68 4 0					P	ege 3
Part II-B To be completed by organizations exempt under section 501(c)(3) that have NC 5768 (election under section 501(h)). See the instructions for Schedule C for details.)		
	3700 (election under section 30 ((ii)). Sec the instructions for concedite o for		3)		(b)		
		Yes	No	!	Amou	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local	100			Amou		
•	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of			1			
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
C	Media advertisements?				-		
d	Mailings to members, legislators, or the public?					<u>.</u>	
8	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 2a	Total lines 1c through 1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
2 a b	If "Yes," enter the amount of any tax incurred under section 4912						
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		:				
	rt III-A To be completed by all organizations exempt under section 501(c)(4), se	ction	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		Х
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		Х
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				3		Х
Pa	rt III-B To be completed by all organizations exempt under section 501(c)(4), se						
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N	o" O	R if	Part I	II-A,		
	question 3 is answered "Yes." See Schedule C instructions for details.						
1	Dues, assessments and similar amounts from members		ا . ي .	1	3,1	14,	<u> 177</u>
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amou	ints	of	, [
	political expenses for which the section 527(f) tax was paid).			_	_		
a	Current year			2a	6	<u>93,</u>	032
D	Carryover from last year		$\cdots \mid$	2b 2c		0.3	022
, C	Total			3		93,	
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			-	<i>'</i>	<u>78,</u>	344
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible to		,				
		•	·	4			
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	 		5	_	85,	512
	rt IV Supplemental Information					<u> </u>	
		1	-		II D 1:-	- 4:	
	nplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, b, complete this part for any additional information	iine	5 and	Pan	וווי , ס-וו	B 11	
AISC							
		- -	- -				
						-	
			-				

Schedule C (Form 990 or 990-EZ) 2008

Schedule C (F	Form 990 or 990-EZ) 2008	44-0196840	Page 4
Part IV	Supplemental Information (continued)		
		 	
- 			
	•		
- 			

06044

Supplemental Financial Statements

2008
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

or 12. Open to Public Inspection

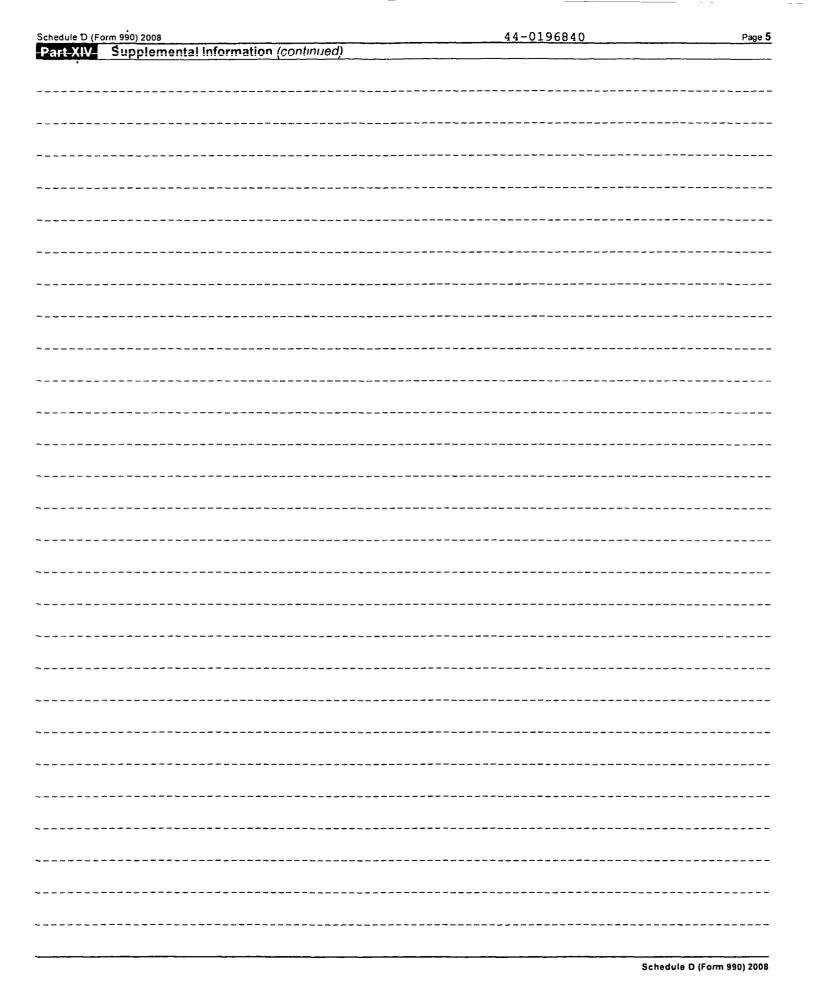
Employer identification number

	MBER OF COMMERCE OF GREATER KANSAS CITY	44-0196840
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or the organization answered "Yes" to Form 990, Part IV, line 6	Accounts. 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 assets held in dor	nor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
	used only for charitable purposes and not for the benefit of the donor or donor advisor or other	
	Impermissible private benefit?	Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure) Preservation of	an historically importantly land area
		certified historic structure
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form	of a conservation easement
	on the last day of the tax year	
		Held at the End of the Year
а	Total number of conservation easements	2 a
b	Total acreage restricted by conservation easements	2 b
С	Number of conservation easements on a certified historic structure included in (a)	2 c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	ted by the organization during
	the taxable year	-
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, violation	ations, and
	enforcement of the conservation easements it holds?	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the	e year >
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes
	the organization's accounting for conservation easements	O' at land
Pal	Organizations Maintaining Collections of Art, Historical Treasures, or Other Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Similar Assets.
1 a	If the organization elected, as permitted under SFAS 116, not to report in its revenue stateme art, historical treasures, or other similar assets held for public exhibition, education, or research provide, in Part XIV, the text of the footnote to its financial statements that describes these item.	ch in furtherance of public service
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement as historical treasures, or other similar assets held for public exhibition, education, or research in provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for	
	following amounts required to be reported under SFAS 116 relating to these items	-
а	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	
For F	rivacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2008

Par	Organizations Maintaining College	ections of Art, Histo	rical Treasures, o	r Other Similar A	Assets (continued)
_			- f Al f - II Al A		f .t t
3	Using the organization's accession and othe	r records, check any o	or the following that a	are a significant us	se of its collection
	items (check all that apply).		7		
a	Public exhibition	a	Loan or exchar	nge programs	
ь	Scholarly research	e [Other		
С	Preservation for future generations				
4	Provide a description of the organization's c	ollections and explain	now they further the	organization's exe	empt purpose in
	Part XIV				I
5	During the year, did the organization solicit				
	assets to be sold to raise funds rather than t				
Par	Trust, Escrow and Custodial Art Part IV, line 9, or reported an am	rangements. Compl nount on Form 990,	ete if organization Part X, line 21	answered "Yes"	to Form 990,
1 a	Is the organization an agent, trustee, custod				
	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the foll	owing table	T	
					mount
C	Beginning balance				
d	Additions during the year				
е	Distributions during the year				
f	Ending balance				····
	Did the organization include an amount on I		217		Yes No
	If "Yes," explain the arrangement in Part XIV		10701-5	000 D-+ 1) / L-	40
Par				·	
4.	<u> </u>	ent Year (b) Prior ye	ar (c) Two years b	oack (d) Three yes	ars back (e) Four years back
1a	Beginning of year balance				
b	Contributions				
C	Investment earnings or losses				
d	Grants or scholarships				
е	Other expenditures for facilities .				
	and programs				
	Administrative expenses				
g	End of year balance		<u> </u>	L	
2	Provide the estimated percentage of the year				
a	Board designated or quasi-endowment ►	%			
0	Permanent endowment ► %				
30	Term endowment >	occion of the organiza	tion that are hold an	nd administered for	the
Ja	Are there endowment funds not in the poss	ession of the organiza	mon mar are new ar	iu auministereu iur	Yes No
	organization by (i) unrelated organizations				
	(ii) related organizations				
ь	If "Yes" to 3a(ii), are the related organization				
4	Describe in Part XIV the intended uses of the				
Par				line 10	
Fai	Description of investment		(b) Cost or other		(d) Book value
		(a) Cost or other basis (investment)	basis (other)	(c) Depreciation	(d) Book value
1a	Land				
b	Buildings				
C	Leasehold improvements		29,870.	22,267.	7,603.
đ	Equipment		NONE		
	Other		1,152,131.	1,058,235.	93,896.
Tota	. Add lines 1a-1e (Column (d) should equal i	⊢orm 990, Part X, colu	mn (B), line 10(c)) .	<u> ▶</u>	101,499.

Part VII Investments - Other Securities. See F	orm 990, Part X, Iin	ne 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	ue
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, Iir	ne 13	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	ue
			
Table (California (b) about a small Farm 2000 Read V and (R) line 121			
Total (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X,	line 15		
	Description		b) Book value
(4)	Description		b) Book Value
			
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	<u> </u>	<u> ▶ </u>	
Part X Other Liabilities. See Form 990, Part	X, line 25		
(a) Description of liability	(b) Amount		
Federal income taxes			
DEFERRED COMPENSATION (MACGREGOR/ES	322,584.		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	322,584.		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48



SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

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

20 08

Name of the organization						Employer identification number	on number
CHAMBER OF COMMERCE OF GREATER	KANSAS	CITY				44-0196840	
Part I General Information on Grants and Assistance	and Assista	nce					
1 Does the organization maintain records to substantiate the	to substantiate		the grants or assist	ance, the grantees' e	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and	
the selection criteria used to award the grants or assistance?	grants or assista	ance?					Yes X No
2 Describe in Fair IV the Organizations pr	חספתתופא וחי		se of grant lands if the	ie Office States			
PartII Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on 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 Part IV and Schedule I-1 (Form 990) if additional space is needed	to Governme any recipient orm 990) if a	ents and Orga t that received dditional spac	inizations in the Ur d more than \$5,00 e is needed	nited States. Comp 0 Check this box if	olete if the organization one recipient r	and Organizations in the United States. Complete if the organization answered "Yes" on it received more than \$5,000. Check this box if no one recipient received more than \$5,00 onal space is needed.	s" on \$5,000.
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or atsistance
KC AREA DEVELOPMENT COUNCIL 911 MAIN ST, STE 2600 KANSAS CITY, MO 64105	43-1852671	501 (C) (6)	25,000.				CONTRIBUTION
	and governme	nt organizations					
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990	Act Notice, se	e the Instruction	ins for Form 990.			Sche	Schedule I (Form 990) 2008
		-					

JSA 8E 1288 2 000

C

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 44-0196840 Schedule I (Form 990) 2008

Part III

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

ŗ

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

2008

Open to Public Inspection

Name of the organization

Department of the Treasury

Employer identification number

CHA	MBER OF COMMERCE OF GREATER KANSAS CITY 44-019684	0		
Par	Questions Regarding Compensation			
			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 X Health or social club dues or initiation fees		[
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		•	
h	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
U	provision of all of the expenses described above? If "No," complete Part III to explain	16		
2		10	X	├─-
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	١.		
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
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			
	x Compensation committee x Written employment contract			
	x Independent compensation consultant x Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
-	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	1		^_
	the state of the state of the persons and provide the applicable amounts for each term in any in			
	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			
а	The organization?	5a	ļ	
b	Any related organization?	5 b		
	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			
	compensation contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6 b		
	If "Yes" to line 6a or 6b, describe in Part III			-
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed		1	
	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		1	
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III		I	

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

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

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

			2011					
		(в) вгеакоомп	(b) breakdown or VV-Z and/or 1039-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in pnor Form 990 or Form 990-EZ
	ε	333, 566.	53, 638.	49,070	219,373.	13, 578.	669,225.	
PETER S. LEVI	Ξ							
	Ξ	147,610.	25,059.	NONE	. 8, 922.	6,031.	187,622.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
KRISTINA SMITH WYATT	Ξ							
	ε	122, 222.	16,406.	1	2,919.	6,031.	147,578.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ROBERT GRANT	€							
	ε		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1			
	(ii)							
	ε							
	(ii)							
	ε							
	3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ; ; ; ;	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1	
	ε							
	€	 	l I	 	†	1		
	(3)							
	(ii)							
	(3)							
	(ii)							
	(i)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	(ii)							
	Θ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	(ii)		- 1					
	ε		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Ξ							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ξ							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ξ							
	Ξ					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(ii)							
	Ξ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Ξ							
			•				Sch	Schedule J (Form 990) 2008

Continuation Sheet for Form 990

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the Organization CHAMBER OF COMMERCE OF GREATER KANSAS CITY Employer Identification number

44-0196840

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

Employees	m	1						(D)	Œ	(E)
(A)	(B) Average hours	Post	lion f		C)	that ap	nlv\	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	1	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
KAREN_LPLETZ										
VICE CHAIR	10.	X		X	-	 	1	NONE		NONE
T. NELSON MANN				١	ľ			, vove		VOVE
VICE CHAIR	10.	X		X	<u> </u>	-	 -	NONE		NONE
TOM BOWSER		١.,		١.,				NONE		NOVE
VICE CHAIR	10.	X	┢	_ <u>X</u>			 	NONE		NONE
JOHN BLUFORD		,,		١.,				None		NONE
VICE CHAIR	10.	X	-	X			\vdash	NONE		NONE
ROBERT D. REGNIER		,,		.,				NONE		NONE
VICE CHAIR	10.	X		X			-	NONE		NONE
PAMELA R. BERNEKING		.						NONE		NONE
MEMBER	1.	X	-	├	\vdash		\vdash	NONE		<u>NONE</u>
KEVIN BARTH								NONE		NONE
MEMBER DEDNOMEN	1.	X	-	-		-	\vdash	NONE		NONE
STEVE BERNSTEIN	I	,,						NONE		NONE
MEMBER POURN	1.	X		├			├	NONE		NONE
MATHEW J. BOWEN		,		J				NONE		NONE
VICE CHAIR	10.	X		X	-	 	\vdash	NONE		NONE
MICHAEL BURKE	 10.			x				NONE		NONE
VICE CHAIR		X	 	^			╁	NONE		NONE
LEE A. DERROUGH	10.	.		x		1		NONE		NONE
VICE CHAIR		X	\vdash	^			\vdash	NONE		NONE
PETER DESILVA	15.	x		x				NONE		NONE
FIRST VICE CHAIR		┼ <u>^</u>	\vdash	Ĥ	\vdash	 	╁─	NONE		NONE
DAVID M. FOWLER	_{10.}	x		x				NONE		NONE
CO-CHAIR		┼^		┝ˆ		 .	\vdash	NONE		NONE
JO ANNE GABBERT MEMBER	1.	x						NONE		NONE
E. FRANK ELLIS	+	 ^					┢	NONE		
VICE CHAIR/TREASURER	15	х		x				NONE		NONE
G. RICHARD HASTINGS		+^-		Ĥ	 		 		-	
VICE CHAIR	10.	x		x				NONE		NONE
RICK KRSKA		1	\vdash				\vdash			
MEMBER	1.	x						NONE		NONE
FRED LOGAN		<u> </u>		_	-	_		.,,,,,,		
VICE CHAIR	10.	x		x				NONE		NONE
WILLIAM P. LUCAS		1		<u> </u>						
VICE CHAIR	10.	_x_		X				NONE		NONE
ROSHANN PARRIS		 ^		-	\vdash			.,,,,,		
VICE CHAIR	10.	l _x		x	1			NONE		NONE
BENNY LEE	1	1.,	\Box							
MEMBER	1.	x						NONE		NONE
For Privacy Act and Paperwork Reduction			stru	ctio	ns i	for Fo	ırm		Schedule .	J-2 (Form 990) 2008

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

Continuation Sheet for Form 990

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

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

CHAMBER OF COMMERCE OF GREATER KANSAS CITY

Employer Identification number

44-0196840

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

Employees		,							, -··	
(A)	(8)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	$\overline{}$		_	$\overline{}$	that ap	,	Reportable compensation	Reportable compensation	Estimated amount of
		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)	other compensation from the organization and related organizations
SCOTT M. SMITH MEMBER	1.	x						NONE		NON
ANNE D. ST. PETER CHAIR OF THE BOARD	15.	x		x				NONE		NON
DAVID A. WELTE VICE CHAIR	10.	×		X				NONE		NON
BRIDGETTE WILLIAMS										
VICE CHAIR WILLIAM H. DOWNEY		X		_X				NONE		NON
VICE CHAIR MARK R. JORGENSON	10.	X		X				NONE		NON
CO-CHAIR KAREN_ZECY		X		Х				NONE		NON
VICE CHAIR KENNETH V. HAGER	10.	х		х				NONE		NON
VICE CHAIR	10.	х		х				NONE		NON
EDWARD HONESTY VICE CHAIR	10.	х		х				NONE		NON
RALPH REID MEMBER	 	x						NONE		NON
JAMES_LSPIGARELLI,_PHD MEMBER		x						NONE		NONI
BRENDA_TINNEN	1.	x								
MICHAEL_CHESSER								NONE		NONI
CHAIR STEVE CORBEIL	10.	X		X				NONE	-	NON!
MEMBER TARA K. JOHNSON	1.	Х	-	-				NONE		NONI
MEMBER	1.	х						NONE		NON
MEMBER	1.	х						NONE		NONE
JOERG OHLE VICE CHAIR	10.	х		х				NONE		NONE
BOB_PAGE MEMBER	1.	x			[NONE		NONE
JULIE QUIRIN VICE CHAIR	10.	х		x				NONE		NONE
JAÇKIE SNYDER			1	-						
MEMBER THOMAS H. TRABON	1.	Х	+	+	_		\dashv	NONE		NONE
CHAIR For Privacy Act and Paperwork Reduction	10.	X	ــــــــــــــــــــــــــــــــــــــ	X	ــــــــــــــــــــــــــــــــــــــ		ᆚ	NONE		NONE

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

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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

Name of the Organization CHAMBER OF COMMERCE OF GREATER KANSAS CITY Employer Identification number

44-0196840

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

(A)	(B)			(C)			(D)	(E)	(F)
Name and Title	Average hours	Posi	tion (that ap	ply)	Reportable	Reportable	Estimated
	perweek	individual trustee or director	Institutional trustee	Officer	_	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
TOM_TRIGG	10.	×		x				NONE		NONE
W. RUSSELL WELSH MEMBER	1.	x						NONE		NONE
GREG M. GRAVES P.E.										
SECOND VICE CHAIR	10.	X		X			<u> </u>	NONE		NONE
ANDY_ATTERBURY	ļ	Ì				l				
VICE CHAIR	10.	_x_		Х	L		<u> </u>	NONE		NONE
ROBERT J. BERKEBILE										
MEMBER	1.	X	L.,		_		<u> </u>	NONE		NONE
PETER_CBROWN										
MEMBER	1.	X				-		NONE		NONE
JANE_CHU										
MEMBER	1	X						NONE		NONE
DAVID_WFRANTZE					i					
VICE CHAIR	10.	X		Х				NONE		NONE
TOM GERKE										
MEMBER	1.	X						NONE		NONE
JAMES A. HEETER	_					Ì				
MEMBER	1.	X		-				NONE		NONE
L. PATRICK JAMES MD		l								
MEMBER	1	X				ļ <u>.</u>		NONE		NONE
RICK L. KAHLE	-	١								
MEMBER	1.	X						NONE		NONE
DENISE L. KRUSE										
MEMBER PARTICIA I MOCCANI	1.	X			-		_	NONE		NONE
PATRICK_JMCCOWN MEMBER	1.	x						NONE		NONE
ERIC M. MORGENSTERN										
MEMBER	1.	x	1	ĺ				NONE		NONE
HENRY SANDATE										
MEMBER	1.	x						NONE		NONE
MARILYN TOWNSEND										
MEMBER	1.	x						NONE		NONE
CAROLYN WATLEY						-				
MEMBER	1.	Х						NONE		NONE
MARK ZIEMAN					I			-		
MEMBER	1	х						NONE		NONE
PETER S. LEVI				T			\neg			
PRESIDENT & CEO	40.			Х	х	X]	436,274.		232,951.
RICHARD L. GIBSON						Ī				
VP & CHIEF ADMIN OFF	40.			Х		_ x		117,378.		

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

Continuation Sheet for Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the Organization

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

Employer Identification number

CHAMBER OF COMMERCE OF GREATER KANSAS CITY

44-0196840

Part I Continuation of Officers, Dir Employees	ectors, Truste	es, K	ey l	⊨m	pio	yees	, an	a Hignest Com	ipensated	
(A)	(B)			- (C)			(D)	(E)	(F)
Name and Title	Average hours	Posi	tion			that ap	ply)	Reportable	Reportable	Estimated
	perweek	Individual trustee or director	Institutional trustee	Officer		_	,	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
PAMELA WHITING	-									
VP COMMUNICATIONS	40.			X		х	<u> </u>	104,184.		
KRISTINA SMITH WYATT										
SENIOR VP GOVT REL	40.			x	х	х		172,669.		14,953
ROBERT GRANT								7	<u> </u>	
SR VP BUSINESS GROWTH	40.	ĺ	ĺ			ĺ	x	138,628.	[8,950
					_	-				
										* · · · · · · · · · · · · · · · · · · ·
		<u> </u>	⊢		 -	 	-			
							_			
	 									
		-								
				:						

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

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

➤ Attach to Form 990 or Form 990-EZ.

➤ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38b or 40b.

OMB No 1545-0047 2008 Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization						E	mploye	er iden	tificati	on nu	mber	
CHAMBER OF COMMERCE OF GREAT						i		-019	6840)		
Part I Excess Benefit Transacations To be completed by organization								orm 99	90-EZ	, Part	V, lin	e 40b
1 (a) Name of disqualified persor				4	-\ Dagat-a-		·				(c) Co	rrected?
i (a) Name of disqualified persor					o) Description	n or transac					Yes	No
Enter the amount of tax imposed on under section 4958Enter the amount of tax, if any, on his									> \$ _ > \$ _			
Part II Loans to and/or From Intere To be completed by organization				Form 990,	Part IV, line	e 26, or Fo	rm 990	-EZ, P	art V,	line 3	8a	
(a) Name of interested person and purpose	1	i to or from anization?	(c) Ori principal		(d) Bala	ance due	(e) In	default?	(f) App by bo comm	ard or		ritten ment?
· · · · · · · · · · · · · · · · · · ·	То	From	4				Yes	No	Yes	No	Yes	No
		 										
Part III Grants or Assistance Benef To be completed by organizatio	itting Ir	ntereste	ed Persons	;.	Part IV, line	27					···	
(a) Name of interested person			p between int organiza	terested per		T .	ount of	grant	or type	e of as	sistand	ce
	_											
Part IV Business Transactions Invo												
To be completed by organization (a) Name of interested person	1										(-) -:	
(a) realise of interested person	intere	erationsn ested pers organiza	op between son and the ation		nount of saction	(a) Des	cription	oi trai	isacii0	л1	(e) Sha organiz reveni	ation s
OM BOWSER, BLUE CROSS BLUE SHIELD	BOARD	MEMBER			242,135.	CHAMBER'S	неат.тч	TNIC	PROVI	DEP	Yes	No X
OM BOWSER, BLUE CROSS BLUE SHIELD	BOARD				630,000.	CHAMBER E						<u> </u>
AROLYN WATLEY, CBIZ BENEFITS	BOARD				183,320.	PROVIDES						X
	ļ			ļ								

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

Schedule L (Form 990 or 990-EZ) 2008

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.

OMB No 1545-0047
2008
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

CHAMBER OF COMMERCE OF GREATER KANSAS CITY	44-0196840
OFFICER COMPENSATION	
PART VI, SECTION A & B, LINE 15	
THE PRESIDENT/CEO HAS A SALARY AND COMPENSATION PACKAGE SET BY TH	EE
BOARD'S GOALS & COMPENSATION COMMITTEE, IN ACCORDANCE WITH THE BO	
BYLAWS. THE COMMITTEE USES AN INDEPENDENT CONTRACTOR TO CONDUCT	
EXTENSIVE REVIEW OF CURRENT CHAMBERS OF COMMERCE PRESIDENTS/CEOS	
SIMILAR SIZE CHAMBERS WITH SIMILAR MISSION FOCUS ACROSS THE UNITE	
STATES. IN ADDITION, THE CONTRACTOR DETERMINES WHAT SALARIES AND	
COMPENSATION PACKAGES ARE FOR LOCAL AND REGIONAL NOT-FOR-PROFIT	
ORGANIZATIONS' PRESIDENTS/CEOS WITH SIMILAR SIZE OF STAFFING, BUDG	GET. AND
REGIONAL SCOPE. ONCE THE CONTRACTOR HAS COMPLETED A THOROUGH ANA	
AND MADE A RECOMMENDATION, THE GOALS & COMPENSATION COMMITTEE ESTA	
THE SALARY AND COMPENSATION PACKAGE FOR THE PRESIDENT/CEO. FOR EA	
PRESIDENT, A SIMILAR PROCESS IS CONDUCTED BY THE CHAMBER, AND THE	
PRESIDENT/CEO DETERMINES EACH VP'S SALARY BASED ON INDEPENDENT CO	
ANALYSIS AND RECOMMENDATION. THE BENEFITS FOR VPS ARE THE SAME AS	
ALL STAFF MEMBERS. THE GOALS & COMPENSATION COMMITTEE DETERMINES	
YEARLY INCENTIVE PAYMENT WILL BE PAID TO ALL STAFF MEMBERS, WHICH	
EXECUTIVE OFFICERS, BASED ON THE CHAMBER MEETING CORPORATE GOALS	
ESTABLISHED BY THE GOALS & COMPENSATION COMMITTEE AT THE BEGINNING	
FISCAL YEAR AND THE YEAR-END FINANCIAL STATEMENTS. THE PRESIDENT,	/CEO
ANNUALLY AT YEAR-END REVIEWS EXECUTIVE OFFICERS' COMPENSATION WITH	i The
GOALS & COMPENSATION COMMITTEE AND THE COMMITTEE DETERMINES WHAT	IF_ANY
INCREASE WILL BE SET FOR THE COMING YEAR.	

Name of the organization	Employer identification number
CHAMBER OF COMMERCE OF GREATER KANSAS CITY	44-0196840
PUBLIC DISCLOSURE	
PART VI, SECTION C, LINE 19	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLI	CY. AND
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE FORM 990 WI	<u>TH_990T</u>
IS ALSO AVAILABLE UPON REQUEST AND CAN BE FOUND ON WWW.GUIDESTAR.	ORG
AFTER FILING WITH THE IRS IS COMPLETED.	
	~~=======
·	
·	
·	
·	
·	

GAAP DIRECTIVES.

Department of the Treasury Internal Revenue Service

Name of the organization

CHAMBER OF COMMERCE OF GREATER KANSAS CITY

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Open to Public

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions.

Employer identification number

44-0196840

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
CHAMBER MANAGEMENT SERVICES, LLC 43-1831258 2600 COMMERCE TOWER, 911 MAIN KANSAS CITY, MO 64105	1258 105	МО	-33,814.	121,031.	N/A
Part II Identification of Related Tax-Exempt Organizations					
(A) Name address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
MINORITY BUSINESS ALLIANCE	6296				
911 MAIN STREET, SUITE 2600 KANSAS CITY, MO 64105	105	МО	501 (C) (3)		CHAMBER

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

Par III Identifi

Partnership
asaF
as
흗
폏
Ţa
S
<u>6</u>
rganization
<u>Ş</u> .
gai
ດັ
ō
ate
بق
8
ō
Ö
ati
Ę
Ħ
ē
ĭ

•								
al or ging er?	Š							
(J) General or managing partner	Yes							
Code V-UB! amount in bcx 20 of Schedule K-1 (Form 1055)	ł				į			
S v v v v v v v v v v v v v v v v v v v	İ			İ			İ	
Code ount i Schec Form								
E								
	Ŷ			 	<u> </u>		ļ	_
(H) Disproportorsts allocabors?	Yes						<u> </u>	
	۶							
(G) Share of end-of-year assets								
d-of-i		ĺ						
asse								
Share								
	_	-		ļ			ļ	
E E								
(F) Share of total income								
of tota								
hare				l				
Ø .								
sant lated,	ļ							
(E) Predominant income (related, investment, unrelated)								:
Pre ncon rvc	Ì							:
							·	
(D) Direct controlling entity								-
ty								
0 ct co								
ar O								
and see								
(C) Legal domicile (state or foreign								
	\dashv							
ctivity								
(B) ary ac								
(B) Primary activity								
5 Z c		1		1	-			
and E			1		-			
(A) ess. (-		 		
(A) me address, and EIN related organization		1		l l				
(A) Name address, and EIN of related organization								
_				-				
	-					¦		

a Corporation or Trust
Taxable as
Organizations
ion of Related
Identificati
Part IV

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp. or trust)	(F) Share of total income	(G) Share of end-of-year asserts	(H) Percentage ownership

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV 1. During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	in Parts II–iV?	Yes No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to other organization(s)		- 1p
_		U T
d Loans or loan guarantees to or for other organization(s)		10
		16
Durchase of assets from other organization(s)		19
		+
		; -
i Lease of facilities equinment or other assets from other organization(s)		1,
k Performance of services or membership or fundraising solicitations for other organization(s)		÷ ;
		× = = = = = = = = = = = = = = = = = = =
m Sharing of facilities, equipment, mailing lists, or other assets		
 Reimbursement paid to other organization for expenses P. Reimbursement paid by other organization for expenses 		10 X
 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s) 		11
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	including covered relationships and transaction thresholds	ction thresholds
(A) Name of other organization(s)	(B) Transacton type (a-r)	(C) Amount involved
(1) KC CHAMBER OF COMMERCE	Σ	9,953.
(2) KC CHAMBER OF COMMERCE	z	74,312.
(3) KC CHAMBER OF COMMERCE	0	2,023.
(4)		
(5)		
(9)		
		Schedule R (Form 990) 2008

44-0196840

Page 4

Schedule R (Form 990) 2008

VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

(A)	(B)		(D) Are all partners		(F)		(H) General or
אמוופ מטופט, מוט בוא טי פחוון	Primary activity	(state or foreign	section 501(c)(3)	end-of-year	allocations?		managing partner?
			ves No		Yes No	(Forn 1065)	Yes No
							-
							:
							İ

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

THE CHAMBER ACCOMPLISHES ITS MISSION THROUGH THREE TENETS OF ASSISTING ITS MEMBER BUSINESSES IN BECOMING "SMARTER, MORE VISIBLE, AND BETTER CONNECTED." TO THIS END, MEMBER PROGRAMS AND EVENTS ARE DESIGNED TO ADDRESS ONE OR MORE OF THESE ORGANIZATIONAL PRINCIPLES. THE GOAL OF THESE EFFORTS IS TO GROW OUR MEMBER BUSINESSES AND, IN SO DOING, PROVIDE JOBS FOR LOCAL CITIZENS AND IMPROVE THE GREATER KANSAS CITY REGION OVERALL.

THE CHAMBER'S GOVERNMENT RELATIONS DEPARTMENT PROVIDES
OPPORTUNITIES FOR MEMBERS BUSINESSES TO BE "BETTER CONNECTED" AND
"MORE VISIBLE" WITH REGIONAL ELECTED OFFICIALS AT ALL LEVELS OF
GOVERNMENT. THIS IS ACCOMPLISHED THROUGH VARIOUS COMMITTEES THAT
DEVELOP AGENDAS DESIGNED TO CONVEY TO ELECTED OFFICIALS THE
LEGISLATIVE NEEDS OF REGIONAL BUSINESSES. IN ADDITION, EVENTS ARE
PLANNED TO ALLOW MEMBERS TO INTERACT DIRECTLY WITH ELECTED
OFFICIALS. EXAMPLES INCLUDE THE CHAMBER'S ANNUAL GOVERNORS'
SUMMIT, THE WASHINGTON, DC FLY-IN, SPOTLIGHT KC, AND THE
LEADERSHIP EXCHANGE. IN ADDITION, ELECTED OFFICIALS REGULARLY
CONNECT WITH CHAMBER MEMBERS THROUGH MEETINGS OF THE CHAMBER'S
MISSOURI AND KANSAS STATE AFFAIRS, FEDERAL AFFAIRS, KANSAS CITY
MISSOURI, AND JOHNSON COUNTY COMMITTEES AND LEADERSHIP COUNCILS.

GOVERNMENT RELATIONS ALSO MANAGES THE CENTURIONS LEADERSHIP PROGRAM IN WHICH MEMBER BUSINESSES NOMINATE MID-LEVEL MANAGERS ANNUALLY FOR A 2-YEAR PROGRAM OF RESEARCH AND COMMUNITY PROJECTS. THE PROGRAM IS DESIGNED TO ENHANCE EACH CENTURION PARTICIPANT BY EXPANDING HIS OR HER UNDERSTANDING OF COMMUNITY ISSUES, AND OF GOVERNMENT ENTITIES AND LOCAL BUSINESS RELATIONSHIPS.

4B PROGRAM SERVICE

THE BUSINESS GROWTH DEPARTMENT PROVIDES PROGRAMS AND EVENTS FOR MEMBERS TO BECOME "MORE VISIBLE" AND "BETTER CONNECTED" THROUGH THE ANNUAL FIVE-MONTH SMALL BUSINESS CELEBRATION, WHICH RECOGNIZES THE IMPACT OF SMALL BUSINESSES ON THE ECONOMIC FABRIC AND WORK FORCE DEVELOPMENT THROUGHOUT THE REGION. WITH PROGRAMS, SUCH AS THE CHAMBER'S ECONOMIC FORECAST, BUSINESS BRAIN FOOD, MANUFACTURING SUMMIT, AND INNOVATION CONFERENCE, MEMBERS "GET SMARTER" THROUGH THESE SERIES OF SEMINARS AND CLASSES ON BEST PRACTICES AND CURRENT ECONOMIC AND BUSINESS CONDITIONS REGIONALLY, WHILE EXPLORING BUSINESS OPPORTUNITIES INTERNATIONALLY. TO ENSURE MEMBER BUSINESSES AND THEIR EMPLOYEES HAVE CHANCES TO BE "BETTER

FORM 990, PART III - PROGRAM SERVICES

CONNECTED, " SHARING IDEAS AND GENERATING NEW BUSINESS, THE CHAMBER'S, BUSINESS GROWTH DEPARTMENT OFFERS PROGRAMS LIKE FACE2FACE, GENKC, BUSINESS LIVE KC EXPO, SUPERINTENDENTS' FORUM, MORNING SCHMOOZE, AND CHAMBER CHAMPIONS. MORNING SCHMOOZE, AND CHAMBER CHAMPIONS.

4C PROGRAM SERVICE

THE COMMUNICATIONS AND MEDIA RELATIONS DEPARTMENT PROVIDES THE MEMBERSHIP, EACH YEAR AT THE ANNUAL CHAMBER DINNER MEETING, THE OPPORTUNITY TO BE "MORE VISIBLE, BETTER CONNECTED, AND SMARTER," BY ATTENDING THIS PREMIER BUSINESS DINNER WITH BUSINESS LEADERS AND ELECTED OFFICIALS. MEMBERS ARE UPDATED ON THE CHAMBER'S ACCOMPLISHMENTS OF THE PREVIOUS YEAR AND THE ORGANIZATION'S PLANS FOR THE UPCOMING YEAR. THE PAST AND INCOMING CHAIRS SHARE THEIR REMARKS AND PASS CONTROL OF THE CHAMBER FROM ONE TO THE OTHER. COMMUNICATIONS, ALSO HOSTS ONE OF THE NATION'S LARGEST NETWORKING OPPORTUNITIES THROUGH ITS BUSINESS AFTER HOURS PROGRAMS WITH ATTENDANCE AVERAGING OVER 350 PEOPLE PER EVENT.

IN ADDITION, COMMUNICATIONS HELPS MEMBERS "GET SMARTER, MORE VISIBLE, AND BETTER CONNECTED" THROUGH VARIOUS MEMBER PUBLICATIONS, MARKETING MATERIALS, AND MEMBER UPDATES.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES COMPENSATION

CBIZ MHM, LLC 11440 TOMAHAWK CREEK PARKWAY

LEAWOOD, KS 66211

ACCOUNTING SERVICES

183,320.

TOTAL COMPENSATION

183,320. =========

FORM 990, PART VIII - INVESTMENT INCOME

51P17Y K501 03/30/2010 13:21:28

06044

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT IN CHAMBER MANAGEMENT SERVICE INVESTMENT INCOME TOTALS	-33,814. 56,932. 23,118.		-33,814.	56,932.

STATEMENT

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

	ENDING						
DESCRIPTION	BOOK VALUE						
PREPAID INSURANCE	15,120.						
PREPAID POSTAGE	5,002.						
PREPAID AIRLINE VOUCHERS	NONE						
PREPAID TAXES	5,480.						
PREPAID ANNUAL DINNER	86,649.						
PREPAID PROGRAMS & EVENTS	37,592.						
PREPAID RENT	41,208.						
PREPAID HEALTH INSURANCE	NONE						
PREPAID OTHER	4,884.						
TOTALS	195,935.						
	================						

52

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION

DESCRIPTION

INVESTMENTS - SECURITIES

RESTRICTED FUNDS - INVESTMENTS

INVESTMENTS - CD'S

TOTALS

ENDING

BOOK VALUE

1,740,809.

322,584.

100,000.

1	•					
CHAMBER	OF	COMMERCE	OF	GREATER	KANSAS	CITY
	,- -					

44-0196840

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE				
DEFERRED MEMBERSHIP FEES DEFERRED ANNUAL DINNER REVENUE DEFERRED PROGRAM & EVENT REV.	212,653. 321,820. 282,045.				
TOTALS	816,518.				

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue Se																	
	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box												. ▶	x			
•	iling for an	Additional (N	lot Au	itomatic)	3-Month E	Extensi	ion, com	plete or	nly Part	li (on	page 2 o	of this fo sly filed F	m). om	1 8868.	-	رين	
Part I Auto	matic 3-	Month Exten	sion	of Time.	Only sub	omit or	iginal (n	o copie	s need	led).							
A corporation r											nis box a	nd comp	lete)			
Part I only													٠.		.▶		
All other corpo			0-C fi	ilers), part	nerships,	REMIC	s, and t	trusts m	ust use	Form	7004	to requ	est	an ex	tensid	on of	
Electronic Filing one of the ret electronically in returns, or a consistency of the second se	ng <i>(e-file).</i> turns note f (1) you omposite	Generally, you ed below (6 m want the addi or consolidated	month litional ed Fro	ns for a constant of the following in th	orporatior omatic) 3- Instead, y	n requi -month rou mus	red to f extensions st submi	ile Form on or (2 t the ful	n 990-1 !) you f lly com	n). Hov ile For pleted	vever, y ms 990- and sigi	ou can -BL, 600 ned pag	not 89, e 2	file Foot or 883 (Part I	orm 8 70, g	3868 Iroup	
Type or		Exempt Organiza										ployer ic			num	ber	
print		MBER OF CO		RCE OF	GREATE	er ka	NSAS C	ITY			1 .	44-0196840					
File by the		street, and room															
due date for		MAIN STRE															
filing your return See	City, tow	n or post office,	state,	and ZIP coo	de For a for	reign ad	dress, see	instruction	ons								
instructions		SAS CITY,															
		be filed (file a	$\overline{}$				eturn)			$\overline{}$							
X Form 990			$\overline{}$	Form 990-	-						Form 47						
	Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227						_										
	Form 990-EZ Form 990-T (trust other than above) Form 6069																
Form 990-	-PF		Щ	Form 1041	-A					<u>ш</u>	Form 88	370					
If the organ If this is for for the whole g names and EIN I reques until for the org	nization do a Group F group, che Ns of all m t an au ganization		n officine org	Janization's If it is foon will cove (6 month , to file the	s four digi or part of er. hs for a e exempt	ess in the groather grown a corp	p Exemple oup, checoration coration re	d States, tion Num ck this bo require eturn for	nber (Glox	file figaniza	and att	tach a li 190-T) (e ned abo	exte ve.	ension The ex	e of		
		r less than 12 r			_	_,	tial retur					nange in			g pe	rıod	
3a If this app	-				990-T, 47	720, or	6069,	enter th	ne tenta	ative ta	ax, less		\Box				
		its. See instructs for Form 990			enter en	rofinal	lable ere	dite and	Lastim	ated to	v naum		3a	\$			
		orior year overp			-		able CIE	una and	. coulli	alou id	v haaiiig		3ь	•	NI/	ONE	
		ract line 3b fro					ent with	this forr	n, or if	reauir	ed. den			₹	INC	<u> </u>	
		or, if require			•						-		- [
instruction	-		-, -	,	- \ -	,	50			,			3 c	\$			
Caution. If you		to make an el	lectro	nic fund w	ıthdrawal	with th	s Form	8868. se	ee Forn	n 8453	-EO and						
for payment ins																	
For Privacy Ac		erwork Reduc	ction	Act Notice	a. see Inst	ruction	s.					Fn	m 8	868 (R	Rev 4-	2009)	

House Park & Dobraiz, P.C. Cariffed Public Accountments 605 West 47th Street, Sulfe J01 Kanssa City, MO 64112 FED LD #43-1562209