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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A	F	or the	2009 cal	lendar year, or tax year beginning	and	l ending					
В	C) ap	eck if plicabl	e Please use IRS	C Name of organization			D Employer identific	ation number			
[_	Addre	ss label or	LITTLE ROCK CHAMBER FO	UNDATION						
		Name chang	etype	Doing Business As			23-7	457162			
		Initial return	See	Number and street (or P.O. box if mail is not	t delivered to street address)	Room/surt					
	_	Termir	Instruc-	1 CHAMBER PLAZA		200	(501	374-2001			
Į	=	Amen	1	City or town, state or country, and ZIP +4			G Gross receipts \$	222,092.			
L		Applic tion pendi		LITTLE ROCK, AR 72201			H(a) Is this a group re				
			F Nan	ne and address of principal officer:JAY CIE AS "C" ABOVE	nesshik		for affiliates?	Yes X No			
-	_			us: X 501(c) (3) ◀ (insert no.)	4947(a)(1) or 527		H(b) Are all affiliates incl	luded? Yes No			
<u>.</u>			te: N		1 4947 (a)(1) 01 1 1 327		H(c) Group exemption	•			
			organizatio		L Yea		State of legal domicile: AR				
		rt II	Summ	ary							
Bnefly describe the organization's mission or most significant activities. PROMOTION OF CIVIC ACTIVITIES AND ECONOMIC DEVELOPMENT											
AND ECONOMIC DEVELOPMENT Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12											
	ğ			of voting members of the governing body (Pa	osed of file	3	17				
⊋ 9	5			of independent voting members of the govern	•		4	17			
, U	es			nber of employees (Part V, line 2a)			5	0			
0107 % 7		6	Total num	nber of volunteers (estimate if necessary)			6	0			
√ ;	ğ		•	ss unrelated business revenue from Part VIII,	, ,,		7a	0.			
) -	-	b	Net unrela	ated business taxable income from Form 990)-T, line 34			0.			
C			Contabut	one and greats (Dort VIII I.e.s. 1h)		-	Prior Year 135, 225.	Current Year 222,050.			
300	ള			ions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)			133,223.	222,030.			
	Hevenue		_	nt income (Part VIII, column (A), lines 3, 4, an	d 7d)	-	174.	42.			
	۱			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c			-				
CONTINUED BATTE		12	Total reve	nue - add lines 8 through 11 (must equal Par	rt VIII, column (A), line 12)		135,399.	222,092.			
3,		13	Grants an	id similar amounts paid (Part IX, column (A), I	lines 1-3)		112,725.	205,804.			
သျှ			•	oald to or for members (Part IX, column (A), lii	·	<u> </u>					
	Ses			other compensation, employee benefits (Part	•	'					
	cxpenses			nal fundraising fees (Part IX, column (A), line		-					
Ĺ	3			draising expenses (Part IX, column (D), line 25 penses (Part IX, column (A), lines 11a-11d, 11	· ———	—— F	194,617.	178,403.			
				enses. Add lines 13-17 (must equal Part IX, q	olumn-(A) Ime-25)		307,342.	384,207.			
				less expenses. Subtract line 18 from line 12	RECEIVE)	<171,943.				
Į.	d Balances						Beginning of Current Year	End of Year			
sets		20	Total asse	ets (Part X, line 16)	₩ AUG \$ 0 201	0 8	4,902,600.	4,739,535.			
AS	틹	21	Total liabil	lities (Part X, line 26)	HOG O S		950.	<u> </u>			
Ž	맆			s or fund balances. Subtract line 21 from line			4,901,650.	4,739,535.			
Ц	Z a	rt II		ture Block	OGDEN. U		s and to the best of my knowledge	ne and helief it is true correct			
Under penalties of perfury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.											
s	ign			Lay Vum			1 08/21	lin			
	ere		Sign	ature/of officer		-	Date				
			JA	Y CHESSHIR, PRESIDENT	AND CEO						
_	_		Туре	e or print name and title							
Р	aid		Preparer's		Date	ا ما ا	elf- (see ins	r's identifying number structions)			
		arer's	Signature Firm's name	A Stubb Of	'A 08/1	11/10 e	mployed \blacktriangleright \square Po	0649755			
U	se (nly	yours if self-employ	VIKABER IROSI, DDF	CIITMP 2200		EIN ▶				
			address, an	LITTLE ROCK, AR 72			Phone no. ► (501) 376-9241			
	av	the I		s this return with the preparer shown above?			Flione no.	X Yes No			
14	~ <u></u>	II	4,000,00	reserve must also proparet strown above:	1000 11011001101101						

Form 990			BER FOUNDATIO	ON NC	23-745	7162	Page 2
Part II	Statement of Program	Service Accompl	shments				
	efly describe the organization's mi D PROMOTE CIVIC AC		ND ECONOMIC I	DEVELOPMENT.			
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	t the emperation undertake any e	enform con	uppe di uppe the vices who	ab ware not lessed on			
	d the organization undertake any si e prior Form 990 or 990-EZ?	gnificant program serv	nces during the year whi	ch were not listed on		□ Voe	X No
	Yes," describe these new services	on Schadula O				169	LAAL INU
	the organization cease conducting		changes in how it condu	icts, any program servi	ices?	Ves	X No
	Yes," describe these changes on	-	changes in now it condu	icts, any program serv	1063 :		
	scribe the exempt purpose achiev		organization's three larg	est program services	by expenses.		
Se	ction 501(c)(3) and 501(c)(4) organ ocations to others, the total expens	zations and section 4	947(a)(1) trusts are requi	red to report the amou	-		
TI T	ode: HE LITTLE ROCK CHA YPE I SUPPORTING (INANCIAL SUPPORT	AMBER FOUNDA ORGANIZATION		ES ECONOMIC OVIDING FACT	LITIES AN	D	
E	DUCATIONAL AND OTH	IER PROGRAMS	TARGETING	MPROVEMENT	OF ECONOM	IC GR	OWTH
A	ND ACTIVITY IN TH	GREATER L	TTLE ROCK AN	REA.			
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4b (Co	ode:) (Expense:		including grants of \$) (Revenue \$)
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4 c (Co	ode:) (Expense:	3 \$	including grants of \$	3) (Revenue \$)
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44 0"	her program services (December to	Schadula ()					
	her program services. (Describe in spenses \$	scriedule O.) Including grants of \$	\	Revenue \$	١		
	tal program service expenses	4 4 4	241.	потопио ф			

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	990 (2009) LITTLE ROCK CHAMBER FOUNDATION 23-7457	<u> 162</u>	P	age 3
Par	t 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_ 2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l <u></u>
	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	<u> </u>	X
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Į į	X
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	4.75	30	
	Part VI.		11 4 5	.
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1-		* F ()
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	* 3	3	٠. <u>(</u>
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			, · · · ·
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		919	; - 'j;
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	· ,		
	Part X, line 16? If "Yes," complete Schedule D, Part IX.	4 }	100	· .
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	~ "	140	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	ļ ′		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	X	,
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	٠	13	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	• •	* 67	
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 United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? 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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Ì
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x

Form 990 (2009)

19

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		v	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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	1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1		
	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, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	٠		,
	instructions for applicable filing thresholds, conditions, and exceptions):			4
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? 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		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and coaso operations?	į i		٠,,
	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	l i		v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?		х	
35	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Λ.	
33	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	ا م		х
36		35		
	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	20	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	47	<u> </u>
<i>.</i>	and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI	27		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	37		
~	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990 (2009)
		7 0000	J J J (-UU3)

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 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 this return? b if "Yes," has if filed a Form 990 T for this year? If "No," provide an explanation in Schedule O 4a 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 accountry? b If "Yes," their 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b If "Yes," of the messaction? 6c If "Yes," of the messaction? 6c If "Yes," of the did the organization in the form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6c If "Yes," of the did the organization included with every solicitation an express statement that such contributions or grits were not tax deductible? 6c If "Yes," did the organization included with every solicitation and express statement that such contributions or grits were not tax deductible? 6c If If "Yes," did the organization included with every solicitation and express statement that such contributions or grits were not tax deductible? 6c If If "Yes," did the organization included with every solicitation and express statement that such contributions or grits were not tax deductible? 6c If If "Yes," did the organization included with every solicitation and party to grow and services provided? 6d If "Yes," did the o				_	
U.S. Information Returns. Enter -0- if not applicable b. Effect the number of Forms W2G included in the 1s. Enter-0- if not applicable c) bit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winnings? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. filed for the calendar year anding with or within the year covered by this return b) if at least one is reported on line 2A, did the organization file affecting the filed for the calendar year anding with the year covered by this return? b) if at least one is reported on line 2A, did the organization file affecting the filed for the calendar year and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unless than 250, you may be required to e-file this return. (see instructions) 3b Did the organization have invested to the season of the organization as a bank account, securities account, or other financial accounts? b) If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? b) If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts? b) If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry? c) If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accountry? b) If "Yes," enter the name of the foreign country (such as a bank account, securities accountry? c) If "Yes," enter the name of the foreign accounts an explanation in Season accountry (such as a security of the season accountry (suc		Substitution for the property of the control of the		Yes	No
b Enter the number of Forms W-2G included in line 1a. Enter 0-4 not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. Ided for the caendrary year anding with or within the year covered by this return. It is a teast one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-filt first return, (see in structions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if Yes, "has it filed a Form 990 Tor this year? if Yo," provide an explanation in Schedule O 3b If Yes, "has it filed a Form 990 Tor this year? if Yo," provide an explanation in Schedule O 3c If Yes, "has it filed a Form 990 Tor this year? if Yo," provide an explanation in Schedule O 3c If Yes, "has it filed a Form 990 Tor this year? if Yo," provide an explanation in Schedule O 3c If Yes, "has it filed a Form 990 Tor this year? if Yo," provide an explanation in Schedule O 3d A any time during the Cale organization have an interest in, or a signature or other authority over, a financial account; securities account, or other financial account;? See the instructions for exceptions and filing requirements for Form TD Fig. 22.1, Report of Foreign Bank and Financial Accounts. Yes, "Indicate the number of the organization that it was or is a party to a prohibited tax shelter transaction? If Yes, "to line 5 ao r5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If Yes, "to line 5 ao r5b, did the organization that it was or is a party to a prohibited tax shelter transaction? If Yes, "to line 5 are organization in enclude with the year on the year on the year on this with the year on the year on the year on the year	18		ام		· ;
c Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamthing) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendaryear ending with or within the year covered by this return. 3b If all teast one is reported on the 2A, did the organization filed for the calendaryear ending with or within the year covered by this return? 3c Note. If the sum of lines 1a and 2s is greater than 250, you may be required to e-fife this return. (see instructions) 3c If Yes, "has it filed a Form 990. To othis year," If "No, "provide an explanation in 8 page to the year overed by this return? 3c If Yes, "has it filed a Form 990. To othis year," If "No, "provide an explanation in Solicidia Country," If "Yes," and the unique the calendary year, did not organization have an interest, no a singulative or other authority over, a financial account in a foreign country, Euclidean and the secondary of the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 3d If "Yes," and the organization file Form 8867, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 4d If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicidia any contributions that may receive deductible? 4d If "Yes," did the organization entitle were not tax deductible? 4d If "Yes," did the organization entitle were provided to the payor? 5d If "Yes," indicate the number of Forms 8282 feed during the year 6d If the organization contributions of the value of the goods or services provided? 7d If "Yes," indicate the number of Forms 8282 feed during the year 6d If the organization on the file file organization file Form 8869 as required? 7d If Yes, "Indicate the number of Forms 8282 feed during the year 6d If the organization and annitatining donor advi			쉬	' <u>"</u> .	, ,
gambling wrinings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lied for the calendar year ending with or within the year covered by this return. 5 If at least one is reported on line 2a, did the organization like all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-fife this return, level in the sum of lines 1 and 2a is greater than 250, you may be required to e-fife this return. (See instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 5b If Yes, has filled a Form 990 F1 for this year? If No.' provide an explanation in Schedule 0 4a 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 (See See the instructions for exceptions and filing requirements for Form TD F90/22.1, Report of Foreign Bank and Financial Accounts. 5b Was the organization a party to a prohibited tax shelter transaction? 5c Was the organization as party to a prohibited at a was or is a party time during the tax year? 5a Was the organization as party to a prohibited at was or is a party to a prohibited at a shelter transaction? 6b Did any taxable party notify the organization that it was or is a party to a prohibited at a shelter transaction? 6c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization that may receive deductible contributions under section 170(c). a Did the organization stall are yeceive deductible contributions under section 170(c). b If Yes, "did the organization notify the donor of the value of the goods or services provided to the Form 8899 as required? 7c V.X. 7d If Yes, "noticate the number of Forms 8822 filed during the year. 7d If Yes, "noticate the number of Forms 8822 filed during			4	1.	
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization like all required federal employment tax returns? 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 Dd the organization have unrelated business gross income of \$1,000 or more unling the year covered by this return? b If Yes, * has if filed a Form 990-T for this year? If *No.* provide an explanation in Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signisture or other authority over, a financial account in a foreign country. Except the same of the foreign except that are normally greater than \$100,000, and did the organization related that the same of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If Yes, * do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Did the organization shall except the same shall be provided to the payor? b If Yes, * do the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If Yes, * do the organization with the organization shall except the same of the payor. The same shall except the same shall be provided to the payor. The same shall be sa	C		1.	7	'
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			120		 1
		120	Form	990	20091

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	tion A. Governing Body and Management				
		1 1	7	Yes	No j
	· · · · · · · · · · · · · · · · ·	a	/		. 1
	·	- L	: ' ·		. }
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	ith any other			1
_	officer, director, trustee, or key employee?		2	-	<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the d	irect supervision			X
	of officers, directors or trustees, or key employees to a management company or other person?	000 (110	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		<u>X</u>
6	Does the organization have members or stockholders?		6	 	
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members, stockholders, or other persons who may elect one or more members.	ers of the	7a	х	
	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other perso	200	7b	 -	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken du		75	555	C 4
•	by the following:	ing the year		<i>i</i> .	
2	The governing body?		8a	\mathbf{x}^{\prime}	ام سائما ا
	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ad at the			
J	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ou at the) 9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code)			
	to the first of the decision of requests minoritation about pointed not required by the micrial fort			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a	-:	X
	If "Yes," does the organization have written policies and procedures governing the activities of such ch	apters, affiliates.	1.50		_
_	and branches to ensure their operations are consistent with those of the organization?		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing	the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,		-	
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could	give rise			
	to conflicts?		12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	s," describe			
	in Schedule O how this is done		12c	X	
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	y independent		٠	, ,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	٠,	
а	The organization's CEO, Executive Director, or top management official		15a		Х
b	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a			
	taxable entity during the year?		16a	<u> </u>	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	te its participation		i ,	· 1
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organi	zation's	1		-
	exempt status with respect to such arrangements?		16b		
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ►AR				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5	01(c)(3)s only) availal	ble 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, con	flict of interest policy	, and fina	incial	
	statements available to the public.	•			
20	State the name, physical address, and telephone number of the person who possesses the books and LITTLE ROCK CHAMBER FOUNDATION - (501) 374-2001	records of the organ	ization:		
	1 CHAMBER PLAZA, LITTLE ROCK, AR 72201				
			Form	990	2000)

932006 02-04-10

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

X Check this box if the organization did not co		y CL	ırrer			, dire	ecto			
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	_	Average hours (c					.6.4	Reportable	Reportable	Estimated amount of
					ınaı	app	iy)	compensation from	compensation from related	amount of other
	week	ector						the	organizations	compensation
		å o	홟			sated		organization	(W-2/1099-MISC)	from the
		is ge	l trust		<u> </u>	npeu		(W-2/1099-MISC)		organization
		Individual trustee or director	Institutional trustee	_	흍	stoor	ೣ			and related
		튵	ışt	Officer	Кеуетрюуее	Highest compensated employee	Ē			organizations
ED DRILLING		-								
EXECUTIVE COMMITTEE	1.00	X					İ	0.	0.	0.
RUSSELL D. HARRINGTON, J										
EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
BARBARA GRAVES		Π								
EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
DAVID MARTIN										
EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
RANDY WILBOURN			1							
EXECUTIVE COMMITTEE	1.00	X		<u> </u>				0.	0.;	0.
MIKE COULSON								_	_	_
EXECUTIVE COMMITTEE	1.00	X		Щ			_	0.	0.	0.
HUGH MCDONALD								_		_
EXECUTIVE COMMITTEE	1.00	X	<u> </u>				<u> </u>	0.	0.	0.
HERREN HICKINGBOTHAM	1 00	l								•
EXECUTIVE COMMITTEE	1.00	X				Щ		0.	0.	0.
JAY CHESSHIR	40.00	٠,,		,,			i			•
EXECUTIVE COMMITTEE / PR LUNSFORD W. BRIDGES	40.00	X	<u> </u>	X		Ш		0.	0.	0.
EXECUTIVE COMMITTEE	1 00	x						0.	0	•
ELIZABETH SMALL	1.00	Α	<u> </u>			Н		0.	0.	0.
EXECUTIVE COMMITTEE	1.00	x						0.	0.	0.
CHUCK COOK	1.00	Δ	-	\vdash	_	Н	_	0.	0.	<u> </u>
EXECUTIVE COMMITTEE	1.00	x						0.	0.	0.
FRANK THOMAS	1.00	<u> </u>		\vdash		H		0.	<u> </u>	<u> </u>
EXECUTIVE COMMITTEE	1.00	х						О.	0.	0.
RON STROTHER	1.00	₽	\vdash			Н		V •	0.	<u></u>
EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
DR. JOEL E. ANDERSON	1.00	 ^		Н		Н		0.	0.	<u></u>
EXECUTIVE COMMITTEE	1.00	х		i				0.	0.	0.
THOMAS R. ADAMS	1.00			\vdash		\vdash		0.		
EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
HASKELL DICKINSON, II		-	\vdash	\dashv		\vdash				
EXECUTIVE COMMITTEE	1.00							0.	0.	0.

932007 02-04-10

Par	t VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd I	ligh	est	Compensated Employ	ees (continued)				
	(A) Name and title	(C Posi	C)			(D) Reportable	(E) Reportable		Es	(F) timate	d:			
		Average hours	(cl				арр	ly)	compensation	compensation			ount	of
		per week	ector						from the	from related organizations			other pensa	tion
			ie or di	stee			nsated		organization	(W-2/1099-MISC	;)	fr	om the	9
			al trust	onal tru		oloyee	e compe		(W-2/1099-MISC)			_	anızatı d relat	
			individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Бrmer	1	:		orga	ınızatı	ons
			Ë	_	_	_	-	-			\dashv			
											_			
			-	_			 				\dashv			
		<u> </u> 		-			<u> </u>				\dashv			
		ļ												
											\neg			
		 					\vdash				\dashv			
			L		_	L					4			
_1b	Total	·					>		0.		0.			0.
2	Total number of individuals (including but r compensation from the organization	not limited to th	ose	iste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 in reportable				0
	compensation from the enganization												Yes	No
3	Did the organization list any former officer,		stee	, ke	y em	olqr	yee,	or h	nighest compensated ei	mployee on				X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si		le c	amo	ensa	atıoı	n and	d ot	her compensation from	the organization		3		-
•	and related organizations greater than \$15	•							<u>-</u>			4	-	Ż
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sched	-			rom	any	y uni	relat	ted organization for serv	ices rendered to		5	1.1	X.
Sec	tion B. Independent Contractors	ule 3 for such	pers	OH								J		21
1	Complete this table for your five highest countered the organization.	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ens	ation f	rom	
	(A)							П	(B)			(0		
	Name and business	address						\dashv	Description of s	services		ompe	nsatio 	n
								_						
						_								
						_		\dashv						
								\dashv						_
								\perp						
2	Total number of independent contractors (\$100,000 in compensation from the organi	-	ot li	mıte 	a to		se li: 0	stec	above) who received n	nore than				
		-										Form	9 90 (2009)

Total. A Total.	ership dues ising events d organizations iment grants (contributions) r contributions, gifts, grants, and	la lb lc ld le le le le Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Definition of the result of th	ership dues ising events diorganizations ament grants (contributions) r contributions, gifts, grants, and amounts not included above contributions included in lines 1a-1f \$	1b 1c 1d 1e 1f 222,050.	Total revenue	Related or exempt function	Unrelated business	excluded from tax under sections 512.
Part IV, Part IV, Page 100	ership dues ising events diorganizations ament grants (contributions) r contributions, gifts, grants, and amounts not included above contributions included in lines 1a-1f \$	1b 1c 1d 1e 1f 222,050.				
Definition of the result of th	Add lines 1a-1f	Business Code				h " ·
Total. A Total.				Service Control		
other since the part IV, be Less: cross in part IV, be Income to Royaltie.	er program service revenue Add lines 2a-2f					
b Less rec c Rental ii d Net rent 7 a Gross a assets o b Less: co and sale c Gain or d Net gair 8 a Gross ir includin contribut Part IV, b Less: di c Net inco 9 a Gross ir Part IV,		pond proceeds	42.			42.
assets of and sale c Gain or d Net gain sincludin contribution Part IV, b Less: di c Net inco	(i) Re Rents ental expenses income or (loss) ttal income or (loss)	eal (ii) Personal			•	
d Net gair 8 a Gross ir includin contribu Part IV, b Less: di c Net inco 9 a Gross ir Part IV,	amount from sales of other than inventory ost or other basis es expenses	nties (ii) Other				
9 a Gross in Part IV,	n or (loss) ncome from fundraising events (r	not		'/ <u>.</u>		
9 a Gross in Part IV,	utions reported on line 1c). See line 18 irect expenses	a b	-		٠ · ·	
b Less: di	ome or (loss) from fundraising evonceme from gaming activities. Se line 19 irect expenses			- 5		
10 a Gross s. and allo b Less. co	ome or (loss) from gaming activiti sales of inventory, less returns owances ost of goods sold	a			-	_
11 a	ome or (loss) from sales of invent Miscellaneous Revenue	Business Code				
d All other e Total. A					·- <u>-</u>	

Part IX | Statement of Functional Expenses

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

	All other organizations must comp	ete column (A) but are			
	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	205,804.	205,804.		
2	Grants and other assistance to individuals in			The State of the S	
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			100 100 100 100 100 100 100 100 100 100	
5	Compensation of current officers, directors,				
_	trustees, and key employees			···	
6	Compensation not included above, to disqualified		1		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
0	and section 403(b) employer contributions)				
9 10	Other employee benefits				
10	Payroll taxes		· /- · .		
11	Fees for services (non-employees):				
a	Management				
b	Legal	1,925.		1,925.	
c C	Accounting Lobbying	1,525.		1,525.	· · · · · · · · · · · · · · · · · · ·
d	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			. :	
-	Other	1			
9 12	Advertising and promotion				
13	Office expenses			-	
14	Information technology			.,,	
15	Royalties				
16	Occupancy				<u> </u>
17	Travel				
18	Payments of travel or entertainment expenses			-	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		_ /, '''\' /_''		
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization	176,437.	176,437.		
23	Insurance				
24	Other expenses, Itemize expenses not covered			-	
	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total	٠.	•	· - ,	
	expenses shown on line 25 below.)	·	•		
а	REAL ESTATE PROPERTY TA	41.		41.	
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	384,207.	382,241.	1,966.	0.
26	Joint costs. Check here I 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				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		169,650.	1	183,022.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors,	trustees, key	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		?
	İ	employees, and highest compensated employees. Com of Schedule L		a larger of death of the second	5	***
	6	Receivables from other disqualified persons (as defined	under section	10 - 6 - 7	;	
	`	4958(f)(1)) and persons described in section 4958(c)(3)(A STAR STAR STAR STAR STAR STAR STAR STA	Y 3	鮮 スペンパー
	ļ	Part II of Schedule L	b) complete	-5 17 1	6	A. 2464
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	1	Land, buildings, and equipment: cost or other		· 第三位本籍 是此一个	الإيجاباء	Marie Carry of the spile of the s
	""	basis. Complete Part VI of Schedule D	7,180,485.		·	
	١ ,	Less: accumulated depreciation 10b	2,643,472.	4,703,700.	10c	4,537,013.
	_b	· • • • • • • • • • • • • • • • • • • •	2,045,472.	4,703,700.	-	4,337,013
	11	Investments - publicly traded securities		<u> </u>	11	ļ
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11	<u> </u>	13		
	14	Intangible assets		29,250.	14	19,500.
	15	Other assets. See Part IV, line 11		4,902,600.	15	4,739,535.
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	950.	16	4,/33,333.
	17	Accounts payable and accrued expenses	350.	17		
	18	Grants payable	<u> </u>	18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
ies	21	Escrow or custodial account liability. Complete Part IV			21	
	22	Payables to current and former officers, directors, trust			Ψ. 27	
Liabilities		highest compensated employees, and disqualified persof Schedule L	ons. Complete Part II		22	
	23	Secured mortgages and notes payable to unrelated thin	d parties	.	23	
	24	Unsecured notes and loans payable to unrelated third p	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		950.	26	0.
		Organizations that follow SFAS 117, check here	X and complete		,	
es		lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets		4,901,650.	27	4,739,535.
<u> </u>	28	Temporanly restricted net assets			28	
<u> </u>	29	Permanently restricted net assets			29	1
5		Organizations that do not follow SFAS 117, check he	ere 🕨 🗔 and			
_ 5	İ	complete lines 30 through 34.		•	•	
is	30	Capital stock or trust principal, or current funds			30	ļ -
SS	31	Paid-in or capital surplus, or land, building, or equipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, of			32	
ž	33	Total net assets or fund balances		4,901,650.	33	4,739,535.
	1			4,902,600.	34	4,739,535.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Part XI Financial Statements and Reporting Yes Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? **2**c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

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

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

LITTLE ROCK CHAMBER FOUNDATION

Employer identification number

			RUCK CHAMBER						<u> </u>	<u>3-/45/162</u>			
Part Is	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	ructions.		_			
The organ	zation is not a	a private foundation	because it is: (For lines 1	through	11, check	only one b	ox.)						
1 🔲	A church, co	nvention of churche	s, or association of chun	ches desc	nbed in se	ction 170	(b)(1)(A)(i)						
2 🗀	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🗔	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).						
4 🔲	A medical re	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital's nam	e,		
	city, and stat	te:											
5 🔲	An organizat	on operated for the	benefit of a college or ur	niversity o	vned or op	perated by	a governr	nental uni	t describ	ed in			
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6 🗔	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7 🔲	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
	section 170(b)(1)(A)(vi). (Complete Part II.)												
8 🗀	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)								
9 🗔						rom contri	butions, m	nembershi	p fees, a	nd gross receipts	from		
	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
	income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	inization	after June 30, 197	5.		
	See section	509(a)(2). (Complete	Part III.)										
10	An organizat	ion organized and of	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	l) .					
11 X	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or												
	more publich	y supported organiza	ations described in section	on 509(a)([.]	1) or section	on 509(a)(2	2). See se c	tion 509(a)(3). Che	eck the box that			
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.				_			
	a X Type	ı b ⊑	☐ Type II	: 🔲 Тур	e III - Func	tionally inf	tegrated		d 🗀	Type III · Other			
e X	By checking	this box, I certify that	at the organization is not	controlled	directly o	r indirectly	by one or	more dis	qualified	persons other than	n		
	foundation m	nanagers and other t	han one or more publicly	supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509(a)(2).			
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	supporting o	rganızatıon, check th	ns box										
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?	·			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed i	n (II) and (ııi) below,	Yes	No		
	the gove	eming body of the si	upported organization?							11g(i)	X		
	(ii) A family	member of a persor	n described in (i) above?							i ig(ii)	X		
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)	<u> </u>		
ħ	Provide the f	ollowing information	about the supported org	ganızatıoni	(s).								
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) ls		(vii) Amount of	 f		
	nization	organization (described on lines 1-9	organization in col. (i) listed in your organization in col. (i) organization in the support										
•			above or IRC section	governing	document?	• •							
			(see instructions))	Yes	No	Yes	No	Yes	No				
GREAT													
LITTL	E ROCK	71 <u>-01</u> 08510	12 509(A)(3)	x	L	X _		Х		205,8	04.		
	_												

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

205,804.

932021 02-08-10

(Complete only if you checked ection A. Public Support	the box on line 5	i, 7, or 8 of Part I.)	· · · · · · · · · · · · · · · · · · ·			
	/=\ 000E	(h) 0006	(-) 0007	(d) 0000	(=) 2000	(A) T-4-1
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not					ļ [
include any "unusual grants.")						
2 Tax revenues levied for the organ-					 	
ization's benefit and either paid to					1	
or expended on its behalf					1	
3 The value of services or facilities	-					
furnished by a governmental unit to					1	
the organization without charge			Ì		1	
1 Total. Add lines 1 through 3			1			
5 The portion of total contributions						
by each person (other than a		· .		-		
governmental unit or publicly	, , , ,	tek	1		com to be a	
supported organization) included			-]:	
on line 1 that exceeds 2% of the						
amount shown on line 11,					1 1	
column (f)		,	3		1	
Public support. Subtract line 5 from line 4		,				
ection B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
Gross income from interest,						
dividends, payments received on					· [
securities loans, rents, royalties						
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carned on			<u> </u>			
Other income. Do not include gain					}	
or loss from the sale of capital						
assets (Explain in Part IV.)			<u> </u>			
Total support. Add lines 7 through 10	<u> </u>			, ,	 i	·
Gross receipts from related activities,			-1 (- · · · · · · · · · · · · · · · · · ·		12	
3 First five years. If the Form 990 is for		s tirst, second, thi	ra, tourth, or tifth ta	ix year as a section	on 501(c)(3)	
organization, check this box and stop ection C. Computation of Publi		rcentage				<u> </u>
Public support percentage for 2009 (II			00luma (9)		[44]	
Public support percentage for 2008 (ii Public support percentage from 2008)			column (I))		15	
Sa 33 1/3% support test - 2009.If the or			n line 13 and line 1	4 to 22 1/204 or m	L	and
stop here. The organization qualifies	•		*	- 13 00 1/370 UF II	iore, Grieck this DOX	a lu
stop here. The organization qualifies a		•		h 45 - 00 4/00/	ar mara abaak thu	
h 33 1/3% support test - 2009 if the or	roanization did not	tchack a hav an i				
b 33 1/3% support test - 2008. If the or and stop here. The organization qualit	-			line 15 is 33 1/3%	or more, check this	s box ▶□

Schedule A (Form 990 or 990-EZ) 2009

b 10% -facts-and-circumstances test - 2008. 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

18 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) 2009

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number LITTLE ROCK CHAMBER FOUNDATION 23-7457162 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part I Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 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 Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

Schedule D (Form 990) 2009

Sch <u>e</u>	dule D (Form 990) 2009 LITTLE 1	ROCK CHAMB	ER F	OUNDAT	ION			23-74	57162	Page 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, e	or Oth	er Simil	ar Asse	ts (contil	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	k any of the	following tha	t are a s	significant	use of its	collection	items
	(check all that apply):									
а										
b	Scholarly research e Other									
С	Preservation for future generations									
4	· · · · · · · · · · · · · · · · · · ·									
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets									
	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Pat	Part IV: Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets no	t included		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	table:						
									Amount	
C	Beginning balance						1c			
ď	Additions during the year						1d			
е	Distributions during the year						_1e		_	
f	f Ending balance									
2a	2a Did the organization include an amount on Form 990, Part X, line 21?									
<u>b</u>	b If "Yes," explain the arrangement in Part XIV.									
Pa	Part: Vi Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.									
		(a) Current year	(b) P	nor year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance				٠., ;		gin.		ξ',	
þ	Contributions				, , , ,			ر مو أير	(-	^ }
С	Net investment earnings, gains, and losses					· · ·	\$ pl 15			- 1
d	Grants or scholarships		_		,		*****		y	1
е	Other expenditures for facilities				- 113				,* L	4
	and programs				i A			Ť :		
f	Administrative expenses							· / /		
g	End of year balance						-		, ´ -	
2	Provide the estimated percentage of the year	r end balance held a	as [.]							
а	Board designated or quasi-endowment		_%							
þ	Permanent endowment	%								
C		%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for t	the organi	zation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations								3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Investments - Land, Building		1							
	Description of investment	(a) Cost or o			or other		ccumulat		(d) Book	value
		basis (investr	nent)		(other)	de	preciation			
1a	Land				0,000.					,000.
	Buildings			4,58	7,496.	2,	643,4	72.	1,944	,024.
C	Leasehold improvements				0 000				4 613	
d	Equipment	<u></u>		1,64	2,989.				1,642	2,989.
	Other								1 - 2 -	
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	<u>X, colu</u> π	nn (B), line 1	O(c).)				<u>4,53</u> 7	7,013.

Schedule D (Form 990) 2009

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Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 LITTLE ROCK CHAMBER FOUNDAT	CION		23-745	7162	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fir	nancial State	ements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		222,	092.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			207.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			,115.
4	Net unrealized gains (losses) on investments					
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	10		<162	,115.
	t XIII Reconciliation of Revenue per Audited Financial Stateme			Return		
1	Total revenue, gains, and other support per audited financial statements			1	222	,092.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			- ' -		
- a	Net unrealized gains on investments	2a		建		
b	Donated services and use of facilities	2b		°		
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d				
e	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	222	,092.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			* E		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		\$ 25°		
b	Other (Describe in Part XIV)	4b		7.5		
	Add lines 4a and 4b	40		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	222	,092.
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With E	xpenses per			, 000-
1	Total expenses and losses per audited financial statements		Aponoco por	1 1	384	,207.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
-	Donated services and use of facilities	2a		73.1 7 3		
h	Pnor year adjustments	2b		1.45		
c	Other losses	2c		 		
q	Other (Describe in Part XIV.)	2d				
9	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	384	,207.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a		5.5		
	Other (Describe in Part XIV.)	4b		1. 1		
	Add lines 4a and 4b	_ 10		1 40		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	384	, 207.
	t XIV Supplemental Information			1 2 1.		
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	L book to and	4. Cod IV book 1	b ===d 0b. 0		4: Dort
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp					4, Fait
A, 1111	62, Part A1, III 16 0, Part A11, III 165 20 and 40, and Part A11, III 165 20 and 40. A150 comp	nete uns part to	provide any ad	ullionai inio	mation.	
						
				-		
						
						

SCHEDULE (Form 990)

OMB No 1545-0047

<u>\$</u> Schedule I (Form 990) 2009 Employer identification number 23-7457162 Open to Public (h) Purpose of grant or assistance X Yes SENERAL SUPPORT 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 and additional space is needed.

(f) Method of 101 Description of 101 Description of 101 Purpose Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection non-cash assistance (g) Description of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. 205,804. (d) Amount of cash grant LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. FOUNDATION (c) IRC section if applicable 501(C)(6) Enter total number of section 501(c)(3) and government organizations CHAMBER 71-0108510 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? LITTLE ROCK Enter total number of other organizations 1 (a) Name and address of organization GREATER LITTLE ROCK CHAMBER OF COMMERCE - 1 CHAMBER PLAZA or government LITTLE ROCK, AR 72201 Name of the organization Department of the Treasury Internal Revenue Service Part

Part III

23-7457162

(f) Description of non-cash assistance (e) Method of valuation (book, 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 SCHEDULE I, PART I, LINE 2: THE OFFICERS OF THE ORGANIZATION MONITOR ITS GRANTS TO ENSURE THAT SUCH GRANTS ARE USED FOR PROPER PURPOSES (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) 2009

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public-Inspection

Name of the organization LITTLE ROCK CHAMBER FOUNDATION	Employer identification number 23-7457162
FORM 990, PART VI, SECTION A, LINE 7A: A NOMINATING COMMI	TTE PRESENTS A
LIST OF EXECUTIVE COMMITTEE MEMBERS FOR APPROVAL. THE EL	ECTED EXECUTIVE
COMMITTEE THEN SERVES AS THE GOVERNING BODY OF THE LITTLE	ROCK CHAMBER
FOUNDATION.	
FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMM	ITTEE REVIEWS AND
APPROVES OF THE FORM 990, RETURN OF ORGANIZATION EXEMPT F	ROM INCOME TAX.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'	S OFFICERS
MONITOR AND ENFORCE COMPLIANCE WITH THE POLICY.	
FORM 990, PART VI, SECTION C, LINE 19: THE DOCUMENTS ARE	AVAILABLE UPON
REQUEST.	
FORM 990, PART XI, LINE 2C	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	
	·

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

(Form 990) Department of Internal Roven.		 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions. 	es" to Form 990, Part IV, line 33, 3 See separate instructions.	3, 34, 35, 36, or 37 ons.	٠	2009 Open to Public Inspection
Name of	Name of the organization LITTLE ROCK CH.	LITTLE ROCK CHAMBER FOUNDATION			Emj	Employer identification number 23-7457162
Parti	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)	if the organization answered "Yes" t	to Form 990, Part IV, line 33)			
	(a)	(q)	(c)	(P)	(0)	(j)
	Name, address, and EIN	Pnmary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity	:	foreign country)			entity
					-	
Part	Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year)	tions (Complete if the organization an	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 becaus	e it had one or more re	elated tax-exempt

Direct controlling entity N/A Public charity status (if section 501(c)(3)) € Exempt Code section ਉ 501(C)(6) Legal domicile (state or foreign country) ARKANSAS 71-0108510, 1 CHAMBER PLAZA, LITTLE ROCK, AR AND DEVELOPMENT IN CENTRAL TO POSTER ECONOMIC GROWTH Primary activity ARKANSAS GREATER LITTLE ROCK CHAMBER OF COMMERCE -Name, address, and EIN of related organization 72201

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

932161 02-04-10

Schedule R (Form 990) 2009

Page 2

23-7457162

LITTLE ROCK CHAMBER FOUNDATION Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Parl

General or managing partner? Yes No Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets \equiv 8 ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) ਰ Share of total income Ξ Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ e Legal domicile (state or foreign country) 27 Direct controlling entity Primary activity € 9 Legal domicile (state or foreign country) Ö Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization æ 932162 02-04-10 Part IV

Page 3 23-7457162

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Yes

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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

Schedule R (Form 990) 2009

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mple	
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Note	

- Du

- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
 - Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
 - Exchange of assets
- Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- Performance of services or membership or fundraising solicitations for other organization(s)
 - l Performance of services or membership or fundraising solicitations by other organization(s)
 - m Sharing of facilities, equipment, mailing lists, or other assets

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- Sharing of paid employees
- Reimbursement paid to other organization for expenses 0
- Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- Other transfer of cash or property from other organization(s)
- 2 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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) GREATER LITTLE ROCK CHAMBER OF COMMERCE	В	205,804.
(2)		
(3)		
(4)		
(5)		
(9)		

932163 02-04-10

Schedule R (Form 990) 2009

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

29

	'						
Form	8868 (Rev. 4-2009)					Page 2	
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and ch	eck this bo	x		>	X	
Note	. Only complete Part II if you have already been granted an automatic 3-month extension on a prev	riously filed	Form 8	3868.			
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).						
Pa	t II Additional (Not Automatic) 3-Month Extension of Time. Only file the or	iginal (no co	pies n	eeded).			
Туре	Name of Exempt Organization	-	Empl	oyer identi	fication	number	
print		,	22 7457162				
File by	LITTLE ROCK CHAMBER FOUNDATION	2	23-7457162				
extend due da filing ti	Number, street, and room or suite no. If a P O. box, see instructions.	٠٠, ١	For IRS use only				
return	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.	, , , , ,	· •		ş		
Che	ck type of return to be filed (File a separate application for each return):			······································			
_		1041-A	□Fa	rm 5227	F	orm 8870	
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4	1720 E	☐ Fa	rm 6069			
	ND			-1.5			
510	P! Do not complete Part II if you were not already granted an automatic 3-month extension of	n a previous	siy file	a Form 88			
	LITTLE ROCK CHAMBER FOUNDATION						
	ne books are in the care of 1 CHAMBER PLAZA, LITTLE ROCK, AR	- 722	01				
To	elephone No. ▶ (501) 374-2001 FAX No. ▶						
• If	the organization does not have an office or place of business in the United States, check this box				>		
• If	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If the	s is foi	the whole	group, c	heck this	
box		EINs of all	memb	ers the exte	ension is	for.	
4	I request an additional 3-month extension of time until NOVEMBER 15, 2010.						
5	· · · · · · · · · · · · · · · · · · ·	id ending					
6	If this tax year is for less than 12 months, check reason: Initial return Final re	eturn		Change in a	accountir	ng period	
7	State in detail why you need the extension						
		FILE.	A C	OMPLET	E AN	<u>D</u>	
	ACCURATE RETURN.						
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a	ny					
	nonrefundable credits. See instructions.		8a				
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and esting		,				
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	i					
	previously with Form 8868.		8ь	\$			
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, d				3.7	/ 3	
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See in	istructions.	8c		N	/A	
Under	Signature and Verification penalties of perjury, I declare that I have examined this form, including accompanying schedules and statemen ue, correct, and complete, and that I am authorized to prepare this form.	ts, and to the	best of	my knowled	lge and be	elief,	
			Data				
Sigila	ture ► Title ► PRESIDENT AND CEO		Date		0060 (P)	ev. 4-2009)	
				FUITI	ODDO (U)	UV. 7-2003)	