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Form **990-EZ****Short Form
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 1545-1150

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning , and ending**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**WAUKEE AREA CHAMBER OF COMMERCE**

Number and street (or P.O. box, if mail is not delivered to street address)

PO BOX 23

Room/suite

City or town, state or country, and ZIP + 4

WAUKEE**IA 50263****D** Employer identification number**42-1489741****E** Telephone number**515-978-7115****F** Group ExemptionNumber **▶**

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

G Accounting method ☒ Cash ☐ Accrual

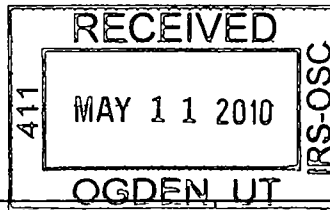
Other (specify) **▶**

I Website: **▶ WWW.WAUKEECHAMBER.COM****J** Tax-exempt status (check only one) — ☒ 501(c) (**6**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 108,303****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	226
	2	Program service revenue including government fees and contracts	2	40,993
	3	Membership dues and assessments	3	65,750
	4	Investment income	4	1,334
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ _____)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	108,303	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	51,866
	13	Professional fees and other payments to independent contractors	13	523
	14	Occupancy, rent, utilities, and maintenance	14	552
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ See Statement 2 _____)	16	35,808
	17	Total expenses. Add lines 10 through 16 ▶	17	88,749
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,554
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	60,516
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	80,070

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	61,916	82,228
23 Land and buildings		
24 Other assets (describe ▶ See Statement 3 _____)		
25 Total assets	61,916	82,228
26 Total liabilities (describe ▶ See Statement 4 _____)	1,400	2,158
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,516	80,070

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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

What is the organization's primary exempt purpose?

See Statement 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

28 FOR THE BETTERMENT OF THE WAUKEE BUSINESS COMMUNITY AND ENTIRE CITY OF WAUKEE.

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

28a**26,194****29** (Grants \$) If this amount includes foreign grants, check here**29a****30** (Grants \$) If this amount includes foreign grants, check here**30a****31** Other program services (attach schedule) See Statement 6

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

31a**18,019****32** Total program service expenses (add lines 28a through 31a)**32****44,213****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
PAUL HASSEBROEK	CLIVE	PRESIDENT			
2190 NW 82ND ST, STE 3	IA 50325		0	0	0
CHRIS MCLINDEN	WAUKEE	PAST PRES			
275 VENTURE DR	IA 50263		0	0	0
MORGAN LEU PARKHURST	CLIVE	SECRETARY			
2200 NW 159TH ST, STE 400	IA 50325		0	0	0
JOHN WEMER	WAUKEE	TREASURER			
45 NORTH WARRIOR LANE	IA 50263		0	0	0
GWENN CLARK	WAUKEE	DIRECTOR			
460 E UNIVERSITY AVE	IA 50263		0	0	0
MIKE LAKE	WAUKEE	DIRECTOR			
165 NORTH 10TH ST	IA 50263		0	0	0
SCOTT POLITTE	WAUKEE	DIRECTOR			
1450 E HWY 6	IA 50263		0	0	0
ROD WEST	WAUKEE	DIRECTOR			
1185 SE UNIVERSITY AVE	IA 50263		0	0	0
ANGELA WAGNER	WEST DES MOINES	DIRECTOR			
1601 WEST LAKES PKWY, STE 300	IA 50266		0	0	0
MAT GLEASON	WAUKEE	DIRECTOR			
100 E HWY 6, STE 101	IA 50263		0	0	0
SARA LARSON	WEST DES MOINES	DIRECTOR			
9350 UNIVERSITY AVE, STE 138	IA 50266		0	0	0
BART MCDOWELL	ADEL	DIRECTOR			
705 MAIN ST, PO BOX 190	IA 50003		0	0	0
SHELANA LAING	WEST DES MOINES	DIRECTOR			
1401 GLEN OAKS DR	IA 50266		0	0	0
WILLIAM PEARD	WAUKEE	EX-OFFICIO			
230 WEST HICKMAN RD	IA 50263		0	0	0
JEFF KOOSTRA	WAUKEE	EX-OFFICIO			
230 WEST HICKMAN RD	IA 50263		0	0	0
DAVID WILKERSON	WAUKEE	EX-OFFICIO			
560 SE UNIVERSITY AVE	IA 50363		0	0	0
CHAD AIRHART	WAUKEE	STAFF			
230 WEST HICKMAN RD	IA 50363	40.00	48,076	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed 41 <u>None</u>		
42a The organization's books are in care of 42a <u>JOHN WEMER</u> Telephone no 42a <u>515-987-6000</u>		
<u>250 LINDEN DR</u>		
Located at 42a <u>WAUKEE, IA</u> ZIP + 4 42a <u>50263</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b		X
If "Yes," enter the name of the foreign country 42b <u></u>		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c		X
If "Yes," enter the name of the foreign country 42c <u></u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43 <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year 43 <u></u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If "Yes," was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

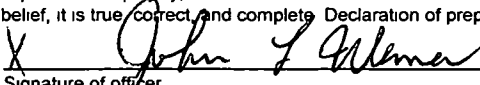
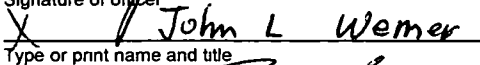
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		IX 5-7-2010 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature: Ronald A. Stallman, CPA		Date: 05/06/10	Check if self-employed: <input type="checkbox"/>
	Firm's name (or yours if self-employed): Short & Company, CPA, P.L.C.		Preparer's Identifying Number (See instr.): P00045610	
	address, and ZIP + 4: 225 NE Dartmoor Dr Ste 100 Waukeee, IA 50263-9665		EIN: 42-1410263 Phone: 515-987-8916	
May the IRS discuss this return with the preparer shown above? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No				

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2009Attachment
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

WAUKEE AREA CHAMBER OF COMMERCE

Identifying number

42-1489741

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	552
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	See Statement	552	552

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	552
9	Tentative deduction Enter the smaller of line 5 or line 8	9	552
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	9,065
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	0
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	9,617

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

There are no amounts for Page 2

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
DUES	\$ 65,750
Total	\$ 65,750

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
PROGRAM SERVICES	\$
ANNUAL DINNER	5,425
GOLF OUTING	4,329
DONATIONS	1,556
OTHER	6,157
Expenses	
ADVERTISING	928
AFFILIATE EXPENSES	80
COMMUNICATIONS	600
DC TRIP	3,730
DUES & MEMBERSHIPS	4,398
INSURANCE	2,263
MEALS & ENTERTAINMENT	2,438
MILEAGE	506
MISCELLANEOUS	541
OFFICE EXPENSES	1,224
POSTAGE	401
TELEPHONE	652
WEB HOSTING	580
Total	\$ 35,808

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
	\$ 9,065	\$ 9,617
Less Accumulated Depreciation	9,065	9,617

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
PAYROLL TAX LIABILITIES	\$ 1,400	\$ 2,158
	1,400	2,158

Federal Statements**Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description

PROMOTE THE GROWTH, PROSPERITY AND ENHANCE THE QUALITY OF LIFE IN WAUKEE, IOWA.

Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service AccomplishmentsDescription

FOR THE BETTERMENT OF WAUKEE BUSINESSES AND WAUKEE CITY