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Form 990

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 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calend	dar year,	or tax	year b	<u>eginn</u>	ing 7/0	1	, 20	09, and endi	ng 6/	<u> </u>		2010	
В	Check if a	applicable		С								D Emplo	yer Identifi	ication Number	
	Addr	ress change	Please use IRS label	WIN	DSOR	CHA	MBER OF	COMME	RCE			94-	28144	68	
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	\vdash	-	See	WIN	DSOR,	, CA	95492					707	838-	7285	
	Initia	al return	specific Instruc-		•								030	7203	
	Term	nınatıon	tions	İ								1_		1.0	
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ī	Tax-e	exempt statu			6		insert no.)	49	947(a)(1) or	527	7 " "	, allaci a iist	(See iiisti	uctions)	
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_	8 C	Contributions	and gran	ıts (Pa	art VIII,	line 1	lh)					105,	830.	10:	2,923.
ž		rogram serv													
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		otal revenue). line 12)		114,	438.		6,179.
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		otal expense							(A) line 25)			922.		2,068.
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		true, correct	nd complete	Declar	ation of p	reparer	(other than off	icer is based	i or all informa	tion of which pre	parer has any	/ knowledge		1. 1.	_
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He	re	Signature	of officer	$\overline{}$	/		- Kun					ate			
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Or		yours if self- employed),	▶ 930	Shi	lloh	Rd.	, Bldg.	40, St	uite 2](EIN 🟲 1	N/A		
V 1	,	address, and ZIP + 4			C, CA							Phone no	(707) 836-87	122
Mar	v the IR	S discuss th						e? (see ır	nstructions)			_		X Yes	No
_		Privacy Act a								ructions.		TEEA0113	BL 12/29/0		90 (2009)

Form	990 (2009) WINDSOR CHAMBER OF COMMERCE	94-2814468	Page 2
Pari	Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	SUPPORT & DEVELOP PRIVATE ENTERPRISE		
-			
-			
-			
			-
	Did the organization undertake any significant program services during the year which were not listed on		
1	Form 990 or 990-EZ?	∐ Yes	X No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? Yes	X No
	If 'Yes,' describe these changes on Schedule O		_
		hy expenses Section	on 501(c)(3)
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	allocations to other	s, the total
	expenses, and revenue, if any, for each program service reported		
_			
		venue \$)
	ADVISE & PROVIDE USEFUL BUSINESS INFORMATION TO APPROX 350 MEMBER E	BUSINESSES TH	ROUGH
	TELEPHONE, FLYERS, MAILINGS, AND NEWSLETTERS.		
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4b	(Code code code code code code code code c	venue \$)
	PROMOTE BUSINESS THROUGH REFERRALS AND NETWORKING AT MONTHLY MEMBER		S &
_	APPROX. 7 SPECIAL EVENTS EACH YEAR.	SOUTH THE TIME	2-6
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4.	(O. d. Tarana C. Granda A. G. Granda A. G.		,
	(Code) (Expenses \$	venue \$	<u> </u>
	COLLABORATE WITH COMMUNITY & LOCAL GOVERNMENT IN EDUCATIONAL FORUMS		×
_	NON-MEMBER EDUCATION OF ISSUES FACING THE LOCAL BUSINESS COMMUNITY.		
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	Oll Car Cabadala O		
	Other program services (Describe in Schedule O) See Schedule O		
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4 e</u>	Total program service expenses ► 0.		
			

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	1		Х
2	Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	A
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete	9		x
10	Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	_		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, Part VI			,
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	• 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			
	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			
	• 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 the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12/	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	<u> </u>	X
	a 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		Х
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		Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	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_	Х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	L	<u> X</u>

<i>P</i> ar	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 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? <i>If 'Yes,' complete Schedule J</i>	23		X
24 a	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, and 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
t	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	_	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х
			000 /	2000

BAA Form **990** (2009)

201	Statements Regarding Other IRS Filings and Tax Compliance				_	
				Yes	No	
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable.	1a 0				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0	"	!		
c	Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	ors and reportable gaming	1c			
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4				
2 b	If at least one is reported on line 2a, did the organization file all required federal employment	nt tax returns?	2 b		_X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re	turn (see instructions)				
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the ye this return?	ar covered by	3a		х	
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule C)	3ь			
4 a	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other	e or other authority over, a financial account)?	4a		Х	
b	If 'Yes,' enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Financial Accounts	f Foreign Bank and				
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	ax year?	5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax she	Iter transaction?	5 b		Х	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?						
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?						
t	If 'Yes,' did the organization include with every solicitation an express statement that such deductible?	contributions or gifts were no	t 6b			
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods and services				
	provided to the payor?		7a			
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided'		7b			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for v Form 8282?	which it was required to file	7c			
,	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiu benefit contract?		7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal be	nefit contract?	7f			
	For all contributions of qualified intellectual property, did the organization file Form 8899 as		7g			
ř	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Fo	rm 1098-C as required?	7 h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support supporting organization, or a donor advised fund maintained by a sponsoring organization,	ing organizations. Did the have excess business	8			
۵	holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?		9a			
	Did the organization make any distribution to a donor, donor advisor, or related person?		9ь			
	Section 501(c)(7) organizations. Enter					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter	<u> </u>				
	Gross income from other members or shareholders	11 a				
-	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)					
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a			
	If 'Yes.' enter the amount of tax-exempt interest received or accrued during the year	12Ы				

BAA Form **990** (2009)

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						
							Yes	No
		number of voting members of the governing body	1 a		12			ł
		number of voting members that are independent	1 b		<u></u>	-		
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business re prector, trustee or key employee?	elation	ship with	any other	2		Х
3	Did the o	rganization delegate control over management duties customarily performed by or t s, directors or trustees, or key employees to a management company or other perso	under on?	the direct	supervision	3_		Х
4		rganization make any significant changes to its organizational documents				4		Χ
	since the	prior Form 990 was filed?						
5	Did the o	rganization become aware during the year of a material diversion of the organizatio	n's as	sets?		5		X
6	Does the	organization have members or stockholders? See Schedule 0				6	Х	
7 8	Does the	organization have members, stockholders, or other persons who may elect one or $0.000\mathrm{s}^{-1}$	more i	members	of the	7a 7b		
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch O							X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
ä	The gove	rning body?				8a	X	
ł	Each cor	nmittee with authority to act on behalf of the governing body?				8b	Х	
	Is there :	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca iion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	innot b	oe reache	d at the	9		Х
Sec		Policies (This Section B requests information about policies not	requi	red by t	he Interna	i		
Reve	enue Code							
	_						Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?				10 a		X
ı	If 'Yes,' o and bran	toes the organization have written policies and procedures governing the activities of the organization?	of such	h chapters	s, affiliates,	10 b		
11	Has the	organization provided a copy of this Form 990 to all members of its governing body	before	e filing the	form?	11	X	
11/	Describe	in Schedule O the process, if any, used by the organization to review this Form 990	0 S	ee Sch	edule O			
128	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13				12a	Х	<u> </u>
ı	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests $^{\circ}$	that o	could give	rıse	12b	х	
•	Does the	organization regularly and consistently monitor and enforce compliance with the po	olicy?	If 'Yes,' d	escribe in	12c		X
13		organization have a written whistleblower policy?				13		X
14		organization have a written document retention and destruction policy?				14		Х
15	Did the persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	appro cision	val by inc	lependent			
i	The orga	nization's CEO, Executive Director, or top management official				15 a		<u>X</u>
i		icers of key employees of the organization				15 b		X
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16	Did the contity du	rganization invest in, contribute assets to, or participate in a joint venture or similaring the year?	r arran	ngement v	rith a taxable	16a		Χ
	in joint v status wi	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	n to ev d the c	valuate its organizatio	participation on's exempt	16b		
		Disclosures						
		states with which a copy of this Form 990 is required to be filed <a> None	- 		- <i>-</i>			
18	Section (5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a n Indicate how you make these available Check all that apply	nd 99	0-T (501(c)(3)s only) a	vaılab	le for	public
		website Another's website X Upon request						
	statemer	in Schedule O whether (and if so, how) the organization makes its governing docuits available to the public						ancıal
		e name, physical address, and telephone number of the person who possesses the OR CHAMBER OF COMMERCE 9001 WINDSOR ROAD WINDSOR CA					ion	

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 organizations'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 employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no		sate a	iny (officer	, air			
(A)	(B)		(c) Position (check all that apply)					(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee		a Key employee	Highest compensated a employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SEAN ANDERSON										
Treasurer	0							0.	0.	0.
KURT MITCHLER										
President	0	,	L					0.	0.	0.
JACQUELINE EMERY									_	_
Director	0							0.	0.	0.
JOHN REYES	ļ		ŀ					_		_
Director	0		_				ļ	0.	0.	0.
LEE DYSART										•
PAST PRES.	0_	ļ					_	0.	0.	0.
JEFF_LEASURE		ŀ								•
Director	0							0.	0.	0.
TOM LAWRENCE										•
PAST PRES	0	<u> </u>	_					0.	0.	<u> </u>
JOE SHIAVONE		1	1							0
Director	0			-	┝			0.	0.	0.
STEVE_CLAPPER										0
Director	0					ļ	-	0	0.	0.
WILL JONES	1							0.	0.	0
Secretary	0							0.	0.	0.
MARY TURNER	1							0.	0.	0
Director	0							0.	0.	0.
GARY QUAKENBUSH CEO	40			Х				31,615.	0.	0.
CHRISTINE TEVINI	40			┢ˆ	-			31,013.	0.	
OFFICE MGR	40				x			39,453.	0.	0.
OFFICE MGR	40_		-	-	^			37,433.	<u>.</u>	
	ł					İ				
	 		-		 					
	1									
	 		-	├-	_		\vdash			
	1		ĺ							
	 	-	一	 -	-		\vdash			
	1	1			1					
	<u> </u>		┖		Ь					

Form 990 (2009) WINDSOR CHAMBER OF COMMER	CE								94-281446	8 Page 8
Part VII Section A. Officers, Directors, Trust	tees, F	(ey	Em			es,	an		pensated Emp	
(A)	(B)				c)		b4	(D)	(E)	(F)
Name and Title	Average hours per week		Institutional trustee	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
							-	-		
			_					_		
										- · · · ·
										. = .
								71 050		
1 b Total								71,068.	0.	0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	stec	ab.	ove)) wh	o re	ceived more than	\$100,000 in reporta	able compensation
 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rethe organization and related organizations greater trindividual 	portable han \$15	e cor 50,00	mpe)0?	nsa If 'Y	tion 'es'	and com	l oth	er compensation le Schedule J for	from such	Yes No
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule .	atio <i>J for</i>	n fro	om a ch pe	any e <i>rso</i>	unre n	elate	ed organization fo	r services	5 X
1 Complete this table for your five highest compensation from the organization	ed inde	pend	dent	cor	ntra	ctors	s tha	at received more t	han \$100,000 of	
(A) Name and business addres	s							(B Description) of Services	(C) Compensation
	_								-	
								_		
2 Total number of independent contractors (including	but not	lımı	ted	to tl	hose	e list	ted a	Labove) who receiv	red more than	

\$100,000 in compensation from the organization ► 0

Pa	rt VIII Statement of Revenue		<u>-</u>		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a Federated campaigns. 1a		, , , , , , , , , , , , , , , , , , , ,		
AN	b Membership dues 1b 55,110.				
P. S	c Fundraising events 1c				
R A	d Related organizations.				
PROGRAM SERVICE REVENUE ONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	e Government grants (contributions) 1e 47,813.				
Sis					
턆	f All other contributions, gifts, grants, and similar amounts not included above				
E 0	g Noncash contributs included in lns 1a-1f: \$				1
N N	h Total. Add lines 1a-1f	102,923.			
-	Business Code	102,323.			
ĒŇ	2a				
Ã	b				
J.	p		-	-	
ERV	d				
S W	e				
GR,	f All other program service revenue	·-·-			
PRO	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and				
	other similar amounts)	14.	14.	_	
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(ı) Real (ıı) Personal				
	6a Gross Rents				
	b Less. rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				
	b Less; cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
	8a Gross income from fundraising events				
OTHER REVENUE	(not including \$	}			
₹	of contributions reported on line 1c)				
ER	See Part IV, line 18 a 49, 944.				
E E	b Less direct expenses b 23,745.	06.100			
	c Net income or (loss) from fundraising events	26,199.	26,199.		
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses c Net income or (loss) from gaming activities				
					
	10 a Gross sales of inventory, less returns and allowances a 4,098.				
	b Less cost of goods sold b 1,730.				
	c Net income or (loss) from sales of inventory	2,368.	2,368.	 -	<u> </u>
	Miscellaneous Revenue Business Code			-	<u> </u>
	11a MISCELLANEOUS INCOME	2,597.	2,597.		
	b ADVERTISING INCOME	2,078.	2,078.		
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	4,675.			
	12 Total revenue. See instructions	136,179.	33,256.	0.	0.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (**D**) Fundraising (B) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Managèment and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, Grants and other assistance to individuals in the U S $\,$ See Part IV, line 22 $\,$ 2 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0. 0. trustees, and key employees 71,068 39,453 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0. 0 0 0 4,795 4,795. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 4,950 4,950 Other employee benefits. 7,421 7,421 10 Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal 2,718 2,718 c Accounting **d** Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees 529 529 **g** Other 8,934 8,934 12 Advertising and promotion 1,318. 1,318. Office expenses. Information technology 15 Royalties 8,382 8,382 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 429. 429 3,502. 3,502. Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 13,125. 13,125 a MARKETING PROJECTS **b** EQUIPMENT RENTAL 3,827. 3,827. c PROMOTION & RECOGNITION 2,477. 2,477 <u>1,</u>563. d BANK CHARGES 1,563. 1,295. e REPAIRS & MAINTENANCE 1,295. 5,735 5,735. f All other expenses 0 142,068 110,453 0. Total functional expenses. Add lines 1 through 24f. Joint costs. Check here ► | If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Įβ	从抗	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		11,032.	1	202.
	2	Savings and temporary cash investments		977.	2_	958.
	3	Pledges and grants receivable, net			3	
1	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director and highest compensated employees Complete Part	s, trustees, key employees, Il of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))		C S	
		and persons described in section 4958(c)(3)(B) Comp	olete Part II of Schedule L		6	
A S E T S	7	Notes and loans receivable, net			7	
S E	8	Inventories for sale or use			8	
S	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other basis	10a 7,969.	-X-24-X-34-X		
ı		Complete Part VI of Schedule D		Comments of the Comments of th	透	
	b	Less accumulated depreciation.	10b 7,182.	341.	10 c	787.
-	11	Investments - publicly-traded securities			11	
- 1	12	Investments – other securities See Part IV, line 11			12	
- 1	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line	34)	12,350.	16	1,947.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		19		
Ļ	20	Tax-exempt bond liabilities.			20	
AB	21	Escrow or custodial account liability Complete Part I			21	
1一人田一上一日の	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, key employees, rsons Complete Part II			
į		of Schedule L			22	
\$	23	Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
N E T		Organizations that follow SFAS 117, check here > 27 through 29 and lines 33 and 34.	and complete lines		2.4	
ASS	27	Unrestricted net assets			27	
Ę	28	Temporarily restricted net assets			28	
E S	29	Permanently restricted net assets			29	
OR F.		Organizations that do not follow SFAS 117, check he lines 30 through 34.	ere X and complete			
ロスロ	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equip	ment fund		31	
Ř.	32	Retained earnings, endowment, accumulated income,		12,350.	32	1,947.
田人」人工といる	33	Total net assets or fund balances	12,350.	33	1,947.	
Š	34	Total liabilities and net assets/fund balances.		12,350.	34	1,947.

BAA

Form **990** (2009)

Thateat Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash 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?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt, 2c		l
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 consolidated basis, separate basis, or both	l on a		
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 Sil Audit Act and OMB Circular A-133?	ngle 3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit 3b		

ВАА

Form 990 (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990. ► See separate instructions

OMB No 1545-0047

ြော် Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

WIN	NDSOR CHAMBER OF COMMERCE		94-2814468
Par	Organizations Maintaining Dono	r Advised Funds or Other Similar	
	the organization answered 'Yes'	to Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	L	
5	Did the organization inform all donors and do funds are the organization's property, subject	nor advisors in writing that the assets held to the organization's exclusive legal cont	d in donor advised rol? Yes No
6	Did the organization inform all grantees, donused only for charitable purposes and not for purpose conferring impermissible private ber	the benefit of the donor or donor advisor	nt funds may be or for any other Yes No
iDia.	Conservation Easements Comp		
	Purpose(s) of conservation easements held to		res to rolling 990, raitiv, line 7.
1	Preservation of land for public use (e.g.,		ation of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	ation of certified historic structure
	Preservation of open space		
2	<u> </u>	ion held a qualified conservation contribut	tion in the form of a conservation easement on the
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation ease	ements	2b
C	Number of conservation easements on a cert	ified historic structure included in (a)	2c
	Number of conservation easements included		
3	Number of conservation easements modified	transferred, released, extinguished, or te	rminated by the organization during the tax
	year ►		
4	Number of states where property subject to o	onservation easement is located >	<u></u>
5	Does the organization have a written policy r and enforcement of the conservation easemed	ent it holds?	∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitor during the year •	ing, inspecting, and enforcing conservation	n easements
7	Amount of expenses incurred in monitoring, during the year ▶	nspecting, and enforcing conservation eas	\$ \$
8	Does each conservation easement reported of $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	on line 2(d) above satisfy the requirements	s of section Yes No
9	In Part XIV, describe how the organization repor include, if applicable, the text of the footnote conservation easements	ts conservation easements in its revenue and to the organization's financial statements	expense statement, and balance sheet, and that describes the organization's accounting for
Par	Organizations Maintaining Collection Complete if the organization and	ections of Art, Historical Treasure swered 'Yes' to Form 990, Part IV,	es, or Other Similar Assets line 8.
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for pul the text of the footnote to its financial statem	olic exhibition, education, or research in fu	statement and balance sheet works of art, historical urtherance of public service, provide, in Part XIV,
t	treasures, or other similar assets held for pul amounts relating to these items	olic exhibition, education, or research in fu	ement and balance sheet works of art, historical urtherance of public service, provide the following
	(i) Revenues included in Form 990, Part VII	, line 1	►\$ ►\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of amounts required to be reported under SFAS	art, historical treasures, or other similar as 116 relating to these items	ssets for financial gain, provide the following
a	a Revenues included in Form 990, Part VIII, lin	e 1	- \$
t	Assets included in Form 990, Part X.		* \$
	. <u> </u>		

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	NO
3a(i)		
3a(ii)		
3b		

Part VII Investments-Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book Value (investment) basis (other) Depreciation 1a Land **b** Buildings c Leasehold improvements d Equipment 7,969. 7,182 787 e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

BAA

Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 WINDSOR CHAMBER O		94-28	14468 Page 3
Part VII Investments-Other Securities See F	orm 990, Part X, lin		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation irket value
Financial derivatives			
Closely-held equity interests			
Other			
		·	
			·····
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ►			
Part VIII Investments-Program Related (See	Form 990, Part X, II	ne 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
		Cost or end-of-year ma	rket value
			<u> </u>
			·
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX Other Assets (See Form 990, Part X,		······	т
(a) D	escription		(b) Book value
			
	·		
Total. (Column (b) must equal Form 990, Part X, col (B),			<u> </u>
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote In Part XIV, provide the footnote In Part XIV, provide the In Part XIV, provide the footnote In Part XIV, provide the In P	tnote to the organization	's financial statements that reports th	ne organization's liability

Sche	dule D (Form 990) 2009 WINDSOR CHAMBER OF COMMERCE	<u>94-281</u>	4468	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments.			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8		-	
	•			
10 Date	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
	***************************************	1	14/21	
	Total revenue, gains, and other support per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	ļ		
	Net unrealized gains on investments	·		
	Donated services and use of facilities 2b			
	Recoveries of prior year grants.	_		
	Other (Describe in Part XIV)			
е	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investments expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)			
c	: Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	rn N/A	
1	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	Donated services and use of facilities 2a			
	Prior year adjustments 2b			
	COther losses 2c			
	Other (Describe in Part XIV)			
	Add lines 2a through 2d	2 e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b			
		46		
	: Add lines 4a and 4b	4c	·	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	3		
المحاا	₹XIV Supplemental Information			
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this mation	s part to p	provide any ad	ditional
-		- -		
BAA	TEEA3304L 02/02/10	Sche	dule D (Form 9	990) 2009

Schedule D (Form 990) 2009 WINDSOK CHAMBER OF COMMERCE	94-2014400	raye 5
Part XIV Supplemental Information (continued)		
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	- -	
		- -
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

Name of the organization						Employer identification		
WINDSOR CHAMBER OF COMMERCE					94-281446	8		
Fundraising Activities. Complement Form 990EZ filers are not requ	ete if the organ	nization ar ete this pa	nswered '\ rt.	es' to Form 990,	Part IV, line	17		
1 Indicate whether the organization i	aised funds thi	rough any	of the foll	owing activities	Check all that	apply		
Mail solicitations	Solicitation o	f non-governi	ment grants					
Internet and email solicitations				Solicitation o	f government	grants		
Phone solicitations				-	raising events	-		
\vdash					raioning overnia	•		
In-person solicitations 2a Did the organization have written of	v oral agreeme	ant with an	w individu	al (including offic	ers directors	trustees or key	,	
employees listed in Form 990, Par	t VII) or entity	in connect	ion with p	rofessional fundra	aising service	5 ⁷	Yes	X No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by th	dividuals or en	tities (func					iser is to be	
					(v) A	mount paid to		
(i) Name of Individual	(ii) Activity		fundraiser	(iv) Gross rece		retained by) aiser listed in	(vi) Amount pa (or retained	aid to
or entity (fundraiser)			dy or control ibutions?	from activity	y luliui	col (i)	organization	
		Yes	No					
		165	NO					
		<u> </u>						
								
	_	ļ <u>.</u>		***				
				•				
	***			_				
		-						
		l				<u> </u>		
Total			•					0.
3 List all states in which the organiza	ation is register	red or lice	nsed to so	licit funds or has	been notified	It is exempt fro	ı ım registration	•••
or licensing	J					·	J	
	- -				- 			
	 -				- 		-	
								-
							-	-
				· -	- 		-	
				· -		-	-	-

Page 2

Fell	ัส เทิ	Fundraising Events. Complete if reported more than \$15,000 on F	the organization at form 990-EZ, line 6	nswered Yes' to Fo a. List events with	orm 990, Part IV, III gross receipts grea	ne 18, or ater than \$5,000.
RE			(a) Event #1 WINE SALES AT (event type)	(b) Event #2 LUNCHEONS (event type)	(c) Other Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1	Gross receipts	12,102.	9,920.	_ 23,127.	45,149.
Ě	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	12,102.	9,920.	23,127.	45,149.
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs			6,811.	6,811.
	7	Food and beverages	2,926.	8,347.	3,394.	14,667.
E X P	8	Entertainment				
EXPESSES	9	Other direct expenses	100.		93.	193.
S		Direct expense summary Add lines 4- tl Net income summary Combine lines 3, o			>	21,671. 23,478.
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rep	ported more than
R W > W Z D W		Ψ10,000 0111 01111 330 E2, 11110 02	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Ë	1	Gross revenue				
E		Cash prizes				
DIRECT	3	Non-cash prizes				
TE	4	Rent/facility costs				
	5	Other direct expenses				
_			Yes%	Yes%	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		>	
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	<u> </u>	
а	ls th	er the state(s) in which the organization op ne organization licensed to operate gaming lo,' explain	·			YES NO 9a
		e any of the organization's gaming license es,' explain	es revoked, suspended	or terminated during the	tax year?	10a
		s the organization operate gaming activities			· 	11
12	ls th adm	ne organization a grantor, beneficiary or tri ninister charitable gaming?	ustee of a trust or a me	mber of a partnership o	r other entity formed to	12
BAA			TEFA3702I 0			m 990 or 990-F7) 2009

Schedule G (Form 990 or 990-EZ) 2009 WINDSOR CHAMBER OF COMMERCE	94-2814468	Page 3
b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/special events		YES NO
Address: ▶		
b if 'Yes,' enter the amount of gaming revenue received by the organization \$ of gaming revenue retained by the third party c if 'Yes,' enter name and address of the third party	and the amount	
Name ►Address: ►		
Name. ► Gaming manager compensation ► \$		
Description of services provided Director/officer Employee Independent contractor		
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming product state gaming license?	17 <i>a</i>	
b Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year ► \$	iizations or spent in the	
BAA TEEA3703L 02/05/10	Schedule G (Form 990 or 9	90-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 2009

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

Open to Public Inspection

WINDSOR CHAMBER OF COMMERCE	94-2814468
Form 990, Part III, Line 4d - Other Program Services Description	
PROVIDE INFORMATION TO MEMBERS & THE GENERAL PUBLIC IN TH	E_CAPACITY_OF_A_VISITORS
CENTER; PROVIDING MAPS, DEMOGRAPHICS ANSWERING HUNDREDS O	F_PHONE_CALLS_AND_EMAILS,
AND_MAINTAINING_A_WEBSITE	
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareh	older
MEMBERS ARE BUSINESSES THAT PAY A MEMBERSHIP FEE	
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Govern	ing Body
NOMINATING COMMITTEE SELECTS NOMINEES FOR BOARD OF DIRECT	OR POSITIONS. THE GENERAL
MEMBERSHIP VOTES FOR THESE MEMBERS AT A DESIGNATED VOTING	DATE SET IN THE BYLAWS.
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Mem	bers or Shareholders
CHANGE IN BYLAWS BY ANNUAL MEMBERSHIP MEETING.	
Form 990, Part VI, Line 11 - Form 990 Review Process	
COPY OF 990 PROVIDED TO PRESIDENT FOR REVIEW BEFORE SIGNI	NG
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Schedule O (Form 990) 2009 Name of the organization	Employer identification number	rage Z
WINDSOR CHAMBER OF COMMERCE	94-2814468	
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