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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)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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

D Employer identification number

42-1489741

E Telephone number

515-978-7115

F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ► _____I Website: ► WWW.WAUKEECHAMBER.COMJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (6) (insert no) 4947(a)(1) or 527H 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 \$50,000 A

Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 97,142

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

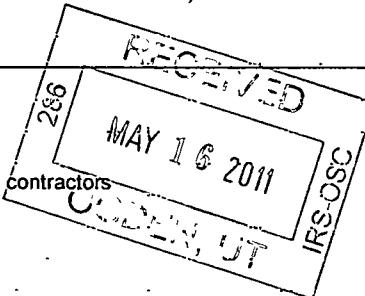
SCANNED JUN 09 2011

Expenses

Net Assets

See Statement

1 Contributions, gifts, grants, and similar amounts received	1	20
2 Program service revenue including government fees and contracts	2	34,884
3 Membership dues and assessments	3	61,813
4 Investment income	4	425
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 Gaming and fundraising events	6a	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	of contributions
b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
c Less direct expenses from gaming and fundraising events	6d	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
7a Gross sales of inventory, less returns and allowances	7b	
b Less cost of goods sold	7c	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8 Other revenue (describe in Schedule O)	9	97,142
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	10	
10 Grants and similar amounts paid (list in Schedule O)	11	
11 Benefits paid to or for members	12	53,710
12 Salaries, other compensation, and employee benefits	13	523
13 Professional fees and other payments to independent contractors	14	
14 Occupancy, rent, utilities, and maintenance	15	
15 Printing, publications, postage, and shipping	16	38,437
16 Other expenses (describe in Schedule O)	17	92,670
17 Total expenses. Add lines 10 through 16	18	4,472
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	80,070
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)	20	
20 Other changes in net assets or fund balances (explain in Schedule O)	21	84,542
21 Net assets or fund balances at end of year. Combine lines 18 through 20		



Part II Balance Sheets. (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	82,228	22	86,768
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	82,228	25	86,768
26 Total liabilities (describe in Schedule O)	2,158	26	2,226
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	80,070	27	84,542

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

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

28 FOR THE BETTERMENT OF THE WAUKEE BUSINESS COMMUNITY AND ENTIRE CITY OF WAUKEE.(Grants \$ If this amount includes foreign grants, check here ► 28a **73,706**

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 (describe in Schedule O)**(Grants \$ If this amount includes foreign grants, check here ► 31a**32 Total program service expenses** (add lines 28a through 31a) ► **32** **73,706****Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this 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
GWEN CLARK 460 E UNIVERSITY AVE	WAUKEE IA 50263	PRESIDENT 0.00	0	0
ROD WEST 1185 SE UNIVERSITY AVE	WAUKEE IA 50263	VICE PRESIDENT 0.00	0	0
PAUL HASSEBROEK 2190 NW 82ND ST, STE 3	CLIVE IA 50325	PAST PRESIDENT 0.00	0	0
JOHN WEMER 45 NORTH WARRIOR LANE	WAUKEE IA 50263	TREASURER 0.00	0	0
SARA LARSON 460 E UNIVERSITY AVE	WAUKEE IA 50263	SECRETARY 0.00	0	0
MIKE LAKE 165 NORTH 10TH ST	WAUKEE IA 50263	DIRECTOR 0.00	0	0
SCOTT POLITTE 1450 E HWY 6	WAUKEE IA 50263	DIRECTOR 0.00	0	0
STEVE BANKS 516 WALNUT ST	WAUKEE IA 50263	DIRECTOR 0.00	0	0
ANGELA WAGNER 1601 WEST LAKES PKWY, STE 300	WEST DES MOINES IA 50266	DIRECTOR 0.00	0	0
MAT GLEASON 100 E HWY 6, STE 101	WAUKEE IA 50263	DIRECTOR 0.00	0	0
MELINDA SCHROEDER 3501 WESTTOWN PARKWAY	WEST DES MOINES IA 50266	DIRECTOR 0.00	0	0
ERNA MORAIN 645 WOODCREST DR	WAUKEE IA 50263	DIRECTOR 0.00	0	0
SHELANA LAING 1401 GLEN OAKS DR	WEST DES MOINES IA 50266	DIRECTOR 0.00	0	0

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

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a X

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? 35b

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 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a

b Did the organization file **Form 1120-POL** for this year? 37b 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 tax year covered by this return? 38a 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 ► _____, section 4912 ► _____, section 4955 ► _____

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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its 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 ► **None**42a The organization's books are in care of ► **JOHN WEMER**Telephone no ► **515-987-6000**

250 LINDEN DR

Located at ► **WAUKEE**

IA

ZIP + 4

► **50263**

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)?

If "Yes," enter the name of the foreign country ► _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Xb Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Xc Did the organization receive any payments for indoor tanning services during the year? 44c Xd If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization 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?

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 ► _____

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

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

Sign Here	<input checked="" type="checkbox"/> <i>John L. Weasel</i>	<input checked="" type="checkbox"/> <i>5/12/11</i>			
	Signature of officer	Date			
	<input checked="" type="checkbox"/> <i>John L. Weasel</i>	<i>Treasurer</i>			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Ronald A. Stallman, CPA	Preparer's signature <i>Ronald A. Stallman, CPA</i>	Date 05/11/11	Check <input type="checkbox"/> if self-employed	PTIN P00045610
	Firm's name ► Short & Company, CPA, P.L.C.		Firm's EIN ► 42-1410263		
	Firm's address ► 225 NE Dartmoor Dr Ste 100 Waukee, IA 50263-9665		Phone no 515-987-8916		

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

WAUKEE AREA CHAMBER OF COMMERCEEmployer identification number
42-1489741**Form 990-EZ, Part I - Additional Information****OTHER EXPENSES ARE VARIOUS PROGRAM EXPENSES TOTALING \$38,267****Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
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PROGRAM SERVICES

ANNUAL DINNER	\$ 5,818
DONATIONS	\$ 2,287
GOLF OUTING	\$ 5,638
OTHER	\$ 5,991

Expenses

ADVERTISING	\$ 1,259
AFFILIATE EXPENSES	\$ 820
COMMUNICATIONS	\$ 625
DC TRIP	\$ 4,102
DOMAIN RENEWAL	\$ 122
DUES & MEMBERSHIPS	\$ 4,303
INSURANCE	\$ 2,335
MEALS & ENTERTAINMENT	\$ 1,354
MILEAGE	\$ 192
MISCELLANEOUS	\$ 678
OFFICE EXPENSES	\$ 1,107
POSTAGE	\$ 473
TELEPHONE	\$ 707
WEB HOSTING	\$ 626

Name of the organization

WAUKEE AREA CHAMBER OF COMMERCEEmployer identification number
42-1489741**Total \$ 38,437****Form 990-EZ, Part II - Additional Information****OTHER LIABILITIES ARE PAYROLL RELATED****Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beg. of Year	End of Year
	\$ 9,617	\$ 9,786
Less Accumulated Depreciation	\$ 9,617	\$ 9,786
	Total \$ 0	0

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
PAYROLL TAX LIABILITIES	\$ 2,158	\$ 2,226

Form 990-EZ, Part III - Primary Exempt Purpose

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

Form 990-EZ, Part III, Line 31 - All Other Achievements

FOR THE BETTERMENT OF WAUKEE BUSINESSES AND WAUKEE CITY

Depreciation and Amortization
(Including Information on Listed Property)

2010

Name(s) shown on return

WAUKEE AREA CHAMBER OF COMMERCE

Identifying number
42-1489741

Business or activity to which this form relates

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 instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	500,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	9,617
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	500,000
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	9,617
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	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 2010	17	
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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"/>
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Section B—Assets Placed in Service During 2010 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 2010 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	9,617
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.

DAA