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Form, **990** 

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

## 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)

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

2010
Open to Public Inspection

For the 2010 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization BEAVERTON AREA CHAMBER OF COMMERCE Address change 93-0423398 Doing Business As Name change Telephone number Room/suite Number and street (or P O box if mail is not delivered to street address) initial return 140 503-644-0123 12655 SW CENTER ST. Terminated City or town, state or country, and ZIP + 4 353,157 BEAVERTON 97005 G Gross receipts \$ Amended return Name and address of principal officer Application pending X No H(a) Is this a group return for affiliates? Yes LORRAINE CLARNO H(b) Are all affiliates included? 12655 SW CENTER ST. If "No," attach a list (see instructions) BEAVERTON OR 97005 501(c)(3) X 501(c) ( 6 ) **◀** (insert no ) Tax-exempt status 4947(a)(1) or WWW.BEAVERTON.ORG Website. H(c) Group exemption number ▶ Year of formation 1954 X Corporation Trust Form of organization M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE BUSINESS IN BEAVERTON AREA. Activities & Governance If the organization discontinued its operations or disposed of more than 25% of its net assets 2 Check this box ▶ 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 6 6 Total number of volunteers (estimate if necessary) 12,074 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b -13,211 b Net unrelated business taxable income from Form 990-T, line 34 Current Year Pnor Year 320 381 8 Contributions and grants (Part VIII, line 1h) Revenue 013 236,695 27. 9 Program service revenue (Part VIII, line 2g) 389 177 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 298,773 113,723 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 326,495 350,976 12 Total revenue - add lines. 8.through -14-(must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation employee benefits (Part IX, column (A), lines 5-10) 242,273 242,082 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses.(Part-IX, column (D), line 25) ▶ 91,926 111,244 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 334,008 353,517 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 16,968 -27,022 19 Revenue less expenses Subtract line 18 from line 12 Assets or Balances Beginning of Current Year End of Year 78,105 55,490 20 Total assets (Part X, line 16) 88,998 94,645 21 Total liabilities (Part X, line 26) -33,508 -16,540 Net assets or fund balances Subtract line 21 from line 20 22 Part II Signature Block Under penalties of penjury, 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 pectaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian of officer PRESIDENT LORRAINE Here CLARNO Type or print name and title J Preparer's signature Date Check PTIN Print/Type preparer's name Paid P00505433 RUSSELL T. RIES Preparer POLLARD & CO, 93-0623130 JARRARD, SEIBERT, Firm's EIN ▶ Firm's name 📆 se Only 1800 BLANKENSHIP RD, SUITE 450 503-723-7600 97068-4191 WEST LINN, OR Firm's address May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Form 990 (2010)

DAA

Form 990 (2010)

Part IV Checklist of Required Schedules

_F	art iv Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	i		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	ا ۔ ا	x	
_	Part III	5	<u> </u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	ļ		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			v
_	complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
_	complete Schedule D, Part III	8		
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,"			x
40	complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	40		X
44	endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		1	
_	VII, VIII, IX, or X as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	i i	1	
а	complete Schedule D, Part VI	11a	x	
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
٠	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	i	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
-	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the 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, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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 (see instructions)	_17		X
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		X
19	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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

_P	art IV Checklist of Required Schedules (continued)			,	
				Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations				
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21		X
22	Did the organization report more than \$5,000 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	<b>├</b> ─-	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	ĺ	ļ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25		24a		X
b	, , , , , , , , , , , , , , , , , , ,		24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c	1	<u> </u>
d	, , , , , , , , , , , , , , , , , , ,		24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a	<b>.</b>	ļ
þ	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				٠,
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		1		<b>.</b>
•	If "Yes," complete Schedule L, Part III		27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)				v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		200		
٠	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		200		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		23	-	
50	conservation contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		50		
•	Part I		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		<u> </u>		
	complete Schedule N, Part II		32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		<u></u>		
	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		X
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?		35		х
а	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," complete Schedule R,				
	pring the second se	es X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			i	
	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		Х
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	X	

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			X
	ı	I -	Ye	s No
1a	· · · · · · · · · · · · · · · · · · ·	1		1
b		10		
С			١.,	.
	reportable gaming (gambling) winnings to prize winners?	10	: X	-
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return	4	,	
b	· · · · · · · · · · · · · · · · · · ·	21	1	<del>\</del>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ا	, x	.
3a		3a		
b		31	<u>'   - ^ '</u>	_
4a		1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
ь			+	1
b	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	.	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	$\neg$	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50	$\rightarrow$	1
6a				-
	organization solicit any contributions that were not tax deductible?	6a	.	x
b				
_	gifts were not tax deductible?	66	,	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			I
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	. 7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Щ_	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	—	$\perp$
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a	·	Ц_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	Form 1098-C? 7h	<u> </u>	<del>-</del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ŧ
	organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			1
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	ı		
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		1	
b 11	•	<u> </u>		
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders	ı		
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	124	ء ا	Ť
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	138	3	
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			I
	the organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148	2	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	141	o 📃	

Form 990 (2010) BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year 15 1b Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during R the year by the following X 8a The governing body? 8b X Each committee with authority to act on behalf of the governing body? is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code No 10a X 10a Does the organization have local chapters, branches, or affiliates? b If "Yes." does the organization have written policies and procedures governing the activities of such 10b chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 b X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO. Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure OR List the states with which a copy of this Form 990 is required to be filed ▶ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 19 and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 12655 SW CENTER ST. BEAVERTON CHAMBER OF COMMERCE organization > 503-644-0123 OR 97005 BEAVERTON

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- 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, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	and Title Average Position (check all that apply) Reportable Reportable		Position (check all that apply)  Reportable  Reportable					(F) Estimated		
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) ADA BOJE										
BOARD MEMBER	1.00	X			<u> </u>			0	0	0
(2) BRYAN JUSTROM										
TREASURER	4.00	X		X				0	0	0
(3) JENNY BRUCE										
BOARD MEMBER	1.00	X						0	0	0
(4) TROY CUNNINGHAM										
BOARD MEMBER	1.00	X			<u> </u>			0	0	0
(5) JANICE HIRSCH						Hi				
BOARD MEMBER	1.00	X			<u></u>			0	0	0
(6) JOHN COBURN										
CHAIRMAN	9.00	X		X				0	0	0
(7) KEVIN HOHNBAUM										
BOARD MEMBER	1.00	X						0	0	0
(8) MATT PAYNE										
BOARD MEMBER	1.00	X						0	0	0
(9) MATTHEW CHRISMAN	•									
BOARD MEMBER	1.00	X						0	0	0
(10) JERRY JONES						l i				
BOARD MEMBER	1.00	X						0	0	0
(11) MATT KRILL										
BOARD MEMBER	1.00	X						0	0	0
(12) WENDI EILAND										
BOARD MEMBER	1.00	X				Ш		0	0	0
(13) SCOTT BURGESS										
BOARD MEMBER	1.00	X						0	0	0
(14) MARK FRYBURG										
BOARD MEMBER	1.00	X				Ш		0	0	0
(15) KEN MADDEN								_	_	_
BOARD MEMBER	1.00	X				$\sqcup$		0	0	0
(16) REBECCA LESLEY								_	_	_
BOARD MEMBER	1.00	X			Ĺ.,			0	0	0
DAA										Form <b>990</b> (2010)

Part VII			tees	, Ke			yees	, and	Highest Compensated E (D)		<del></del>		
Na	(A) ame and Title	(B) Average	Pos	ition		C) k all t	hat a	pply)	Reportable	(E) Reportable		(F) Estimated	
		hours per week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)		amount or other compensation from the organization and relate organization	ion on d
		0)		8			ated						
(17) RON F													
BOARD ME		1.00	X	<u> </u>		_	<b>├</b>	<u> </u>	0	0	<del> </del>	——	0
BOARD ME	FREDERICK WA MBER	1.00	X				ļ		o	0			0
	AINE CLARNO												
PRESIDEN (20)	<u>TT</u>	40.00		-	X				78,638	0			7,460
(21)				_									
(22)				_									
(23)												<del></del>	
(24)													
(25)	<del></del>										<u> </u>		
(26)			_				-						<del></del>
		<u>.</u>		_	ļ	_					<u> </u>		
(27)						_							
(28)						L							
1b Sub-tot			4.						78,638		ļ	7	7,460
	om continuation shee add lines 1b and 1c)	ts to Part VII, Se	Ctio	n A				<b>&gt;</b>	78,638				7,460
		luding but not lim	nited	to th	ose l	liste	d abo	ve) v	who received more than \$10	00,000 in			
reportab	ole compensation from t	he organization l	<u> </u>	0								<del></del>	<del></del>
3 Did the	organization list any <b>for</b>	mer officer, direc	etor c	r tru	stee.	kev	emp	iove	e, or highest compensated			Y	es No
employe	ee on line 1a? If "Yes," o	complete Schedu	ile J	for s	uch II	ndıv	dual	-				3	X
									ind other compensation fror iplete Schedule J for such	n the	ĺ		I
Individua	al											4	X
	ces rendered to the org								inrelated organization or ind such person			5	x
Section B. Ir	ndependent Contracto	rs											
	te this table for your five sation from the organiza		sate	d inc	leper	nder	it cor	ntract	tors that received more than	1 \$100,000 of			
	Name and	(A) business address							Descript	(B) ion of services		Compe	C) ensation
						_				·····			_ <del></del> _
	····											· 	
	mber of independent co								listed above) who				
DAA	more than \$100,000 in	compensation f	rom (	ne o	rgan	ızatı	on ▶			0		Form 9	90 (2010)

Form 990 (2010) BEAVERTON AREA CHAMBER OF COMMERCE Part VIII Statement of Revenue (B) Related or (C) Unrelated (D) Revenue (A) Total revenue exempt business excluded from tax under sections function revenue 512, 513, or 514 revenue Program Service Revenue | Contributions, gifts, grants and other similar amounts 1a Federated campaigns 1a 1ь **b** Membership dues c Fundraising events 1c <u>1</u>d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 381 g Noncash contributions included in lines 1a-1f \$ 381 h Total. Add lines 1a-1f **Busn Code** 207,050 207,050 MEMBERSHIP DUES 2a 19,500 19,500 LEADERSHIP BEAVERTON MGMT FEE 5,500 5,500 WCVA - TAX SHARE 4,310 4,310 FUSION REGISTRATION & SPOSORS 335 335 SEMINAR INCOME f All other program service revenue ▶ 236,695 Total. Add lines 2a-2f Investment income (including dividends, interest, 3 177 177 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross Rents Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (II) Other (i) Secunties sales of assets other than inventory Less cost or other basis & sales exps c Gain or (loss) Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events  $\blacktriangleright$ 9a Gross income from gaming activities See Part IV, line 19 b **b** Less direct expenses c Net income or (loss) from gaming activities  $\triangleright$ 10a Gross sales of inventory, less 14,255 returns and allowances 2,181 b Less cost of goods sold 12,074 12,074 Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 54,807 54,807 11a CERTIFICATES OF ORIGIN 15,221 b MEMBERSHIP LUNCHES 15,221 13,384 13,384 GOLF SCRAMBLE 18,237 8,177 10,060 All other revenue > 101,649 Total. Add lines 11a-11d 12,074 38,842 350,976 299,679 Total revenue. See instructions

Form 990 (2010)

Page 10

#### 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)

	All other organizations must	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	8b, 9b, and 10b of Part VIII.	<del></del>	ехрепаса	general expenses	- SAPONISOS
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in	•			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	86,098			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	129,925			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	4,437		<del>                                     </del>	
9	Other employee benefits	21,622		+	
10	Payroll taxes			<del>-</del>	
11	Fees for services (non-employees)				
а	Management			<u> </u>	
b	Legal	800		<del>                                     </del>	
C	Accounting	800			
đ	Lobbying				
e	Professional fundraising services See Part IV, line 17	<del>-</del>			
T -	Investment management fees	2,200		-	
g 12	Other Advertising and promotion	2,200			
12 13	Office expenses	7,037		†	
14	Information technology	10,695			
15	Royalties				
16	Occupancy	27,786			
17	Travel	4,650			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,103			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,837			
23	Insurance	3,449			ļ
24	Other expenses Itemize expenses not covered				<b>1</b>
	above (List miscellaneous expenses in line 24f If				<b>!</b>
	line 24f amount exceeds 10% of line 25, column				<b>I</b>
	(A) amount, list line 24f expenses on Schedule O)	- AAF		_	<del></del>
а	TELEPHONE & COMMUNICATION	6,445 5,975			<del> </del>
b	EQUIPMENT RENTALS	5,240		<del> </del>	<del>                                     </del>
c	BANK FEES & CHARGES	2,736		<del>                                     </del>	
d	PUBLICATION EXPENSES	1,884		<del></del>	<del>                                     </del>
6	DUES & SUBSCRIPTIONS	3,089		<del> </del>	
f o-	All other expenses	334,008		0 0	0
25	Total functional expenses. Add lines 1 through 24f  Joint costs. Check here ▶ I if following	334,000		<del>-</del>	
26	Joint costs. Check here ▶ ☐ If following SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational campaign and fundraising solicitation				<u></u>
DAA	Service of the control of the contro				Form <b>990</b> (2010)

				(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing			9,856	1	18,900
2	Savings and temporary cash investments		ļ-	22,106	2	22,283
3	Pledges and grants receivable, net		-	2 504	3	
4	Accounts receivable, net		ļ	3,594	4	21,98
5	Receivables from current and former officers, directors,					
	employees, and highest compensated employees. Comp	olete Part II of	ŀ		i #	
	Schedule L		L		5	
6	Receivables from other disqualified persons (as defined				1	
	4958(f)(1)), persons described in section 4958(c)(3)(B),			1		
	employers and sponsoring organizations of section 501(	c)(9) voluntary	1		1	
,	employees' beneficiary organizations (see instructions)		Ļ		6	
7 8	Notes and loans receivable, net				7	
ğ   8	Inventories for sale or use		L	1,513	8	2,052
9	Prepaid expenses and deferred charges	1 r	<u> </u>	5,016	9	5,312
10a	Land, buildings, and equipment cost or				1	
	other basis Complete Part VI of Schedule D	10a	84,530		•	
b	Less accumulated depreciation	10b	76,961	13,405	10c	7,569
11	Investments—publicly traded securities				11	
12	Investments—other securities See Part IV, line 11				12	
13	Investments—program-related See Part IV, line 11		_		13	· · · · · · · · · · · · · · · · · · ·
14	Intangible assets		L		14	
15	Other assets See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal line 34	)		55,490	16	78,105
17	Accounts payable and accrued expenses		L	11,806	17	6,42
18	Grants payable		Ĺ		18	<u></u>
19	Deferred revenue		_	77,192	19	88,220
20	Tax-exempt bond liabilities		<u> </u>		20	
21	Escrow or custodial account liability Complete Part IV of	Schedule D			21	
22	Payables to current and former officers, directors, trustee	es, key	1		I	
21 22	employees, highest compensated employees, and disqu	alified persons	•		Ī	
í	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third	parties	L		23	
24	Unsecured notes and loans payable to unrelated third pa	rties			24	
25	Other liabilities Complete Part X of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			88,998	26	94,645
:	Organizations that follow SFAS 117, check here ▶ [	X and complete			1	
27 28 29 30 31 32 33 34	lines 27 through 29, and lines 33 and 34.		į.		1	
27	Unrestricted net assets		_	-33,508	27	-16,540
28	Temporanly restricted net assets				28	
29	Permanently restricted net assets	,			29	
	Organizations that do not follow SFAS 117, check he	re ▶ and	ł		-	
; ]	complete lines 30 through 34.		ŀ		1	
30	Capital stock or trust principal, or current funds		L		30	
31	Paid-in or capital surplus, or land, building, or equipment	fund	<u> </u>		31	
32	Retained earnings, endowment, accumulated income, or	other funds	L		32	
33	Total net assets or fund balances		L	-33,508	33	-16,540
34	Total liabilities and net assets/fund balances			55,490	34	78,105

Form **990** (2010)

orm	990 (2010) BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398			Pa	ge 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		. 1	21	- 0	076
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			976
2	Total expenses (must equal Part IX, column (A), line 25)	2			800
3	Revenue less expenses Subtract line 2 from line 1	3			968 508
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,		_		
	column (B))	6		L6,	<u>540</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				$\perp \perp$
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		1		
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		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1 1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a ]		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
_			Form	990	(2010)

### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047 2010

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Department of the Treasury internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

## If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) organizations Complete Part III				
Na	me of organization BEAVERTON AREA CHAMBE			Employer identifi 93-04233	98
Pa	rt I-A Complete if the organization is exem	pt under section 501(c)	or is a sectio	n 527 organizatio	<u>n.</u>
1 2	Provide a description of the organization's direct and indirect Political expenditures	political campaign activities in F	Part IV	<b>&gt;</b> \$	
3	Volunteer hours				
Pa	rt I-B Complete if the organization is exem	pt under section 501(c)	(3).		
1	Enter the amount of any excise tax incurred by the organizati	ion under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization i			<b>▶</b> \$	
3	If the organization incurred a section 4955 tax, did it file Form			<del></del>	Yes No
4a	Was a correction made?	•			Yes No
b	If "Yes," describe in Part IV				
	rt I-C Complete if the organization is exem	pt under section 501(c)	, except secti	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization				
	activities			<b>&gt;</b> \$ _	
2	Enter the amount of the filing organization's funds contributed	d to other organizations for secti	ion	_	
	527 exempt function activities	<del>-</del>		<b>&gt;</b> \$ _	
3	Total exempt function expenditures Add lines 1 and 2 Enter	here and on Form 1120-POL,		_	
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year?			_	Yes No
5	Enter the names, addresses and employer identification num	nber (EIN) of all section 527 poli	tical organizations	to which the filing	
	organization made payments. For each organization listed, e	nter the amount paid from the fi	ling organization's	funds Also enter	
	the amount of political contributions received that were prom	ptly and directly delivered to a s	eparate political or	ganization, such	
	as a separate segregated fund or a political action committee	e (PAC) If additional space is no	eeded, provide info	ormation in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

	7301 03/11/2011 8 37 AWI								
		AVERTON ARE				93-0423			
Pa	rt II-A Complete if the organ	zation is exemp	t under section 5	01(c)(3) and	l filed F	orm 5768 (ele	ection under		
_	section 501(h)).	lian halanga ta ar	a offiliated group				<del></del>		
-	Check ▶ ☐ if the filing organiza Check ▶ ☐ if the filing organiza				ions an	nlv			
		bbying Expendit		ontion provis		(a) Filing	(b) Affiliated		
	(The term "expenditures"					ization's totals	group totals		
1a	Total lobbying expenditures to influence pu								
	Total lobbying expenditures to influence a								
	Total lobbying expenditures (add lines 1a a	• •	,						
d	d Other exempt purpose expenditures								
е	Total exempt purpose expenditures (add li	nes 1c and 1d)							
f	Lobbying nontaxable amount Enter the an	nount from the followin	g table in both						
	columns				·····				
1	If the amount on line 1e, column (a) or (b) is	The lobbying nonta	xable amount is:			I			
-	Not over \$500,000	20% of the amount or	n line 1e			1			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of	the excess over \$500,00	0		I			
-	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of	f the excess over \$1,000,0	000		1			
-	Over \$1,500,000 but not over \$17,000,000	<del>                                     </del>	the excess over \$1,500,00	00		I			
	Over \$17,000,000	\$1,000,000							
g	•	•							
	Subtract line 1g from line 1a If zero or less								
	Subtract line 1f from line 1c If zero or less		ad the community of Cla	Farm 4720		L	<del></del>		
J	If there is an amount other than zero on eit	ner line in or line ii, a	io the organization file	Form 4720			Yes No		
	reporting section 4911 tax for this year?						165 160		
	(Some organizations th		ng Period Under n 501(h) electior			mplete all of t	he five		
	•	low. See the ins				•			
	Lob	bying Expenditu	res During 4-Yea	r Averaging	Period	1			
	Calendar year (or fiscal year								
	beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	7	( <b>d</b> ) 2010	(e) Total		
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount			1					
	(150% of line 2a, column(e))								
С	Total lobbying expenditures								
d	Grassroots nontaxable amount								
_	Grassroots ceiling amount					,,,,	1		

Schedule C (Form 990 or 990-EZ) 2010

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

93-0423398 Schedule C (Form 990 or 990-EZ) 2010 BEAVERTON AREA CHAMBER OF COMMERCE Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes." enter the amount of any tax incurred under section 4912 c If "Yes." enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No 1 X Were substantially all (90% or more) dues received nondeductible by members? X 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a a Current year 2b b Carryover from last year 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

Part IV Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

and political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1: Also, complete this part for any additional information

5

Schedule C (Form 990 or 990-EZ) 2010 BEAVERTON AREA CHAMBER OF COMMERCE

93-0423398

Page 4

Part IV Supplemental Information (continued)

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

2010
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Employer identification number Name of the organization BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

		AREA CHAMBE			93-042		Pag	<u>e                                    </u>		
Pa	rt III Organizations Maintaining						is (continued)			
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, chec	k any of the following t	that are a	significant us	e of its				
а	Public exhibition	<b>d</b> Loan	or exchange program	ıs						
b	Scholarly research	e 🔲 Othe	r							
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explain how the	hey further the organiz	ation's ex	cempt purpose	n Part				
	XIV									
5	During the year, did the organization solicit or re				ılar		П., П			
	assets to be sold to raise funds rather than to be	e maintained as part of t	he organization's colle	ction?				No		
Pa	nt IV Escrow and Custodial Arra	ngements. Comple	ete if the organiza	ation ar	iswered "Y	es" to Form	₁990, Paπ IV,			
	line 9, or reported an amoun									
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other	assets n	ot		т., т.			
	ıncluded on Form 990, Part X?						Yes I	No		
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table					_		
							Amount	-		
С	Beginning balance					1c		_		
d	Additions during the year					1d		_		
е	Distributions during the year					1e		_		
	Ending balance					1f		_		
2a	Did the organization include an amount on Form	n 990, Part X, line 21?					Yes I	No		
***************************************	b If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Comple	1		1 -			1			
		(a) Current year	(b) Prior year	(c) Tw	o years back	(d) Three years	back (e) Four years ba	ck —		
1a	Beginning of year balance									
b	Contributions		· · · · · · · · · · · · · · · · · · ·			<u></u>				
С	Net investment earnings, gains, and									
	losses					<u> </u>				
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance			L		<u> </u>				
2	Provide the estimated percentage of the year er	nd balance held as								
а	Board designated or quasi-endowment ▶	%								
þ	Permanent endowment ▶ %									
С	Term endowment ▶ %									
3a	Are there endowment funds not in the possession	on of the organization tha	at are held and admini	stered for	the		<del></del>			
	organization by						Yes N	No		
	(i) unrelated organizations						3a(i)			
	(ii) related organizations						3a(ii)			
b	If "Yes" to 3a(ii), are the related organizations lis	ited as required on Sche	dule R?				3b			
4	Describe in Part XIV the intended uses of the or									
Pa	rt VI Land, Buildings, and Equip	ment. See Form 9	90, Part X, line 10	0						
	Description of investment	(a) Cost or other basis	(b) Cost or other	basis	(c) Accur	1	(d) Book value			
		(investment)	(other)		deprec	iation				
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment		84	,530		76,961	7,56	<u> 59</u>		
	Other	ļ		]						
Total	. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colu	ımn (B), line 10(c))			▶	7,56	59		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Sche	dule D (Form 990) 2010 BEAVERTON AREA CHAMBER OF COMMI	ERCE	93-0423398	8	Page <b>4</b>
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to A	udited F	inancial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			_2_	
3	Excess or (deficit) for the year Subtract line 2 from line 1		L	3_	
4	Net unrealized gains (losses) on investments			_4	
5	Donated services and use of facilities		Ļ	5	
6	investment expenses			6	
7	Prior period adjustments		Ĺ	7	
8	Other (Describe in Part XIV)		Ĺ	_8_	
9	Total adjustments (net) Add lines 4 through 8			9_	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statement	ts With R	evenue per Retu	rn	·———————
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	,			
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
С	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1	L	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIV)	4b		1	
C	Add lines 4a and 4b		1	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<u> </u>		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statemen	nts With I	Expenses per Re	turn	<u> </u>
1	Total expenses and losses per audited financial statements		-	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	ļ	1	
а	Donated services and use of facilities	2a		- 1	
b	Prior year adjustments	2b		1	
С	Other losses	2c			
d	Other (Describe in Part XIV )	2d		- 1	
е	Add lines 2a through 2d		-	_2e	
3	Subtract line 2e from line 1	,	1	_3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIV)	4b		- 1	
С	Add lines 4a and 4b		Ļ	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			_5_	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 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 part to provide any additional information

Schedule D (Form 990) 2010 BEAVERTON AREA CHAMBER OF COMMERCE

93-0423398

Page 5

Part XiV Supplemental Information (continued)

#### 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.

2010
Open to Public Inspection

Name of the organization

BEAVERTON AREA CHAMBER OF COMMERCE

Employer identification number 93-0423398

FORM 990, PART V - ADDITIONAL INFORMATION

LINE 2A - EMPLOYEES ARE LEASED FROM ANOTHER COMPANY; NO W-3'S FOR BACC

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 IS PREPARED BY A PUBLIC ACCOUNTING FIRM, REVIEWED BY THE PRESIDENT,

AND CIRCULATED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO IRS SUBMISSION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION FOR THE PRESIDENT/EXECUTIVE DIRECTOR IS PREPARED BY AN EXECUTIVE BOARD SUBCOMMITTEE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE FOR BOARD REVIEW.

,	,	Special Events Schedule				2010
Form <b>990</b>		For calendar year 2010, or tax year beginning		, and ending		2010
Name		For calendar year 2010, or tax year beginning				Identification Number
	<b></b>		OMEDCE		03.04	22200
BEAVERTON ARE		EA CHAMBER OF COMMERCE		(0)	93 - 0423398 Others Total	
Gross receipts		(A) 31,170	(B) 25,654	(C) 7,086	10,131	74,04
Less contributions		0	0	0	0	(
Gross revenue		31,170	25,654	7,086	10,131	74,04
Less direct expenses		17,786	10,433	4,964	2,193	35,37
Net income (loss)		13,384	15,221	2,122	7,938	38,66
	_					
Danamatian	(4)	GOLF SCRAMBLE	1			
Description	(A)	GOLF BUILDING		<del></del>		
	(B)	MEMBERSHIP LUNCHES				
	(C)	BUSINESS CONFERENCES				
	(0)			<del></del>		
	Others	PARADE - SUMMERFEST MEETINGS REVENUES		<del></del>		
				<u> </u>		
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74,041

74,041 35,376 38,665