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# <sup>71712</sup>, 990

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010
Open to Public Inspection 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

Ā	For the	2010 cal	endar y	ear, or tax ye	ar begir	nning 1	0/01	/10	, and ending	09/30/1	1			•	
В	Check of a	pplicable.	C Nan	ne of organization	on .							В	Emplo	yer identifi	ication number
	Address o	hange			1	Midland	Chamb	er of	Commerce	·		j			
Ē	Name cha	nae	Dog	ng Business As	<u> </u>			_					<u>75-</u>	04369	36
	Instal retur		Nun	nber and street	(or PO	box if mail is	not deliver	ed to stree	address)		Room/suite	Ε	Teleph	one number	
}	╡		10	9 N. Ma.	<u>in St</u>	t					<u> </u>	<u> </u>	432	<u>-683-</u>	3381
Ŀ	Terminate	d		or town, state of	or countr	y, and ZIP + 4	1					1			
	Amended	return	Mi	dland			7	rx 79	701			<b>G</b> G	ross rece	ıpts \$	1,402,965
Γ	Application	pending	F Nan	ne and address	of princi	ipal officer					H(a) Isthisa		for a		Yes X No
_	<b>.</b>		"s	same as	; C	above"					n(a) is uss a	group re	HUMI NOT A	, centralities	= =
											H(b) Are all			•	Yes No
_		_	L							· · · -	<b>⊣</b> ""	lo," att	ach a li	st (see instr	uctions)
1	Tax-exe	mpt status			X 501		)_ <b>◀</b> (insei	t no )	4947(a)(1) or	527	_				
Ĩ	Websit	e ▶ W		midland	<u>itxc</u>	<u>hamber</u>	. com				H(c) Group			mber 🕨	
<u>K</u>	Form of o		X	Corporation	Trust	Association	on C	Other >			Year of formation	L93	1	M State of I	egal domicile <b>TX</b>
_	Part I		<u>ımma</u>							<del></del>					
	1 1			the organizat											
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	Activities & Governance 2 2 2 2 5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	COMM													
~	Š 2 (	Check the	is box	▶ ∐ If the	organiza	ation discont	tinued its	operation	s or disposed of	f more than 25%	6 of its net asset	s .			
8	s 3 1	Number o	of votin	g members o	of the go	verning bod	ly (Part V	l, line 1a)	ı				3	42	
~	<u>ဖ</u> ြေ 4 1				•	_	•		rt VI, line 1b)				4	41	
<b>T</b>	<u>₹</u>   5 ·	Total nun	nber of	ındıvıduals ei	mployed	d in calendar	r year 20	10 (Part \	/, line 2a)				5	22	
<del></del>				volunteers (e				550	EIVED			ľ	6	100	
<u> </u>				business reve					210	7001			7a		
SEP 1 4 2012	<u> </u>	Net unrel	lated b	usiness taxab	ole incor	ne from For	m 9907T	line 34	-047	101			7b		0
		Contabut	1000 00	nd grants (Pai	→ \/III - I-	no 1h)	ľδl	MIG	2 3 2012	اڼا	Prior Yo	ear		Cu	rrent Year
SCANNED	9 0			revenue (Pa		•	505	HOG		721	1,89	2 3	346		,402,252
5	9   9   10			me (Part VIII,				-	DENLUT	<u></u>		4,2			138
		Other rev	renue (	Part VIII, colu	ımn (A)	lines 5 6d	8C 9C 1		المالية			* / *			
Q	12								nn (A), line 12)		1,88	8.1	14	1	,402,390
@ <del>]</del>	13 (			lar amounts p					in (A), ine 12)			<u>, , , , , , , , , , , , , , , , , , , </u>			/ 102 / 550
				-									$\neg \neg$		
	15 5		enefits paid to or for members (Part IX, column (A), line 4)  alanes, other compensation, employee benefits (Part IX, column (A), lines 5–10)									38,581			790,360
	% I	Professional fundraising fees (Part IX, column (A), line 11e)												-	
	를 b.			expenses (F		•		-					$\neg \neg$		
	Ĭ <sub>17</sub> (			(Part IX, colu							81	.1,8	374		709,700
	18	Total exp	enses	Add lines 13	⊱17 (m	ust equal Pa	art IX, coli	umn (A),	line 25)		1,65			1	,500,060
	- 1			xpenses Sub								37,6			-97,670
_	20 23 20 20 20 20 20 20 20 20 20 20 20 20 20										Beginning of Co			Er	nd of Year
	[ 20 ]		•	art X, line 16)							68	10,2			585,210
•	ᇙ		•	Part X, line 26	•								0		453
				nd balances	Subtrac	ct line 21 fro	m line 20	1			68	10,2	234		<u>584,757</u>
_	Part II			re Block											
									anying schedules information of which		nd to the best of m	y knov	vledge a	and belief, it	IS
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_				n Act Notice											Yes No Form <b>990</b> (2010)
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Form 990 (2010) Midland Chamb	er of Commerce	75-0436936	Page 2
	Service Accomplishments		
Check if Schedule O c	ontains a response to any qu	estion in this Part III	
	provides vision and	l leadership to strengthesses and individuals in	
2 Did the organization undertake any sign	ificant program services during the yea	r which were not listed on the	
pnor Form 990 or 990-EZ?			Yes X No
If "Yes," describe these new services or	Schedule O		
3 Did the organization cease conducting, or services?		conducts, any program	Yes X No
If "Yes," describe these changes on Sch		a lamest program sequence by expenses. Section	
	nd section 4947(a)(1) trusts are require	e largest program services by expenses. Section d to report the amount of grants and allocations to rted.	o
4a (Code ) (Expenses \$ The Chamber of Comme: as part of the membe:			)
4b (Code ) (Expenses \$ The Chamber of Commetoureau to encourage of promoting, enhancing visitor destination.	economic growth by	vention and visitors developing,	\$ )
4c (Code ) (Expenses \$	including grants	s of \$ ) (Revenue	<b>b</b> )
4d Other program services (Describe in S	chedule O)		
(Expenses \$	including grants of \$	) (Revenue \$	)
4e Total program service expenses ▶	335,381		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		x
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		$\frac{x}{x}$
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)			
	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.			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		$\neg \neg$	
	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		X
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		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		X
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	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	11b		<u> </u>
C	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			
	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				
	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	_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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
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,			v
	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	4.5		v
4.0	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	40		X
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		-
	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?	10		
	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				
-	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	\\\\\\\\\			

<u> </u>	anomics of reduired concautes (continued)					
21	Did the exception report many than 65 000 of secrets and other contracts to accomply the exception of the ex				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 12 if "Yes," complete Schoolule I. Parts Lond III.		1	24		x
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		}	21		
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			i		
	employees? If "Yes," complete Schedule J			23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b					
	through 24d and complete Schedule K If "No," go to line 25			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		Ì	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction					
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		
b			Ì			
	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,					
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?					
	If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,					
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a		Х
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					1
	Schedule L, Part IV			28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)					
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29		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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,					٠
	Part I			31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					x
~~	complete Schedule N, Part II			32		<b>├</b>
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,			24		x
35	IV, and V, line 1			34		X
a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a			35		-
a	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,					
	Part V, line 2	Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	_ 'ଜ	INV			
	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					
٠.	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					<u></u>
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O			38		x
	The state of the s		_		. 000	(2010

X

Form 990 (2010)

14a

14a

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form	990 (2010) Midland Chamber of Commerce 75-0436936			age 6
Pa	rt'VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b to			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	jes in Sche	edule	;
	O. See instructions			_
	Check if Schedule O contains a response to any question in this Part VI			_X_
<u>Sec</u>	tion A. Governing Body and Management	<del></del>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  1a 42			
Ь	Enter the number of voting members included in line 1a, above, who are independent  1b 41			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		l
	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?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	<u> </u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		l	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		Ì	l
_	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code		T
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such			
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		ļ
11a	, , , , , , , , , , , , , , , , , , ,			
	form?	11a	<u> </u>	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		ļ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		<b></b> -
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			1
16a			Ì	
	with a taxable entity during the year?	16a	ļ	X
b	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			ļ
	organization's exempt status with respect to such arrangements?	16b	ł	ŀ
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	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			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Rebecca Thomas 109 N. Main St.			
_M	idland, TX 79701	432-68	<u>3-3</u>	381

Form 990 (2010	Midland Chamber of Commerce	75-0436936	Page 7
Part 'VII	Compensation of Officers, Directors, Trustees, Key	Employees, Highest Compensated Employ	/ees,
	and Independent Contractors		
	Check if Schedule O contains a response to any que	estion in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Com-	pensated Employees	
1a Complete th	us table for all persons required to be listed. Report compensation for	the calendar year ending with or within the	

- 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

  Obsert the base 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

(A) Name and Title	hours per								(E) Reportable compensation from	(F) Estimated amount of		
	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)	related organizations (W-2/1099-MISC)	other other compensation from the organization and related organizations		
(1) Robert Burns	40.00											
President	40.00	<del> </del>		Х		$\vdash$		81,490	0			
(2) Bill Lanier										_		
V-Chair/ED	0.00	-	<u> </u>	X	<u> </u>			0	0	(		
(3) Chuck Hedges						1 1				_		
Member@Large	0.00		_	X		$\vdash$		0	0			
(4) Alice Church						1 1		ا		_		
Treasurer (5) David O'Neil	0.00	1		X	_	-		0	0			
Chair Elect	0.00		l	x	Ì	li		ol	o	,		
(6) Paul Cain	0.00	$\vdash$		^	-	$\vdash$	_	<u> </u>				
Chair	0.00			x	1			ol	O	(		
(7) Chris Robin	0.00	╁		^		+	-					
V-Chair/CVB	0.00			x	i	1 1	ļ	o	0	(		
(8) Lesley Donnell	0.00	H			-	+	—			<u>'</u>		
V-Chair/CD	0.00			x				ol	0	(		
(9) Monty Hoppel		+	$\vdash$	<del></del>	$\vdash$	$\Box$	_			•		
V-Chair/Membership	0.00			x				ol	0	(		
(10) Dave Wedel				Ť			$\neg$	_				
Chair	0.00			X		1 1		ol	0	(		
(11)												
(12)												
(13)												
(14)					ļ							
(15)						+						
(16)		+-	-	<u> </u>	-	H						

Fait VII Section A. Officers	, Directors, Trus	T T	, ne	у Еп	ibio	yees,	and	nignest Compensated E	mpioyees (continued)	<del></del>		
' (A) Name and Title	(B) Average hours per	$\vdash$	_	checi		hat ap		(D) Reportable compensation	(E) Reportable compensation from	Est am	(F) mated ount of	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comp fro orga and	other ensation om the inization related nizations	
(17)		$\Box$									<del></del> -	
(18)												
(19)	·	$\vdash$										
(20)		$\vdash$								<del></del>		
(21)		$\vdash$					-		<u> </u>		<del></del>	
(22)		<del>                                     </del>										
(23)		$\vdash$								<del></del>		
(24)	-	$\vdash$			_							
(25)		$\vdash$							• • • • • • • • • • • • • • • • • • • •			
(26)		$\vdash$			_				174			
(27)												
(28)			-									
1b Sub-total c Total from continuation shee	oto to Bort VIII S			1	-		<b>•</b>	81,490				
d Total (add lines 1b and 1c)	SIS TO PAIL VII, S	3CUO!	11 A				•	81,490		†		
Total number of individuals (in- reportable compensation from			to th	ose	listed	abo	ve)		00,000 in	<u> </u>		
				_4	•		.1				Yes	No
<ul> <li>Did the organization list any for employee on line 1a? If "Yes,"</li> <li>For any individual listed on line</li> </ul>	complete Schedu	ile J 1	for s	uch i	ndıvı	dual			n the	3		x
organization and related organ individual	zations greater th	nan \$	150,	0007	? If "	Yes,"	con	nplete Schedule J for such		4		x
5 Did any person listed on line 1 for services rendered to the or	a receive or accordantzation? If "Ye	ue cα s," α	ompe ompl	ensat ete S	ion f	rom a dule	any i J for	unrelated organization or inc	lividual	5	- -	x
Section B. Independent Contract  Complete this table for your five	e highest compe	nsate	ed inc	depe	nder	nt cor	ntrac	tors that received more than	n \$100,000 of	<del></del>		
compensation from the organia	(A) d business address		-					Descript	(B) bon of services		(C) Compensa	ation
	_											
2 Total number of independent or received more than \$100,000	•	-						listed above) who	0			
DAA									<del>-</del>		om 990	(2010)

		(2010) Midiana Cira		1 01	Commer	<u> </u>	73-0436936	<del></del>	Page 9
<u>Pai</u>	<u>t V</u>	III Statement of Reve	nue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512, 513, or 514
ន្តម	1a	Federated campaigns	1a				10701120	<del></del>	312, 310, 67 314
n t		Membership dues	1b						
ള		Fundraising events	1c			!			
₹		Related organizations	1d						
ᅋ		Government grants (contributions)	1e						
8 2		All other contributions, gifts, grants,	16			•			
	•	and similar amounts not included above	1f						
들	_	Noncash contributions included in lines 1a-		\$ \$					
Contributions, gifts, grants and other similar amounts	_	Total. Add lines 1a-1f	11.	Ф					
	-11	Total. Add lines 1a-11			Duran Carta				
ğ	2a	Commondate of Manager			Busn. Code	700,931	700 021		
اچ		Convention & Visitor	rs Bu	reau	1		700,931		
8	b	Membership Sales			1	444,821	444,821		
اڲٙ	C	Special Projects			<del></del>	175,372	175,372	<del></del>	-
ဖွံ့	d	New Member Sales			<del></del>	60,128	60,128		
ᆵ	е	Management Fees			-	21,000	21,000		
Program Service Revenue		All other program service rever	iue					<u></u>	<u> </u>
<u>-</u>		Total. Add lines 2a-2f				1,402,252			· · · · · · · · · · · · · · · · · · ·
	3	Investment income (including of	lividend	ds, interes					
		and other similar amounts)			▶	713			713
	4	Income from investment of tax-	exemp	t bond pr	oceeds 🕨				
	5	Royalties		r	<u> </u>				
		(i) Real		(11)	Personal	ļ			
	6a	Gross Rents							
	b	Less rental exps							
	C	Rental inc or (loss)							
-	d Net rental income or (loss) 7a Gross amount from (1) Securities				<b>&gt;</b>		_		
ļ	/a	sales of assets (i) Securities	(u)	) Other					
1		other than inventory							
	b	Less cost or other							
1		basis & sales exps			575				
	С	Gain or (loss)			-575				
	d	Net gain or (loss)	_		<b></b>	-575	-575	-	
ļ	8a	Gross income from fundraising ever	nts						
enne		(not including \$							
		of contributions reported on line 1c)							
2		See Part IV, line 18	а						
Other Rev	b	Less direct expenses	b						
δļ		Net income or (loss) from fund	raising	events	•				
		Gross income from gaming activities	- 1					<del></del>	
		See Part IV, line 19	a						
	h	Less direct expenses	b				-		
		Net income or (loss) from gami	1	vitios	•	1			
		Gross sales of inventory, less	ng acu	Vides		<del></del>			
	104	returns and allowances	а						
	h	Less cost of goods sold	a b						
			_			~ -		-	
}	<u> </u>	Net income or (loss) from sales  Miscellaneous Revenue		entory	Busn. Code			· · · · · · · · · · · · · · · · · · ·	
-	44-	Wilscellatieous Reveilue	•		Busii. Code		-		
	11a				<del>  </del>				-
	b								-
	C				<b></b>				
		All other revenue			L				<b></b>
ļ		Total. Add lines 11a-11d			<b>▶</b>				
- 1	12	Total revenue. See instructions	s		▶_	1,402,390	1,401,677	C	713

## 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) but are	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
1	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
•	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,			· · · · · · · · · · · · · · · · · · ·	<del></del>
J	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	81,490		81,490	
6	Compensation not included above, to disqualified	02/130	-		
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	546,495		546,495	
8	Pension plan contributions (include section 401(k)			0.10/1.50	
-	and section 403(b) employer contributions)	44,166		44,166	
9	Other employee benefits	67,176		67,176	<del> </del>
10	Payroll taxes	51,033		51,033	
11	Fees for services (non-employees)	32,000			<del> </del>
a	Management		į	}	
b	Legal				
C	Accounting	10,657		10,657	
d	Lobbying	= 9,700 .	***	20,001	
e	Professional fundraising services See Part IV, line 17				·
f	Investment management fees		- "		
g	Other				
12	Advertising and promotion				
13	Office expenses				<del></del>
14	Information technology		-		
15	Royalties				
16	Occupancy	66,834		66,834	
17	Travel	22,763		22,763	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	i			
19	Conferences, conventions, and meetings	16,567		16,567	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,491		15,491	
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O)				
а	Convention & Visitor Cent	247,453	247,453		
b	Membership Dept Activitie	87,928	87,928		
c	Supplies	48,484		48,484	
d	Dues & Subscriptions	42,853		42,853	
е	Equipment Maintenance	36,576		36,576	
f	All other expenses	114,094		114,094	
25	Total functional expenses. Add lines 1 through 24f	1,500,060	335,381	1,164,679	0
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				
DAT	campaign and fundraising solicitation				- 000
DAA					Form <b>990</b> (2010)

Part')	Balance Sheet		<del></del>			
				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			79,479	1	73,414
2	Savings and temporary cash investments			560,515		476,776
3	Pledges and grants receivable, net		:	300,313	3	470,770
4	Accounts receivable, net		·	<del></del>	4	
5	Receivables from current and former officers, directors, to	uetooe k	24		-	
"	employees, and highest compensated employees Comple					
	Schedule L	ce i ait ii	OI .	•	5	• -
6	Receivables from other disqualified persons (as defined up	nder sect	ion			
•	4958(f)(1)), persons described in section 4958(c)(3)(B), ar					
	employers and sponsoring organizations of section 501(c)					
	employees' beneficiary organizations (see instructions)	(o) voidii	y		6	
7	Notes and loans receivable, net				7	
7 8	Inventones for sale or use				8	
9	Prepaid expenses and deferred charges				9	
1	Land, buildings, and equipment cost or	1 1				
	other basis Complete Part VI of Schedule D	10a	167,604			
ь	Less accumulated depreciation	10b	132,584	40,240	10c	35,020
11	Investments—publicly traded securities			30,230	11	30,020
12	Investments—other securities See Part IV, line 11				12	
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)			680,234	16	585,210
17	Accounts payable and accrued expenses	٠	<del>-</del>		17	453
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of	Schedule	D		21	
22	Payables to current and former officers, directors, trustees		_			
	employees, highest compensated employees, and disqual	•	ons			
21	Complete Part II of Schedule L				22	annual and annual annua
23	Secured mortgages and notes payable to unrelated third p	parties			23	
24	Unsecured notes and loans payable to unrelated third part				24	
25	Other liabilities Complete Part X of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			0	26	453
,	Organizations that follow SFAS 117, check here ▶ 🄀	and co	omplete			
27 28	lines 27 through 29, and lines 33 and 34.	_				
27	Unrestricted net assets			516,428	27	459,151
28	Temporanly restricted net assets			163,806	28	125,606
29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check her	e ▶ 🗍	and			
	complete lines 30 through 34.	_				_
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equipment f	fund			31	
32	Retained earnings, endowment, accumulated income, or or	other fund	ds		32	
30 31 32 33 34	Total net assets or fund balances			680,234	33	584,757
34	Total liabilities and net assets/fund balances			680,234	34	585,210

Form **990** (2010)

om	990 (2010) Midland Chamber of Commerce 75-0436936			P	age 12
Pa	rt'XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	102	390
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	500	060
3	Revenue less expenses. Subtract line 2 from line 1	3		-97	670
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		680	234
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	,193
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	$\Box$			
	column (B))	6		584	,757
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			$\top$	T
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
	Schedule O			1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 2	.	x
b	Were the organization's financial statements audited by an independent accountant?		21	, X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			$\top$	1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	: X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			$\top$	
	Schedule O		İ		
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				ł
	X 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?		38	۱	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		31	,	1
			F	om 99	0 (2010)

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.

OMB No 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Midland Chamber of Commerce 75-0436936 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV 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 a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d 3 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 7 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 No (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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (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 S (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 Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990. Part X

Sche	dule D (Form 990) 2010 Midland Cl	<u>namber of</u>	Comm	erce		<u>75-043</u>	6936			Page 2
Pa	rt III Organizations Maintaining	Collections o	f Art, H	istorical Treas	ures, d	or Other Si	milar As	sets (c	ontinue	ed)
3	Using the organization's acquisition, accession, collection items (check all that apply)							•		
а	Public exhibition	аГ	Loan or	exchange program	ns					
b	Scholarly research	e	Other	anamange program						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explair	how they	further the organiz	ation's e	xempt purpose	n Part			
	XIV						, ,			
5	During the year, did the organization solicit or n	eceive donations	of art, histo	oncal treasures, or	other sın	nılar			_	_
	assets to be sold to raise funds rather than to b								Ye	
Pa	irt IV Escrow and Custodial Arra				ation ar	nswered "Y	es" to Fo	m 990	0, Part	IV,
	line 9, or reported an amour	nt on Form 99	0, Part )	K, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermed	lary for co	ntnbutions or other	assets r	not			_	_
	included on Form 990, Part X?								Ye	s 📙 No
þ	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo	ollowing tat	ole						
									Amount	
¢	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	n 990, Part X, line	21?						Ye	s No
b	If "Yes," explain the arrangement in Part XIV								_	
_Pa	irt V Endowment Funds. Comple	ete if organiza	ition ans	wered "Yes" to	Form	990, Part	IV, line 10	)		
		(a) Current ye	ear	(b) Pnor year	(c) T	wo years back	(d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions			_						
c	Net investment earnings, gains, and									
	losses		}							
d	Grants or scholarships			_						
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses					<u> </u>	1			
g	End of year balance				1					
2	Provide the estimated percentage of the year el	nd balance held a	as			<del></del>	-		•	
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Term endowment ▶ %									
3a	Are there endowment funds not in the possessi	on of the organiza	ation that a	re held and admini	stered fo	r the				
	organization by								ſ	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations list	sted as required o	on Schedul	e R?					3b	
4	Describe in Part XIV the intended uses of the co	rganization's end	owment fui	nds						<del></del> -
Pa	rt VI Land, Buildings, and Equip				0					
	Description of investment	(a) Cost or oth		(b) Cost or other		(c) Accu	mulated		(d) Book	value
		(investme	nt)	(other)		depred	ciation			
1a	Land							1		
b	Buildings			1				1	_	
	Leasehold improvements									· · ·
	Equipment					<u> </u>		<b>†</b>		
	Other			167	,604	1	.32,584	1	3	35,020
	. Add lines 1a through 1e (Column (d) must equ	ıal Form 990, Par	t X, columi				<b>&gt;</b>			35,020

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Sche	dule D (Form 990) 2010 Midland Chamber of Commerce	75-0436936	5	Page <b>4</b>
_Pa	rf XI Reconciliation of Change in Net Assets from Form 990 to Aud	ited Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,402,390
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,500,060
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-97,670
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		_8	2,193
9	Total adjustments (net) Add lines 4 through 8		9	2,193
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	-95,477
<u>Pa</u>	rt XII Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per Retu	ırn	· —
1	Total revenue, gains, and other support per audited financial statements		1	1,401,609
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments 2a	ı [	l	
b	Donated services and use of facilities 2b		ł	
C	Recovenes of pnor year grants	;	ł	
d	Other (Describe in Part XIV)	1	ŀ	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,401,609
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		l	
b	Other (Describe in Part XIV)	781	ŀ	
C	Add lines 4a and 4b		4c	781
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,402,390
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Re	eturn	
1	Total expenses and losses per audited financial statements		1	1,497,086
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a	1		
b	Pnor year adjustments 2b			
C	Other losses 2c			
d	Other (Describe in Part XIV)	-2,974		
е	Add lines 2a through 2d		2e	-2,974
3	Subtract line 2e from line 1	,	3	1,500,060
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		j	
b	Other (Describe in Part XIV )			
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,500,060
_Pa	rt XIV Supplemental Information			
Comp	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar	nd 4, Part IV, lines 1b and 2b,		
Part \	/, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b A	lso complete this part to provid	de	
•	dditional information			
Pa	art XI, Line 8 - Reconciliation of Changes - O	ther		
В	ook loss on asset disposal	\$		-1,356
Ta	ax loss on asset disposal	\$		575
В	ook Depreciation	\$		-12,517
Ta	x Depreciation	\$		15,491

Part XII, Line 4b - Revenue Amounts Included on Return - Other

Schedule D (Form 990) 2010 Midland Chamber of	Commerce	75-0436936	Page 5
Part'XIV Supplemental Information (continued)			
Book loss on asset disposal		ş	1,356
Tax loss on asset disposal		<b>.</b> \$	-575
Part XIII, Line 2d - Expense Amou	ints Included	in Financials -	Other
Book Depreciation		\$	12,517
Tax Depreciation		\$	-15,491

, SCHEDULE O (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service Name of the organization

Midland Chamber of Commerce

Employer identification number 75-0436936

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Upon request, the organization makes its governing documents and financial statements available to the public by first obtaining the CEO approval and then providing the requesting party a copy of the documents.

71712 Midland Chamber of Commerce

**Federal Statements** 

8/13/2012 6:42 PM

FYE: 9/30/2011

75-0436936

**Taxable Interest on Investments** 

DescriptionAmountUnrelated Business CodeExclusion CodePostal CodeAcquired after 6/30/75US Obs (\$ or %)Interest\$ 71314Total\$ 713

5_**. •	
8/13/2012 6:42 PM	Raising S
	Management & General \$ 20,664 19,859 16,393 16,393 57,711 4,975 \$ 114,094
tements	Total   Program   Service   20, 664   5   16, 084   11, 665   7,711   4, 975   114, 094   114, 094   1   4, 975   1   4, 975   1   4, 975   1   4, 975   1   4, 975   1   4, 975   1   4, 975   1   4, 975   1   4, 975   1   1   4, 975   1   1   4, 975   1   1   4, 975   1   1   4, 975   1   1   4, 975   1   1   4, 975   1   1   4, 975   1   1   4, 975   1   4, 975   1   1   4, 975   1   1   4, 975   1   4
Federal Statements	Form 990, Part IX, Line 248  Total Expenses \$ 20, 664 19, 859 16, 783 16, 044 11, 665 7, 711 4, 975 \$ 114, 094
71712 Midland Chamber of Commerce 75-0436936 FYE: 9/30/2011	Description Telephone/Communication Auto Expense Furniture & Equipment Professional Development Professional Development Print/Web Insurance Marketing & Advertising Total

### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

► See separate instructions.

Identifying number

	Midland	l Chamber c	f Commerce	1			75-	<u>043</u>	<u>6936                                   </u>
	ess or activity to which this form relates								<del></del>
	ndirect Depreciati		anti Umdan Cad	V 470					
Г	Int I Election To Expension  Note: If you have a	•	•			sloto Do	-4 I		
1	Maximum amount (see instructions)		ty, complete Pai	t v belore you	COM	nete Pa	rt I.		500,000
2	Total cost of section 179 property p		instructions)					2	300,000
3	Threshold cost of section 179 property			uctions)				3	2,000,000
4	Reduction in limitation Subtract line		•	ucuons)				4	2,000,000
5	Dollar limitation for tax year Subtract line		•	nd filing separately se	a instruc	hone		5	
6	(a) Description			b) Cost (business use			lected cost		
			<del></del>	<del>-</del> ' <del>-</del>					
			~						
7	Listed property Enter the amount fi	rom line 29			7				
8	Total elected cost of section 179 pr	operty Add amounts	ın column (c), lines 6	and 7		•		8	
9	Tentative deduction Enter the sma	ller of line 5 or line 8						9	-
10	Carryover of disallowed deduction for	rom line 13 of your 2	009 Form 4562					10	
11	Business income limitation. Enter the	e smaller of business	income (not less that	an zero) or line 5 (s	see inst	ructions)		11	
12	Section 179 expense deduction Ad	d lines 9 and 10, but	do not enter more that	an line 11				12	
13	Carryover of disallowed deduction to	o 2011 Add lines 9 a	nd 10, less line 12	<u> </u>	13				
	: Do not use Part II or Part III below								
	ert II Special Depreciation					<u>ude liste</u>	d proper	ty.)	(See instructions)
14	Special depreciation allowance for		er than listed propert	y) placed in servic	е				
	during the tax year (see instructions	•						14	8,653
15	Property subject to section 168(f)(1							15	
16 D	Other depreciation (including ACRS			5 × 10 1				16	1,295
_ Pe	rt III MACRS Depreciati	on (Do not incit	iae iistea properi Sectior		ictions	5)			· · · · · · · · · · · · · · · · · · ·
17	MACRS doductions for essets place	nd in annua in Anii ii							5,543
18	MACRS deductions for assets place							17	3,343
<u></u>	If you are electing to group any assets pl  Section B—	Assets Placed in Se						tem	
		(b) Month and year	(c) Basis for depreca	· · · · · · · · · · · · · · · · · · ·	1	a. Bepie	nation Oye	-	<u> </u>
	(a) Classification of property	placed in service	(business/investment only-see instruction	use (ta) (toostory	(e) C	onvention	(f) Meth	od	(g) Depreciation deduction
<u>19a</u>	3-year property				<u> </u>				
<u> </u>	5-year property				_				
<u> </u>	7-year property	-			ļ				
<u>d</u>	10-year property	ļ	-		-	_			
e	15-year property				<del> </del> -				
<u>f</u>	20-year property	-			<del> </del>				
9_	25-year property		<del>-</del>	25 yrs	<del>                                     </del>		S/L		
n	Residential rental property			27 5 yrs		MM	S/L		<u></u>
	<del></del>			27 5 yrs	1	MM	S/L		
'	Nonresidential real property			39 yrs	+	MM	S/L		
	<del></del>	ssets Placed in Serv	rice During 2010 Tax	y Year Using the		MM Depr	S/L	retom	<u> </u>
 20a	Class life		lee burning 2010 142	x rear osing the	Aiterna 	ave Depic		ysterri	
	12-year	1	}	12 yrs	<del> </del>	·	S/L S/L		<del></del>
	40-year			40 yrs	<del> </del>	MM	S/L		
	irt IV Summary (See ins	tructions)	L	1 40 913	-	171171	U/L		<u> </u>
21	Listed property Enter amount from							21	
22	Total. Add amounts from line 12, lin		es 19 and 20 in colur	mn (g), and line 21	Enter I	here	Ì		
	and on the appropriate lines of you					··-		22	15,491
23	For assets shown above and place	,	,				ا		
	portion of the basis attributable to s	ection 263A costs			23				

Form **8868**(Rev January 2011)

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury File a separate application for each return. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  $\triangleright |X|$ If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Type or Name of exempt organization Employer Identification number Midland Chamber of Commerce print 75-0436936 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions filing your 109 N. Main St. return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions Midland TX 79701 01 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Is For Code is For Code Form 990-T (corporation) Form 990 01 07 Form 990-BL 02 Form 1041-A Form 990-E2 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ▶ Rebecca Thomas Telephone No ▶ 432-683-3381 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is I if it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 05/15/12 , to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year ▶ X tax year beginning 10/01/10 , and ending 09/30/11 If this tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

payment instructions

Form **8868** (Rev 1-2011)

3b

(Electronic Federal Tax Payment System) See instructions

1 Earn 9969 /5	Pov. 1 2012\				Dana 2			
Form 8868 (F	filing for an Additional (Not Autom	natic) 3-Month Extension, co	mplete only Part Had check	this how	Page 2  ▶ X			
	omplete Part II if you have already be				P (23)			
	filing for an Automatic 3-Month Ex							
Part II	Additional (Not Automati			iginal (no copies	needed)			
					ying number, see instructions			
Type or	Name of exempt organization or of	other filer, see instructions		yer identification number (EIN) or				
print					_			
File by the	Midland Chamber			X 75	-0436936			
due date for	no Number, street, and room or suite no If a PO box, see instructions				security number (SSN)			
filing your	109 N. Main St.		<del></del>					
return See instructions	City, town or post office, state, an	id ZIP code For a foreign addr TX 7970:						
	Midland							
<b>.</b>								
Enter the Rei	urn code for the return that this applic	cation is for (file a separate app	olication for each return)		01			
Annlinatio		1 5.4	T					
Applicatio	n	Return	Application		Return			
Is For Form 990	·	Code	Is For	,,	Code			
Form 990-I		01	T	<u>••••••</u>	` 00			
Form 990-I	<del></del>	02	Form 1041-A	<del></del> -	08			
Form 990-		01	Form 4720	· · · · · · · · · · · · · · · · · · ·	09			
	(sec. 401(a) or 408(a) trust)	04 05	Form 5227 Form 6069		10			
	(trust other than above)	06	Form 8870	<del></del>	11 12			
1 01111 330-	(trust office than above)		F01111 007 0					
• If the org	ne No.   432-683-3381  anization does not have an office or poor a Group Return, enter the organization, check this box	place of business in the United	States, check this box	If this is	▶ □			
4 I reque 5 For ca 6 If the ta 7 State II	ames and EINs of all members the extension of the endar year accounting period in detail why you need the extension of the extension of the extension of the extension of the extension account the ex	f time until 08/15/12 tax year beginning 10/ an 12 months, check reason	01/10 , and ending 09	inal return	re a complete			
8a If this a	application is for Form 990-BL, 990-P	E 990-T 4720 or 6069 enter	the tentative tay less any		1			
	ipplication is for Form 990-BL, 990-F	. , 550-1, 4720, 01 0003, effet	and temative tax, icss ally	8a	s			
	ipplication is for Form 990-PF, 990-T	, 4720, or 6069, enter any refu	ndable credits and		<u> </u>			
	ted tax payments made. Include any	•						
	t paid previously with Form 8868	, , , . ,	,	8b	i s			
	ce due. Subtract line 8b from line 8a	Include your payment with this	s form, if required, by using EF					
	onic Federal Tax Payment System)		, , , , , , , , , , , , , , , , , , ,	8c	\$			
			es ha samalas d'és. P		· · · · · · · · · · · · · · · · · · ·			
	les of perjury I declare that I have ex nd belief, it is true, correct, and comp	lete, and the lam authorized t	companying schedules and st	_	best of my			
signature -	- Karri VIX	-V	me P		Date 7			