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# Form **990**

Department of the Treasury Internal Revenue Service

### **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

2011

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning a	nd ending		
В	Check if applicable	C Name of organization		D Employer identifica	ation number
Г	Addres	LOUISVILLE AREA CHAMBER OF COMMERCE,	INC.		
	Name change	CDEAMED LOUISILE THE		61-04	34089
	lnitial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	E Telephone number	
	Termin ated	614 WEST MAIN STREET	6000	(502)	625-0000
	Amend return	City or town, state or country, and ZIP + 4		G Gross receipts \$	8,399,939.
	Application	LOOTSATORE, KI 40202		H(a) Is this a group reti	urn
	pendin	F Name and address of principal officer TRACEE TROUTT		for affiliates?	Yes X No
		614 WEST MAIN STREET, STE 6000, LOUIS	VILLE,	H(b) Are all affiliates inclu	ided? Yes No
I	Tax-exe	empt status 501(c)(3) 501(c)( 6 ) ◀ (insert no.) 4947(a)i	(1) or 52	27 If "No," attach a lis	st (see instructions)
		e: WWW.GREATERLOUISVILLE.COM		H(c) Group exemption	number >
ĸ	Form of	organization. X Corporation Trust Association Other	L Yea	ar of formation: 1949 M	State of legal domicile, KY
		Summary			
~	1	Briefly describe the organization's mission or most significant activities. TO	LEAD I	NNOVATION AND	CIVIC
Activities & Governance	1 :	ENTREPRENEURSHIP, WHILE MAINTAING A COM			
na T	2	Check this box   if the organization discontinued its operations or dis			
Š	3	Number of voting members of the governing body (Part VI, line 1a)	•	3	55
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1	b)	4	55
<b>∞</b> 5	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	-,	5	79
iŧi	6	Total number of volunteers (estimate if necessary)		6	1200
훉	72	Total unrelated business revenue from Part VIII, column (C), line 12		7a	37,025.
ĕ	'a	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
-	<del>                                     </del>	Tot difficulties business taxable meeting from 1 only 500 17 miles		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5,858,762.	5,471,159.
Revenue	9	Program service revenue (Part VIII, line 2g)	-	2,417,506.	2,579,334.
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10,691.	7,253.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	251,202.	342,193.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12	8,538,161.	8,399,939.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-/	356,530.	370,982.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	F	0.	0.
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1	10)	4,046,119.	4,051,527.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	' <sup>''</sup>	0.	0.
Sen	loa		,668.		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-000	3,762,396.	4,046,000.
		Total expenses Add lines 13-17 (must equal Part IX column (A), lines 13-110, 111-249		8,165,045.	8,468,509.
			721	373,116.	-68,570.
= 5	19	Revenue less expenses Subtract line 18 from line 12		Beginning of Current Year	End of Year
Net Assets or	<u> </u>	Total assets (Part X, line 16)	10 101	2,202,361.	2,139,359.
SSE	20	Total assets (Fair X, Illio To)	121	566,864.	572,432.
# E	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20. 56.0 F.M.	UY F	1,635,497.	1,566,927.
) Fig	Part II	Net assets or fund balances Subtract line 21 from line 20 0000000000000000000000000000000000		1,033,437.	1,300,321.
_		Ilties of perjury, I declare that I have examined this return, including accompanying sche	dulae and etat	ements, and to the hest of my	knowledge and helief it is
		ities of perjuly, 1 declare that I have examined this return, including accompanying sche et, and complete. Declaration of preparer (other than officer) is based on all information of			Knowledge and belief, it is
uu	e, correc	it, and complete. Deciaration of preparer (other than officer) is based on an information of	or willon prepa	Tot tids any knowledge.	
٥.		Signature of officer	11	Date	ali
Sig		TRACEE TROUTT / MULTO-/ M	นปี	611	3112
He	ere	Type or print name and title	7074		
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN
P.	<b>-</b>				
Pa		MICHAEL J. VOGEL MICHAEL J. VOGEL FIRM'S name MARDING SHYMANSKI & CO, PSC	للندي	05/31/12 self-employed	35-1346211
	eparer o Only		0.0	I IIIII S EIIV	22 1240711
US	e Only	Firm's address 501 S. SECOND STREET, SUITE 20 LOUISVILLE, KY 40202	0 0	Phono no 5 f	02-584-4142
_		<u> </u>		Phone no. 50	
		RS discuss this return with the preparer shown above? (see instructions)			X Yes No Form <b>990</b> (2011)
132	2001 01-2	23-12 LHA For Paperwork Reduction Act Notice, see the separate instru	uctions.		FORM 930 (2011)

see schedule o for organization mission statement continuation

915-33

17-

Form 990 (2011)

			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?	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) 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	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<b>.</b> ,
	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			<b>.</b>
_	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			х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	_ 9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		<u> </u>
• •	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	х	
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		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 reported in	ļ —		
	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	ļ
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	Х	<del> </del>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	<del> </del>	A
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	"		1
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		<b>†</b>	
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
. •	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	L	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		C	agn.	/2011

. ...

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<b> </b>
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			1
	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 \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	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?	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	ļ .		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b> </b>
b	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			1
	Schedule L, Part I	25b		<b></b>
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	i		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? 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)	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b	-	
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<del></del>
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
30	contributions? If "Yes," complete Schedule M	30	•	x
31	Did the organization liquidate, terminate, or dissolve and cease operations?		-	
•	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		·	
<b>-</b>	Schedule N, Part II	32		_x
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		Х
34	Was the organization related to any tax-exempt or taxable entity?			
-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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, Part V, line 2	35b	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		-	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u>L</u>
		Form	990	2011

Form 990 (2011) LOUISVILLE AREA CHAMBER OF COMMERCE, INC. 61-0434089

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V					للا
	•		,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	106		İ	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b_	0		ļ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gamıng			
	(gambling) winnings to prize winners?	1 1		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	79	į		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				İ
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)"	4a		X
b	If "Yes," enter the name of the foreign country.		<del> </del>	.		ĺ
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	Accou	nts	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	4 0		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	iction?	•	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		tion colout	5c		H
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit		x	1
<b>L</b>	any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contribut	ione o	r aifte	6a		l
D	were not tax deductible?	10115 0	giits	6b	x	ł
7	Organizations that may receive deductible contributions under section 170(c).			00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices r	provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	1 1000 }	novided to the payer	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as red	uıred			
Ū	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g	, i	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the s	upporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		ļ
10	Section 501(c)(7) organizations. Enter	1	l			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	I			
11	Section 501(c)(12) organizations. Enter	1	I			1
a	Gross income from members or shareholders	11a		1		İ
b	Gross income from other sources (Do not net amounts due or paid to other sources against	11b				1
40-	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		2	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120		
о 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	لاغال	l	1		
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note. See the instructions for additional information the organization must report on Schedule O					<b>†</b>
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
-	organization is licensed to issue qualified health plans	13b				i
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	_		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		
					000	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 55									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 55									
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 customarily performed by or under the direct 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										
6	Did the organization have members or stockholders?	6	X							
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
•	more members of the governing body?	7a		X						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
-	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	X							
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 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 Revenue Code )									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
_	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did 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?			1						
а	The organization's CEO, Executive Director, or top management official	15a	Х							
_	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)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
_	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure			_						
17	List the states with which a copy of this Form 990 is required to be filed ►KY									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole							
,•	for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, ar	nd fina	ncial							
	statements available to the public during the tax year									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion.	▶ .							
0	CHRISTY CORUM - 502-625-0120	,								
	614 UPCM MAIN CORPER CHIMP 6000 LOHICVILLE KV 40202									

Form **990** (2011)

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### LOUISVILLE AREA CHAMBER OF COMMERCE, INC.

61-0434089

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# 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

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

- 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

(A) Name and Title	(B) Average hours per week	box,	not cl unles cer an	ss pe	rtion more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GREG FISCHER										
BOARD MEMBER	1.00	X				_		0.	0.	0.
(2) JONATHAN S. BLUE	1 00					1				•
BOARD MEMBER	1.00	X					_	0.	0.	0.
(3) JEFF BRINGARDNER	4 00									
CHAIRMAN-ELECT	4.00	X		X			_	0.	0.	0.
(4) DAVE CALZI	1									•
BOARD MEMBER	1.00	X			<u> </u>	-		0.	0.	0.
(5) PAUL COSTEL	1 00	l			ŀ					
BOARD MEMBER	1.00	X				┝	<b>}</b> -	0.	0.	0.
(6) CHARLES P. DENNY	1 00									
BOARD MEMBER	1.00	Х				-	├-	0.	0.	0.
(7) JOHN H. HAWKINS, JR.	4 00									
TREASURER	4.00	X		X		-	┝	0.	0.	0.
(8) KENNEDY HELM, III	1 00	,,					ļ		0.	_
BOARD MEMBER	1.00	<u> </u>			-	⊢	⊢	0.	U .	0.
(9) ALICE HOUSTON	1.00							0.	0.	0.
BOARD MEMBER	1.00	X		$\vdash$	$\vdash$	-	$\vdash$	<u> </u>	U •	U •
(10) DAN JONES	1.00	<b>.</b>	ļ					0.	0.	0.
BOARD MEMBER	1.00	^	-			-	<del> </del>			<u>U •</u>
(11) TIERRA KAVANAUGH TURNER	1.00	X						5,338.	0.	_0.
BOARD MEMBER	1.00	^		_				3,330.	0.	0.
(12) ROBERT LEKITES	4.00	X		X		1		0.	0.	0.
CHAIRMAN-PAST	4.00	^	}—		<del>                                     </del>	+	<del>                                     </del>		<u> </u>	<u> </u>
(13) JENNIFER MACKIN	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	A	<del> </del>			┼			<u> </u>	
(14) MARY PAT REGAN	4.00	x		X	1		İ	0.	0.	0.
CHAIRMAN (ANGUELO TO	3.00	A	┢╾	1		$\vdash$	-		<u> </u>	
(15) BILL SAMUELS, JR. BOARD MEMBER	1.00	$ \mathbf{x} $	1				1	0.	0.	o.
(16) DEBBIE S. SCOPPECHIO	1.00	122		$\vdash$	<del>                                     </del>		$\vdash$		<u> </u>	
BOARD MEMBER	1.00	X				-		0.	0.	<u> </u>
(17) EVELYN STRANGE	1.50		<del> </del> -			T	T	<del>                                     </del>	<u>~.</u>	
BOARD MEMBER	1.00	x			ŀ	1		0.	0.	0.
A STATE OF THE STA		1	_	٠		_	-	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Farm 990 (2011)

Part VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)			
(A)	(B)	(C)						(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one	Reportable	Reportable	E	stimate	d
	hours per						h an	compensation	compensation	a	amount of	
	week (describe		T a	luau		1	100,	from the	from related		other	•
	hours for	direct	ļ			_	]	l .	organizations (W-2/1099-MISC)		npensat from the	
	related	66 01	stee			nsate		(W-2/1099-MISC)	(** 27 1000 111100)	1	ganızatı	
	organizations	1 trust	aal tru		) se	E .				1 '	nd relate	
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	ije.			org	janizatio	วทธ
(18) PANY II WINDY PROVI		_ق_	Ĕ	ਙ	ā	( <u>₹</u> =	₽   æ			-		
(18) PAUL W. THOMPSON	1.00	X						0.	0.			0.
BOARD MEMBER	1.00	A				$\vdash$	╁			<del>'</del>		<u> </u>
(19) SCOTT TRAGER BOARD MEMBER	1.00	x		[ !				0.	ο,			0.
(20) PAUL VARGA	1,00	^	$\vdash$	$\vdash$		$\vdash$				<u>'</u>		
BOARD MEMBER	1.00	x						0.	0.			0.
(21) STEPHEN A. WILLIAMS	2100		$\vdash$							†		<del></del>
BOARD MEMBER	1.00	х						0.	0.			0.
(22) HAROLD WORKMAN			<u> </u>			<del>                                     </del>			<u> </u>	1		
BOARD MEMBER	1.00	x					1	0.	0.	.		0
(23) DAN BARBERCHECK												
BOARD MEMBER	1.00	X	ļ	ł				0.	0	•		0.
(24) MARTY BONICK										T		
BOARD MEMBER	1.00	X						0.	0	<u>.                                    </u>		0.
(25) DAVID M. BOWLING	1											
BOARD MEMBER	1.00	X	_		_	ot	<u> </u>	0.	0	•—		0.
(26) JAMES P. CAMPBELL							l	_	_			_
BOARD MEMBER	1.00	X		<u> </u>		1	<u>L.</u>	0.	0			0.
1b Sub-total								5,338.	0			0.
c Total from continuation sheets to Part V	II, Section A							823,345.	0		35,65	
d Total (add lines 1b and 1c)	<del></del>					_▶		828,683.	0	•	<u>35,6!</u>	<u>54.</u>
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportable			5
compensation from the organization								<del></del>	<del></del>		Yes	No
3 Did the organization list any former officer,	director or tr	ieta	a ka	w or	mole	.v.ee	or	highest compensated a	mnlovee on		1.03	
line 1a? If "Yes," complete Schedule J for s			C, N	ey ei	пріс	усс	, 01	mgnest compensated e	inployee on	3		Х
4 For any individual listed on line 1a, is the si			omo	ensa	atior	n an	d ot	her compensation from	the organization		1	
and related organizations greater than \$15									and organization	4	$ \mathbf{x} $	
5 Did any person listed on line 1a receive or									idual for services	<u> </u>		
rendered to the organization? If "Yes," com	•									_ 5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	ract	ors 1	that received more than	\$100,000 of comper	sation	from	
the organization Report compensation for	the calendar y	ear	end	ıng v	vith	or w	/ithi	n the organization's tax	year			
(A)								(B)			(C)	
Name and business	address							Description of s	services	Comp	ensation	<u> </u>
MEMBER MINDED			_			_						
3535 WARNER AVENUE, LOUI	SVILLE,	K	Υ .	40	<u> 20</u>	7		IT SUPPORT	_	12	28,1	<u> </u>
							_					
									<del></del>			
									· <del>-</del>			
2 Total number of independent contractors /	including but	10t l	meta	-d +-	tha	eo l	etor	d above) who recoved r	nore than			

\$100,000 of compensation from the organization

Form 990 (2011)

LOUISVILLE AREA CHAMBER OF COMMERCE, INC.

61-0434089

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) (D) (E) Name and title Average Position Reportable Reportable **Estimated** hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation employee (W-2/1099-MISC) from the ndividual trustee or director organization (W-2/1099-MISC) organization Highest compensated Institutional trustee and related Key employee organizations Officer (27) CHRIS CARMICLE 1.00 X 0. 0. 0. BOARD MEMBER (28) LYNN COOPER 0. 1.00 X 0. 0. BOARD MEMBER (29) JOHN CROCKETT 4.00 X Х 0. 0. 0. SECRETARY (30) KEVIN FLANERY 1.00 X 0 0 0. BOARD MEMBER (31) JOHN GANT 1.00 X 0. 0 0. BOARD MEMBER (32) ARNOLD GARSON 0. 1.00 X 0 0. BOARD MEMBER (33) MILTON R HASKINS, JR. 0. 0 0. 1.00 X BOARD MEMBER (34) DENIS P. HEISHMAN 0 0 0. 1.00 X BOARD MEMBER (35) JENNIFER R HUGHES 1.00 X 0. 0 0. BOARD MEMBER (36) DONALD J. KELLY 0 1.00 X 0. 0. BOARD MEMBER (37) JOSEPHINE Y. LEGNER 0 0. 1.00 x 0. BOARD MEMBER (38) JEFFREY A. MCKENZIE 1.00 X 3,163 0 0. BOARD MEMBER (39) DIANE MEDLEY 0. 0 0. 1.00 X BOARD MEMBER (40) TOM MONAHAM 0 0 0. 1.00 X BOARD MEMBER (41) NICOLE PALMER 0. 1.00 X 0. 0 BOARD MEMBER (42) TOM PARTRIDGE 0 0 0. 1.00 | xBOARD MEMBER (43) JOSEPH PUSATERI 0. 0. 0. 1.00 X BOARD MEMBER (44) KENDRICK R. RIGGS 0 0. 0. 1.00 X BOARD MEMBER (45) TONII RIZZO 0. 6,963 0. 1.00 X BOARD MEMBER (46) JAMES CLAY SMITH 0. 1.00 0 X 0 BOARD MEMBER Total to Part VII, Section A, line 1c

61-0434089

LOUISVILLE AREA CHAMBER OF COMMERCE, INC.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) (D) (E) Name and title Average Position Reportable Reportable Estimated hours (check all that apply) compensation compensation amount of other per from from related compensation week Highest compensated employee the organizations (W-2/1099-MISC) from the ndividual trustee or director organization (W-2/1099-MISC) organization nstitutional trustee and related (ey employee organizations (47) DENISE SPALDING 1.00 x 0. 0. 0. BOARD MEMBER (48) TODD SPENCER 0. 1.00 X 0. 0. BOARD MEMBER (49) KERRY STEMLER 0. 0. 0. 1.00 X BOARD MEMBER (50) ANNA TATMAN 0. 1.00 X 0. 0. BOARD MEMBER (51) SUSAN STOUT TAMME 0. 0. 1.00 X 0. BOARD MEMBER (52) MICHEAL WHITE 1.00 X 0. 0. 0. BOARD MEMBER (53) DOUG WHYTE 0. 0. 1.00 X 0. BOARD MEMBER (54) DAVID WOMBWELL 0. 0. 1.00 X 3,163. BOARD MEMBER (55) KAREN WUNDERLIN 1.00 X 0. 0. 0. BOARD MEMBER (56) JOSEPH F. REAGAN 11,990. 60.00 X 290,121. 0. X PRESIDENT/CEO (57) DONALD A. SCHMIEDT 5,040. 0. X 111,089. 50.00 DIRECTOR OF FINANCE (58) TRACEE TROUTT X 145,023. 0. 6,604. 50.00 EXECUTIVE VICE PRESIDENT & CAO/KE (59) CARMEN HICKERSON 5,575. X 115,985. 0. 50.00 VICE PRESIDENT/HC (60) EILEEN PICKETT 6,443. X 147,838. 0. 50.00 EXECUTIVE VICE PRESIDENT/KE 823,345 35,652.

Total to Part VII, Section A, line 1c

Form 990 (2011)

(D)
Revenue
excluded from
tax under (A) (B) (C) Related or Unrelated Total revenue exempt function business sections 512. revenue revenue 513, or 514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1a 2557325. 1b Membership dues 1c c Fundraising events 677,954. d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and 2235880. similar amounts not included above 1f 577,763. Noncash contributions included in lines 1a-1f \$ 5471159 Total. Add lines 1a-1f Business Code 1306683. 900099 1306683. 2 a SERVICE FEES Program Service Revenue 900099 785,235. 785,235. ь SPONSORSHIPS 484,078. 900099 484,078. c REGISTRATIONS 3,338. 3,338. 900099 d PUBLICATIONS f All other program service revenue 2579334 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 7,253. 7,253 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (i) Real 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less, direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 305,168. 900099 305,168. 11 a MISCELLANEOUS INCOME 37,025 37,025 ь ADVERTISING 541800 d All other revenue 342,193. Total. Add lines 11a-11d 8399939. 2884502. 37,025. 7,253. 12 Total revenue. See instructions. Form 990 (2011)

### 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)

	Check if Schedule O contains a response to tinclude amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	272 222	250 200		
	organizations in the United States. See Part IV, line 21	370,982.	370,982.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16		<del></del>		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	220 720	271 012	43,934.	4,991
_	trustees, and key employees	320,738.	271,813.	43,334.	4,331
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,236,511.	2,740,586.	440,219.	55,706
7	Other salaries and wages	3,430,311.	2,14U,300.	440,417.	33,100
8	Pension plan accruals and contributions (include	85,220.	72,886.	11,264.	1,070
	section 401(k) and section 403(b) employer contributions)	146,891.	125,632.	19,415.	1,844
9	Other employee benefits Payroll taxes	262,167.	224,225.	34,651.	3,291
10	Fees for services (non-employees)	202,107.	224,225	34,031.	5,251
11	Management				
	Legal	254.	167.	83.	4
	Accounting	33,361.	21,903.	10,932.	526
c d	Lobbying	33/3021			<del>×.=.×</del>
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	830,487.	775,205.	54,357.	925
12	Advertising and promotion	824,689.	815,591.	5,918.	3,180
13	Office expenses	50,046.	49,091.	135.	820
14	Information technology	125,510.	82,402.	41,128.	1,980
15	Royalties				
16	Occupancy	644,436.	566,022.	68,343.	10,071
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	80,722.	67,572.	11,689.	1,461
23	Insurance	35,194.	28,859.	5,631.	704
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	DOCCOAN CERTIFOR AND MEA	880,580.	831,850.	10,341.	38,389
b	SUPPLIES	92,183.	79,052.	11,812.	1,319
c	MD 8 VIDI	85,841.	77,706.	5,313.	2,822
ď	COLUMN AND D	84,022.	68,856.	13,646.	1,520
е	All other expenses	278,675.	222,006.	52,624.	4,045
25	Total functional expenses. Add lines 1 through 24e	8,468,509.	7,492,406.	841,435.	134,668
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)			1	

Part		Balance Sheet	A CHAMBER OF COM			- Page 11
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1	243,497.	1	250,654.
	2	Savings and temporary cash investments		1,287,616.	2	1,104,029.
	3	Pledges and grants receivable, net			3	
ŀ	4	Accounts receivable, net	<u> </u>	105,107.	4	127,926.
	5	Receivables from current and former officers, di	rectors, trustees, key			
1		employees, and highest compensated employee	es Complete Part II			
		of Schedule L	<u> </u>		5	
ĺ	6	Receivables from other disqualified persons (as				
1		4958(f)(1)), persons described in section 4958(c				
		employers and sponsoring organizations of sections				
		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net		138,000.	7	132,000.
As	8	Inventories for sale or use	_		8	
	9	Prepaid expenses and deferred charges		<u>172,995.</u>	9	<u> 196,578.</u>
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a 1,395,856.			
İ	b	Less. accumulated depreciation	10b 1,205,086.	233,157.	10c	190,770.
	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		14		
	15	Other assets See Part IV, line 11	21,989.	15	137,402	
	16	Total assets. Add lines 1 through 15 (must equ	2,202,361.	16	2,139,359	
	17	Accounts payable and accrued expenses	322,855.	17	387,943.	
	18	Grants payable	100 005	18	04 550	
- 1	19	Deferred revenue		128,235.	19	94,550
	20	Tax-exempt bond liabilities	ŀ		20	
မွ	21	Escrow or custodial account liability Complete			21	
	22	Payables to current and former officers, directo				
Liabilities		highest compensated employees, and disqualif	ied persons Complete Part II			
<b>-</b>		of Schedule L			22	·
ĺ	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate		-	24	
	25	Other liabilities (including federal income tax, pa				
1		parties, and other liabilities not included on line	s 17-24) Complete Part X of	115 774		00 030
		Schedule D		115,774.	1	89,939
_	26	Total liabilities. Add lines 17 through 25	ू जि	566,864.	26	572,432
		Organizations that follow SFAS 117, check h	ere X and complete			
Ses		lines 27 through 29, and lines 33 and 34.		1 625 407		1 566 027
au	27	Unrestricted net assets		1,635,497.		1,566,927
Bal	28	Temporarily restricted net assets			28	
밀	29	Permanently restricted net assets			29	
로		Organizations that do not follow SFAS 117, o	heck here  and			
SO		complete lines 30 through 34.			20	
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or e			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, or other tunds	1 625 407	32	1,566,927
-	33	Total net assets or fund balances		1,635,497. 2,202,361.		2,139,359
	34	Total liabilities and net assets/fund balances		1 4,404,301.	34	Earm <b>990</b> (2011

1,566,927. 2,139,359. Form **990** (2011)

orm	990 (2011) LOUISVILLE AREA CHAMBER OF COMMERCE, INC.	61 - 0434	<u> 1089</u>	Pag	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
•	Total revenue (must equal Part VIII, column (A), line 12)	1   8	3,39	a a	3 9
1	· · · · · · · · · · · · · · · · · · ·		3,46		
2	Total expenses (must equal Part IX, column (A), line 25)	1			70.
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		L,63	0,4	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
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	1,56	<u> 5,9</u>	<u>27.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				ليا
				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 C	Э.			
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 of the	audıt,	1 1		
_	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued		}		
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle 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 require	ed audit	1 7		
	or sudits, explain why in Schodulo O and describe any stone taken to undergo such audits		36		

Form **990** (2011)

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

(Form 990 or 990-Ea

Department of the Treasury Internal Revenue Service

### **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

Open to Public Inspection

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 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) organizat	tions Complete Part III.		<del></del>		
Nan	ne of organization			I	Employer identification nur	nber
	LOUISVI	LLE AREA CHAMBER	OF COMMERC	E, INC.	61-0434089	
Pa	irt I-A Complete if the org	janization is exempt und	der section 501(c)	or is a section 52	organization.	
2	Provide a description of the organiz Political expenditures Volunteer hours	ation's direct and indirect politic	cal campaign activities		<b>▶</b> \$	
Ps	art I-B Complete if the org	janization is exempt und	der section 501(c)	(3).		
	Enter the amount of any excise tax				▶\$	
	Enter the amount of any excise tax	, •			▶\$	
	If the organization incurred a section				Yes	No
48	Was a correction made?				Yes	] No
<u> </u>	If "Yes," describe in Part IV					
Pa	art I-C Complete if the org	janization is exempt und	der section 501(c)	, except section 5	501(c)(3).	
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt fund	ction activities	<b>▶</b> \$	
2	Enter the amount of the filing organ	ization's funds contributed to o	ther organizations for s	section 527		
	exempt function activities				<b>▶</b> \$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL	<del>-</del> 1		
	line 17b				<b>\$</b>	<del></del>
	Did the filing organization file Form	•			└─ Yes └─	J No
5	Enter the names, addresses and er					1
	made payments For each organiza contributions received that were pr					a
	political action committee (PAC) If				parato ocgregated faria or t	•
	· · · · · · · · · · · · · · · · · · ·			(d) Amount paid fro	om (e) Amount of politi	ıcal
	(a) Name	(b) Address	(c) EIN	filing organization	1	
				funds If none, enter		rate on
_						
				<del>- </del>		
		1	1	1	i .	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

LHA

Schedule C (Form 990 or 990 EZ) 2011	<u>LOUIS</u>	/ILLE	<u>AREA CHAMBE</u>	R OF COMMERC	<u> </u>	<u> 3434089 Page 2</u>
Part II-A Complete if the org			npt under sectio	on 501(c)(3) and file	ed Form 5768	
(election under sec		<del></del>		D . N/		
	_		<del>-</del> : :	n Part IV each affiliated (	group member's nar	ne, address, EIN,
expenses, and shar			•			
B Check L if the filing organizat	tion check	ed box A ar	nd "limited control" pro	ovisions apply		T
		ying Exper	nditures Ints paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience nuhl	ic opinion (	grass roots lobbying)			
b Total lobbying expenditures to influ	•		-		· · · · · · · · · · · · · · · · · · ·	<u> </u>
c Total lobbying expenditures (add li	_		ry (direct lobbying)			<del></del>
d Other exempt purpose expenditure		1 10,				
e Total exempt purpose expenditure		e 10 and 1d	n	-		<del>                                     </del>
f Lobbying nontaxable amount Ente	•		•	th columns	·	
If the amount on line 1e, column (a) o			bying nontaxable am			<del>                                     </del>
Not over \$500,000	, (u) is.		the amount on line 1e			
Over \$500,000 but not over \$1,000	0000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5			0 plus 10% of the except plus 5% of the exce			
Over \$1,500,000 but not over \$17,	000,000			ess over \$1,500,000.		
Over \$17,000,000	l	\$1,000,0	000	_ <del></del> ]		
g Grassroots nontaxable amount (en	ter 25% of	line 1ft				
h Subtract line 1g from line 1a If zero		•		}	<del>'</del>	
Subtract line 1g from line 1c If zero				}		
j If there is an amount other than ze	•		line 1: did the organia	ration file Form 4720		<u> </u>
· ·		THIR III OI	inte 11, did the organiz	adon me ronn 4720		Yes No
reporting section 4911 tax for this		4 Voor Ave	eraging Period Under	Section 501/h)		165 110
	ations tha	t made a s	ection 501(h) electio	n do not have to comp es 2a through 2f on pag		
			nditures During 4-Ye	·		
				T	<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2	2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2011

# Schedule C (Form 990 or 990-EZ) 2011 LOUISVILLE AREA CHAMBER OF COMMERCE, INC 61-0434089 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		<del></del>			
	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	·	(b	)
of the	e lobbying activity	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or			<del></del>	
-	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of.				
а	Volunteers?				
b		-			
c	Media advertisements?				
d					·
e	Publications, or published or broadcast statements?				
f		-			
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
9	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
n		<del></del>			<del>-</del>
١.	Other activities?				
J	Total Add lines 1c through 1i	<del>   </del>			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<del></del>			
	If "Yes," enter the amount of any tax incurred under section 4912		ı		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<b>504</b> /V		-4:	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	5), or se	ction	
	<u> </u>			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		2		X
	answered "Yes."		<del></del>	2 555	7 205
1	Dues, assessments and similar amounts from members	•	<u> </u>	4,55	7,325.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
	Current year		_2a	44	1,039.
b	Carryover from last year		2b		
С	Total		2c		1,039.
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		_3	6.3	3,160.
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex		1		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	a a litical			
	about the digamentation agree to dairy over to the readonable outsiness of members in section in the section agree	political			
_	expenditure next year?	political	4		
_5_	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)		5	-19	,121.
	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)			-19	7,121
Pai	expenditure next year?		5		
<b>Pa</b> l Com	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; F		5		
<b>Pa</b> l Com	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  TIV Supplemental Information		5		
<b>Pa</b> l Com	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; F		5		
<b>Pa</b> l Com	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; F		5		
<b>Pa</b> l Com	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; F		5		
<b>Pa</b> l Com	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; F		5		
Pai Com	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; F		5		omplete
<b>Pa</b> l Com	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; F		5		
<b>Pa</b> l Com	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; F		5		
<b>Pa</b> l Com	expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  t IV Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; F		5		

### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 
➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization

LOUISVILLE AREA CHAMBER OF COMMERCE.INC.

Employer identification number

Par	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		o a a a a a a a a a a a a a a a a a a a
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		· ·
2	Aggregate contributions to (during year)	******	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fi	unde
J	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
U	for charitable purposes and not for the benefit of the donor of	•	
	impermissible private benefit?	of deficit advisor, or for any other purpose con-	Yes No
Pai		ganization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		This conditions
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year	ned 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
ь	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	aucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired		
•	listed in the National Register	and of 17700, and not on a motorio structure	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	
Ū	year ▶	iousse, oximigaterior, or terrimizates sy the eng	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		-
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	r 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 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, 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		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	if the organization received or held works of art, historical tre	easures, or other similar assets for financial gai	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

		LE AREA C							34089	
Par										
3	Using the organization's acquisition, accession	n, and other record	is, checl	k any of the	following that	t are a sig	Inificant	use of its	collection it	ems
•	(check all that apply).		_							
а	Public exhibition	c			hange progra	ms				
b	Scholarly research	€	. []	Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explai	n how th	ney further t	he organizatio	on's exen	npt purpo	ose in Par	t XIV.	
5	During the year, did the organization solicit or r	receive donations	of art, hi	storical trea	sures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be main	ntained as part of	the orga	nization's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part	-	ete if the	organizatio	n answered "	'Yes" to F	orm 990	), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custodial		diary for	contribution	s or other as:	sets not i	ncluded			
-	on Form 990, Part X?		,						Yes	□ No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo	allowing :	table.						
-	are and arrangement are arrangement are	ia complete the re	,						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
-	Distributions during the year						1e	_		
f	Ending balance						1f			
2a	Did the organization include an amount on For	m 990. Part X line	212						Yes	No
	If "Yes," explain the arrangement in Part XIV									
Par		he organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 10	).			
	<del></del>	(a) Current year	1	rior year	(c) Two year			years back	(е) Ғошг уе	ars back
1a	Beginning of year balance	1-1					<u></u>		, , , , ,	
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships		· · ·					••		
e	Other expenditures for facilities			•				-		
_	and programs									
f	Administrative expenses		1							
9	End of year balance	-				ı				
2	Provide the estimated percentage of the curre	nt vear end balance	ce (line 1	a. column (a	a)) held as:					
а	Board designated or quasi-endowment	,	%	,						
b	Permanent endowment ▶	%	_							
С	Temporarily restricted endowment ▶	 %								
	The percentages in lines 2a, 2b, and 2c should	d equal 100%								
За	Are there endowment funds not in the possess		ation th	at are held a	ınd admınıste	red for th	e organı	zation		
	by.								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	listed as required	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the d	organization's end	owment	funds.			_			
Pai	t VI Land, Buildings, and Equipme									
	Description of property	(a) Cost or o	other	(b) Cost	t or other	(c) Ac	cumulat	ed	(d) Book v	alue
		basis (invest	ment)	basis	(other)	dep	reciation	1		
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				0,818.		41,6		179	<u>,157.</u>
е	Other			27	75,038.	2	63,4	25.		<u>,613.</u>
Tota	Add lines 1a through 1e (Column (d) must ea	ual Form 000 Par	t X colu	mn (R) line	10(c) )				190	770.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 LOUISVILLE Part VII Investments - Other Securities.	See Form 990 Part X line 1	OF COMMERCE, INC.	61-0434089 Page 3
(a) Description of security or category		· · · · · · · · · · · · · · · · · · ·	d of valuation
(including name of security)	(b) Book value	1	-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)	-		
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
(I)  Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.		13.	
(a) Description of investment type	(b) Book value		d of valuation -year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		<del>                                     </del>	
(7)			
(8)			
(9)			
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, I			
	(a) Description		(b) Book value
	(a) becomplien		-21,084.
(2) DUE (TO)/FROM KMBC (2) DUE (TO)/FROM GLF			158,486.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part			<u>▶</u> 137,402.
(a) Description of liability	1 A, line 25.	(b) Book value	
(1) Federal income taxes		<u></u>	
(2) DEFERRED LEASES		14,163.	
(3) ACCRUED RETIREMENT BENET	FITS	75,776.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote. FIN 48 (ASC 740)	line 25.)	89,939.	
FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote FIN 48 (ASC 740)	ote to the organization's financial state	ments that reports the organization's liabili	ty for uncertain tax positions under

	dule D (Form 990) 2011 LOUISVILLE AREA CHAMBER OF				7434089 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financ		ment	<u> </u>
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		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		<del>-</del>
7	Prior period adjustments		7		<u> </u>
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8	10	9		
10   Dat	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII   Reconciliation of Revenue per Audited Financial Statement		10 L	Return	
	Total revenue, gains, and other support per audited financial statements	110 111111 110101	ido poi i	1	
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
	Net unrealized gains on investments	2a			
a	Donated services and use of facilities	2b	· · · · · · · · · · · · · · · · · · ·	1	
	Recoveries of prior year grants	2c		1	
٦	Other (Describe in Part XIV.)	2d		1	
d e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь ь	Other (Describe in Part XIV.)	4b		1	
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per	Retu	rn
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	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		]	
С	Other losses	2c		_	
d	Other (Describe in Part XIV)	2d	<del> </del>	_	
е	Add lines 2a through 2d			2e	<del>,</del>
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		-	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	rt XIV Supplemental Information	· · · · · · · · · · · · · · · · · · ·			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III				
	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp				
TH.	E ORGANIZATIONS ARE EXEMPT FROM INCOME TAXI	S UNDER S	ECTIO	N SU	1 OF THE
TNT	TERNAL REVENUE CODE AND A SIMILAR PROVISION	մ <b>೧</b> ೯ <b>ኖ</b> ሞልሞቹ	T.AW.	HO	WEVER, THE
<u> 11/</u>	TERNAL REVENUE CODE AND A DIMIDAR IROVIDIO	OI DIMIL	1 112 177 0		WEATH, THE
OR	GANIZATIONS ARE SUBJECT TO FEDERAL INCOME S	rax on any	UNRE	LATE	D BUSINESS
<u>010</u>	5.11.1.11.11.10.10 1.11.1 5020201 10 12221111 11100111				
TΑ	KABLE INCOME.				
		_			
MA	NAGEMENT EVALUATED THE ORGANIZATIONS UNCER	TAIN TAX F	OSITI	ONS	AND
CO	NCLUDED THAT THE ORGANIZATIONS HAD TAKEN NO	O UNCERTAI	N TAX	POS	ITIONS THAT
<u> </u>					
RE	OUIRE ADJUSTMENT TO THE COMBINED FINANCIAL	STATEMENT	rs.	Sched	dule D (Form 990) 2011

Schedule D (Form 990) 2011 LOUISVILLE AREA CHAMBER OF COMMERCE, INC. 61  Part XIV Supplemental Information (continued)	-0434089 Page 5
THE ORGANIZATIONS ARE SUBJECT TO INCOME TAX EXAMINATIONS FOR T	HETRILS.
FEDERAL INCOME TAXES. THE STATUTE OF LIMITATIONS FOR ASSESSME	
FEDERAL INCOME TAXES EXPIRED WITH RESPECT TO TAX RETURNS THROU	GH 2007.

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

COMMERCE, INC.

CHAMBER OF

General Information on Grants and Assistance

Parti

LOUISVILLE AREA

2011 Open to Public Inspection

OMB No 1545-0047

**Employer identification number** 

61-0434089

ž (h) Purpose of grant or assistance RECOGNIZE INNOVATION RECOGNIZE INNOVATION RECOGNIZE INNOVATION X Yes SENERAL SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any SPONSORSHIP SPONSORSHIP recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section or government or government or government or government or government or government or grant or government or government or government or grant or government or grant or grant or government or grant or government or grant or Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection o. Ö o. o Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 80,625, 10,000 20,000 10,000 50,000 14,902 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 501 (C) (3) 501 (C) (6) 501 (C) (3) Enter total number of other organizations listed in the line 1 table 61-1304888 61-1228189 31-1156341 27-1557279 20-8771714 264370439 critena used to award the grants or assistance? INC - PO BOX 1049 - LOUISVILLE, KY 1 (a) Name and address of organization MAIN ST. - LOUISVILLE, KY 40202 BUSINESS OWNERS - 614 WEST MAIN INTELLIGENT CHANGE INITIATIVES DEVELOPMENT COUNCIL - 614 WEST NATIONAL ASSOCIATION OF WOMEN TRI STATE MINORITY SUPPLIER ST. - LOUISVILLE, KY 40202 ULTRA TRACE DETECTION, LLC PSYCHE C-PAP PILLOW, LLC 6708 SYCAMORE WOODS DR. LOUISVILLE, KY 40243 LOUISVILLE, KY 40241 LOUISVILLE, KY 40217 208 LINNEY AVE. PO BOX 17541 INVEN, LLC Part 40588

132101 01-27-12

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II )  (a) Name and address of cash grant organization or government of cash grant organization organ	Grants and Other Assistance to Governments arants and Other Assistance to Governments fress of (b) EIN (c) IRC frapp fra	vernments and Organ (c) IRC section if applicable	Drawler Ce , INC.  Organizations in the Unite  organizations of (e	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	Description of icash assistance	(h) Purpose of grant or assistance
BFW, INC. 2307 RIVER ROAD LOUISVILLE, KY 40206 GREATER LOUISVILLE FOUNDATION, INC 614 WEST MAIN ST. LOUISVILLE, KY 40202	61-1266118	501 ( C) ( 3)	52,984.	0 0			RECOGNIZE INNOVATION
	71-1026569	501 ( C) ( 4)	36,000	0			CONTRIBUTION
							Schedule I (Form 990)

Schedule I (Form 990) (2011) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed THE LOUISVILLE AREA, AND GREATER LOUISVILLE, INC. MEMBERS ARE FAMILIAR WITH P D Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: ALL ORGANIZATIONS RECEIVING FUNDS ARE LOCAL (d) Amount of non-cash assistance (c) Amount of cash grant AND FREQUENTLY INVOLVED IN THEIR ACTIVITIES. (b) Number of recipients (a) Type of grant or assistance

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Page 2

61-0434089

LOUISVILLE AREA CHAMBER OF COMMERCE, INC.

Schedule I (Form 990) (2011)

Part III

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2011

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

➤ Attach to Form 990. ➤ See separate instructions

LOUISVILLE AREA CHAMBER OF COMMERCE, INC.

Employer identification number 61-0434089

**Questions Regarding Compensation** No Yes ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use X Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or X reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, X trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director Explain in Part III Written employment contract X Compensation committee Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? **4**a 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. a The organization? 6a 6ь b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	Compensation reported as deferred in prior Form 990
	ε	274,609.	0	15,512.	6,900.	5,090.	302	
1 JOSEPH F. REAGAN	Ξ :		0	0	.0	, 113	151 627	
2 TRACEE TROUTT	≘	145,025.	00	00		.0		0
	ε	143,139.	0	4,699.	4,350.	2,093.	154,281.	0.
3 EILEEN PICKETT	3	0.	0	0	0	0	0	0
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10	(1)							
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11	(ii)							
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12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	(ii)							
	Ξ							
15	(ii)							
	Ξ							
16	(iii)							
							Schedul	Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Part III Supplemental Information

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	so complete this pai	
	8, and for Part II Als	
	ia, 5b, 6a, 6b, 7, and 8, and fo	
	4c, 5a, 5b, 6a	
	b, 3, 4a, 4b, <sup>,</sup>	
	t I, lines 1a, 1	
	juired for Pari	
	descriptions rec	
	xplanation, or d	
	he information, explanation	
١	this part to provide the	<u></u>
	te this part to	al informatio
	complete t	ddrifton

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, bb, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A: THE SPOUSES OF THE PRESIDENT/CEO AND THE CHIEF
ADMINSITRATIVE OFFICER
ACCOMPANIED THEM ON THE TOTAL RESOURCE CAMPAIGN LEADERSHIP PLANNING TRIP.
THIS WAS APPROVED BY THE OFFICE OF THE CHAIR IN ADVANCE AND AUTHORIZED
BECAUSE OTHER COMMUNITY LEADERS ATTENDING THE TRIP WERE ACCOMPANIED BY
THEIR SPOUSES.
Schedule J (Form 990) 2011

### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions With Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

				1			_				(c) Con	ected
	(a) Name of dis	squalified pers	son			(b) Description	of transa	ction			Yes	No
							*·=·					
											ļ	
				<u></u>								
	he amount of tax imp	osed on the o	organization	managers or dis	squalified	persons during the	year un	der	<b>.</b> .			
section		h 0							<b>&gt;</b> 5			-
3 Enterti	he amount of tax, if a	iny, on line 2,	above, reim	ibursea by the oi	ganizatio	on			•			
Part II	Loans to and/o	or From Int	erested	Persons.								
	Complete if the orga				art IV. lin	e 26. or Form 990-E	Z. Part V	/. line 38	la			
(a) Na	me of interested		to or from	(c) Original prir	nal principal (d		(e) in default?		(f) App	oroved ard or	(g) W	ritten
	on and purpose	the orga	nization?	amount			defa	ault?	comm	pttee?	agree	ment?
		То	From			=	Yes	No	Yes	No	Yes	No
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otal			<b>!</b>	<u> </u>	▶ \$	<del> </del>	1	ł		!		<del>!</del>
Part III	Grants or Assi	stance Be	nefiting I	nterested Pe	rsons.		1		<del></del>			
	Complete if the org	anization ans	wered "Yes	" on Form 990, P	art IV, lin	e 27						
(a	a) Name of interested				betwee	n interested person	and				d type o	f
					the orga	nization				assistar		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

# Schedule L (Form 990 or 990 EZ) 2011 LOUISVILLE AREA CHAMBER OF COMMERCE, INC. 61-0434089 Page 2 Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
HUMANA	BRINGARDNER/BOARD M		ROYALTY PAY		X
	FISCHER/BOARD MEMBE		ECONOMIC DE		X
PNC BANK	DENNY/BOARD MEMBER	269,592.	CREDIT CARD		Х
					ļ
			·		
					-
Part V Supplemental Information			· · · · · · · · · · · · · · · · · · ·		
Complete this part to provide additional	al information for responses to question	e on Schedule I. (see	inetrictions)		
Complete this part to provide additional	in information for responses to question	is on ochedule L (see	matractions)		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
bell B, Time IV, boothabb I	TURNOLICITORIO TRACTORIA				
(A) NAME OF PERSON: HUMANA					
			•		
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:		
BRINGARDNER/BOARD MEMBER					
(D) DESCRIPTION OF TRANSAC	TION: ROYALTY PAYME	<u>NT/HEALTH I</u>	NS		
(A) NAME OF PERSON: LOUISV	VILLE METRO GOVERNME	NTT			
(A) NAME OF PERSON: LOUISV	TILLE METRO GOVERNME	1/1			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	TON:		
(B) RELATIONSHIT BETWEEN I	WIENDOIDD I BROOK IN	D ORGINIENI	10111		
FISCHER/BOARD MEMBER					
(D) DESCRIPTION OF TRANSAC	TION: ECONOMIC DEVE	LOPMENT CON	TRACT		
			<del></del>		
(A) NAME OF PERSON: PNC BA	ANK				
(D) DESCRIPTION OF TRANSAC	CTION: CREDIT CARD C	HARGES	<del></del>		
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### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

LOUISVILLE AREA CHAMBER OF COMMERCE, INC.

Employer identification number 61-0434089

Par	t I Types of Property				·			
		(a) Check if applicable	(b) Number of contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin		<u> </u>
1	Art · Works of art		items contributed	TOTAL SSO, Fart VIII, III C 19				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods				-			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock	·		Ü.				
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	-						
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (ADVERTISING )	X	17	478,322.	SELLING PRI	CE		
26	Other (PROFESSIONAL)	Х	12		SELLING PR			
27	Other (FOOD & BEVERA)	X	5		SELLING PR	CE		
28	Other (HOTEL ROOMS)	X	2		SELLING PR			
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for					
	for which the organization completed Form 82		-					
	•						Yes	No
30a	During the year, did the organization receive b	y contributi	on any property re	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial							1
	the entire holding period?					30a		X
b	if "Yes," describe the arrangement in Part II							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	utions?	31	Х	
	Does the organization hire or use third parties							
	contributions?		-			32a		Х
b	If "Yes," describe in Part II							
33	If the organization did not report an amount in	column (c)	for a type of prope	erty for which column (a) is c	necked,			1
_	describe in Part II							
IHA	For Paperwork Reduction Act Notice, see	the Instru	ctions for Form 99	<b>30</b> .	Schedule M	(Form	990)	(2011)

Schedule M (Form 990) (2011)OUISVILLE AREA CHAMBER OF COMMERCE, INC.		Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I, little the organization is reporting in Part I, column (b), the number of contributions, the number of items red Also complete this part for any additional information	nes 30b, 32b, and 33, an ceived, or a combination	of both.
PART I, OTHER TYPES OF PROPERTY:		
TICKETS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 2		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6050.		
(D) METHOD OF DETERMINING REVENUE: SELLING PRICE		
PRINTING		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 2		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3355.	<del></del>	
(D) METHOD OF DETERMINING REVENUE: SELLING PRICE		
SPONSORSHIPS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3000.		
(D) METHOD OF DETERMINING REVENUE: SELLING PRICE		
SUPPLIES		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 2		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2702.		
(D) METHOD OF DETERMINING REVENUE: SELLING PRICE		
MEMBERSHIPS		
(A) CHECK IF APPLICABLE = X		
132 142 01-23-12	Schedule M (Form	990) (2011)

Sched							CHAMBE					61-04340	
Part	the or	ganızatı	ntal Infor on is reporti this part fo	ng in Par	t I, colum	n (b), th	e number of	le the info contribut	ormation ons, th	n required e number	by Part I, I of items re	ines 30b, 32b, and ceived, or a combil	33, and whether nation of both
		<del></del>										<del> </del>	
<u>(B)</u>	NUMBE	ROF	CONTR	IBUTO	ORS =	_5				_			<del></del>
<u>(C)</u>	REVEN	JE R	EPORTE	D ON	FORM	990	, PART	VIII	\$ :	1476.			
(D)	METHOI	D OF	DETER	MININ	NG RE	VENU	E: SEL	LING	PRIC	CE			
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### 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.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

APPROPRIATE ACTION.

132211 01-23-12

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

LOUISVILLE AREA CHAMBER OF COMMERCE, INC.

Employer identification number 61-0434089

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEVELOPMENT.
FORM 990, PART VI, SECTION A, LINE 2: MOST MEMBERS OF THE CHAMBER'S BOARD
ARE ALSO OFFICERS AND DIRECTORS OF OTHER BUSINESSES IN THE LOUISVILLE AREA,
AND THEREFORE HAVE BUSINESS AND BOARD RELATIONSHIPS WITH ONE ANOTHER.
TRANSACTIONS OCCUR IN THE ORDINARY COURSE OF BUSINESS, INCLUDING BANKING
SERVICES, HEALTH AND OTHER INSURANCE, HUMAN RESOURCE CONSULTING,
ADVERTISING, AND FOOD AND VENUE SERVICES BETWEEN THESE ORGANIZATIONS AND
THE CHAMBER.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHICH
CONSIST OF BUSINESSES AND INDIVIDUALS IN THE COMMUNITY.
FORM 990, PART VI, SECTION B, LINE 11: MEMBERS OF THE FINANCE COMMITTEE
REVIEW A DRAFT OF THE FORM 990 DURING A COMMITTEE MEETING. ALL BOARD
MEMBERS ARE DIRECTED TO A RESTRICTED WEBSITE THAT THE ORGANIZATION HAS
CREATED THAT CONTAINS A DRAFT OF THE FORM 990 FOR THEIR REVIEW. THE TAX
RETURN PREPARER IS THEN NOTIFIED WITH ANY FOLLOW-UP QUESTIONS OR WITH
APPROVAL OF THE RETURN.
AFFROVAL OF THE RETORN.
TORN OLD DARM VI GROWTON D. LINE 12G. A LEMMED TO CENT ANNUALLY MO ALL
FORM 990, PART VI, SECTION B, LINE 12C: A LETTER IS SENT ANNUALLY TO ALL
OFFICERS, DIRECTORS AND KEY EMPLOYEES REQUESTING DISCLOSURE OF ANY
INTERESTS THAT COULD BE A CONFLICT OF INTEREST. THE REPLIES ARE REVIEWED
AND ANY POTENTIAL CONFLICTS ARE REVIEWED BY THE EXECUTIVE COMMITTEE FOR

ALL EMPLOYEES SIGN AN ACKNOWLEDGEMENT OF RECEIVING THE

Schedule O (Form 990 or 990-EZ) (2011)

	_
Schedule O (Form 990 or 990-EZ) (2011)  Name of the organization  LOUISVILLE AREA CHAMBER OF COMMERCE, INC.	Page 2 Employer identification number 61-0434089
CONFLICT OF INTEREST POLICY, WHICH IS INCLUDED IN THE EMP	LOYEE HANDBOOK.
SUPERVISORS ANNUALLY REVIEW THIS POLICY WITH THEIR EMPLOY	EES.
FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION H	AS A WAGE AND
SALARY PLAN IN PLACE FOR ALL EMPLOYEES THAT IS BENCHMARKE	D ANNUALLY WITH
OTHER COMPANIES LOCALLY AND IN THE REGION. ADDITIONALLY,	THE PRESIDENT/CEO
SALARY IS BENCHMARKED WITH OTHER CHAMBERS IN THE COUNTRY	THAT ARE IN OUR
SAME REVENUE TIER.	
THE OFFICE OF THE CHAIR CONDUCTED A COMPENSATION REVIEW A	ND APPROVED THE
SALARY OF THE PRESIDENT/CEO IN 2011. THE PRESIDENT/CEO A	ND VP OF HUMAN
RESOURCES CONDUCTED A COMPENSATION REVIEW OF THE ORGANIZA	TION'S OFFICERS
AND KEY EMPLOYEES AND APPROVED THEIR SALARIES IN 2011.	A
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S	WEBSITE CONTAINS
A SECTION ON GOVERNANCE, DESCRIBES THE GOVERNING BODY, LI	STS THE DIRECTORS
AND OFFICERS AND PROVIDES THE PUBLIC THE OPPORTUNITY TO R	EQUEST COPIES OF
THE FINANCIAL STATEMENTS AND OTHER DOCUMENTS.	
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990.

▶ See separate instructions.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 61-0434089

> LOUISVILLE AREA CHAMBER OF COMMERCE, INC. Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	ĝ. ∫
Part II	Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)	ations (Complete if the organization an	nswered "Yes" to Form 990, Pa	art IV, line 34 because	s it had one or more r	elated tax-exempt	

(a)	(q)	(0)	(p)	(e)	(3)	(b)	65,490
Name, address, and EIN	Primary activity	Legal domicile (state or		Public charity	Direc	controlled	
of related organization		foreign country)	section	status (if section	entity	entity?	0
				501(c)(3))		Yes	No No
GREATER LOUISVILLE FOUNDATION, INC							
61-1131064, 614 WEST MAIN STREET,							
LOUISVILLE KY 40202	ECONOMIC DEVELOPMENT	KENTUCKY	501(C)(3)	7 N	N/A		×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year? PartIII

(a)	<b>(</b> 2)	<u></u>	(p)	(e)	(t)	(6)	3	8	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	ations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	General or Percentage managing ownership partner?
		country)		36CEIOII3 315-314)			res	(000)	201	
								•	_	
								·		
									_	
					-					
									_	
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	ganizations Taxable a	is a Corpo	ration or Trust (Co	mplete if the organization	on answered "Yes	" to Form 990, Pa	art IV, line 34	because it had on	e or mor	e related

organizations treated as a corporation or trust during the tax year) Part IV

		Percentage r ownership				 				
		Share of end-of-year assets								
	9	ည								
	(e)	Type of entity (C corp, S corp, or trust)								
	(D)	Direct controlling entity								
	(c)	Legal domicile (state or foreign country)								
sal )	(q)	Primary activity								
Organizations treated as a corporation of these during the tax year	(a)	Name, address, and EIN of related organization								

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	ın Parts II-IV?	-	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a \	×
b Gift, grant, or capital contribution to related organization(s)				1p	×
c Gift, grant, or capital contribution from related organization(s)				ئ ×	
d Loans or loan guarantees to or for related organization(s)				X bt	
e Loans or loan guarantees by related organization(s)				1e >	×
f Sala of assats to related organization(s)				*	<b>×</b>
				_	: ×
g ruiciase of assets from related organization(s)					: >
				; ;=	<b>ا</b> لم
					<u>.</u>
j Lease of facilities, equipment, or other assets from related organization(s)				-j-	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)				×
<ul> <li>Performance of services of membership of fundralsing solicitations by related organization(s)</li> <li>Shanno of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>	anization(s) tion(s)			= <u>E</u>	اء
Sharing of paid employees with related organization(s)				+	
o Reimbilicement paid to related organization(s) for expenses				ç	×
				×	
o Other transfer of cash or property to related organization(s)					×
					×
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	his line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1) GREATER LOUISVILLE FOUNDATION, INC.	υ	WA.954.FW	ЛЖА		] ]
(2) GREATER LOUISVILLE FOUNDATION, INC.	Q	158,486.FMV	FMV		
(3)					
(4)					
(9)		!			
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	1	[3]			9	(5)	[4]	9	6	3
(a) Name, address, and EIN of entity	Primary activity	ejg ga	Predominant income parties sec (related, unrelated, ongs)		Share of total	<u>م</u> ~	કુ ∵ છે	Code VOX 20 managing ownership of Schedule K-1 Partner?	General or managing partner?	Percentage ownership
		country)	under section 512-514) Ye		псоше	assets	Yes No	(Form 1065)	Yes No	
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Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)
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