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Form **990**

Department of the Treasury Internal Revenue Service

132001 01-23-12

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

<u>A I</u>	or the	2011 calendar year, or tax year beginning and el	naing					
В	Check if applicable	C Name of organization TEXAS ASSOCIATION OF BUSINESS & CHAMBE	RS	D Employer iden	tification number			
	Addre:	S OF CONCEDURE FORDINATION						
	Name change			74-	-3021673			
	Initial return Termir	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone num	nber 2-477-6721			
	—ated ☐Amend _return			G Gross receipts \$	276,475.			
	Applic			H(a) Is this a grou				
	pendir			for affiliates?				
		SAME AS C ABOVE		H(b) Are all affiliates				
<u> </u>	Tax-exe	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527	1	h a list. (see instructions)			
		e:▶N/A		H(c) Group exemp				
κ	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2001	M State of legal domicile: $\mathbf{T}\mathbf{X}$			
	art I	Summary						
Governance		Briefly describe the organization's mission or most significant activities. TO SU THE ECONOMY OF TEXAS.	PPORT	PROJECTS	THAT IMPROVE			
r.	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its ne	t assets			
Ş	1	Number of voting members of the governing body (Part VI, line 1a)		-	3 6			
<u>ن</u> «د		Number of independent voting members of the governing body (Part in 5 b)	ED		4 2			
		Total number of individuals employed in calendar year 201; (Part V, line 2a)	7	5) [5 0			
© 2012 Activities			012		6 0			
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	012 C	? <u>!</u>	7a 0.			
⊜ ¥ • • • • • • • • • • • • • • • • • • •	b	Net unrelated business taxable income from Form 990-T, line 34			7b 0.			
<u>ت</u>		A PIEM!		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		~ 87,160				
	9	Program service revenue (Part VIII, line 2g)			0.			
ONTENED DO	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		87,160	0. 0. 276,475.			
? ?	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	(must equal Part VIII, column (A), line 12)					
3	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.			
)	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.				
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.				
Expenses	b		0.	00.164	0000			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		87,160				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		87,160				
		Revenue less expenses. Subtract line 18 from line 12			43,453.			
ts or			Ве	ginning of Current Ye				
Assets o	20	Total assets (Part X, line 16)	<u> </u>	52,815				
Net As	21	Total liabilities (Part X, line 26)	-	54,136 -1,321				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		-1,321	1.0 42,132.			
		lities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents and to the best o	of my knowledge and helief it is			
		et, and complete. Declaration of preparer (other than officer) is based on all information of which			or my knowledge and belief, it is			
	,, 001100	Sandra M. Lee	cii proparoi	1 1 1 1 1	5/12			
Sig	· n	Signature of officer		Date	0/12			
He		SANDRA MCGEE, SENIOR VICE PRESIDENT FI	NANCE	2				
110		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	C. BRIAN STREIG / Brian Streit	, [P00735757			
_	parer	Firm's name CALHOUN, THOMSON + MATZA, LLP	9 ''	Firm's EIN	E4 00E0440			
	Only	Firm's address 9500 ARBORETUM BLVD., SUITE 120						
	-	AUSTIN, TX 78759		Phone no.	512-439-8400			
N40	v the !!	DS discuss this return with the preparer shown shows? (see instructions)			X Vos No			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2011) OF COMMERCE FOUNDATION
Partilly Statement of Program Service Accomplishments

AND THE	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission.	
		OVING
		IPORTANT
	ISSUES IMPACTING BUSINESS, AND BY TRAINING VOLUNTEER AND CHAME	ER STAFF
	LEADERSHIP TO BETTER SERVE THEIR LOCAL CHAMBER PROJECTS AND	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ?	L Yes LA No
3	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Tes Laz No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	v expenses
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all	
	others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 10,035 • including grants of \$) (Revenue \$	0.)
	CAREER & COLLEGE READY PUBLICATION	
	····	
4b	(Code) (Expenses \$25,000 •including grants of \$25,000 •) (Revenue \$	25,000· ₎
	THE TEXAS HIGH SCHOOL PROJECT-NEWSLETTERS, EMAILS, MATERIALS S	HARED AT
	CONFERENCES	
	45.000	<u> </u>
4c	(Code) (Expenses \$ 45,000. including grants of \$) (Revenue \$) (Revenue \$	45,000.
	EMAILS, ARTICLES IN TBR	ARCH,
	EMAID, ARTICUED IN IDR	
		· · · · · · · · · · · · · · · · · · ·
4d		,
<u></u>	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 80,035.	
4e	Total program service expenses ► 80,035.	Form 990 (2011)

Form	1990 (2011) OF COMMERCE FOUNDATION 74-3U2.	<u> 1673</u>	P	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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	х	
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	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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	10		х
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 as applicable	** \$\frac{1}{2} \cdot \frac{1}{2} \cdot \frac{1}	13 N	* !! ! !
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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		х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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12b

13

14a

14b

15

16

17

18

19

20a

X

X

X

X

X

X

X

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Par	TIV Checklist of Required Schedules (continued)			
			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		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Par	t IX.		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	,,,		
	Schedule J	23		х
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	uie		1
		040		x
	Schedule K. If "No", go to line 25	24a	<u> </u>	111
	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	_	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			۱
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disc	jualified		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	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		1	*
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an o			
·	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
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	123		
30	contributions? If "Yes," complete Schedule M	30		x
24		30	 	
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ا م		x
	If "Yes," complete Schedule N, Part I	31	-	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
	Schedule N, Part II	32	┼	A
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33_	 	X
34	Was the organization related to any tax-exempt or taxable entity?		٦,	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<u> </u>
35a	, , , , ,	35a	<u> </u>	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning	g 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-chantable related organization	zation?	1	1
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
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	1	X

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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

Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			ݪݐ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		1
	(gambling) winnings to prize winners?	1c	X	——
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ł
	filed for the calendar year ending with or within the year covered by this return	-		ł
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			1
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	_		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	- 3 C_		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		х
h	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	Ь
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	_		-
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			_ 4
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990. Part VIII, line 12, for public use of club facilities 10b	1	l	
	, , , , , , , , , , , , , , , , , , , ,	1	l	
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	-		
a h	Gross income from other sources (Do not net amounts due or paid to other sources against	1		'
U	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			\vdash
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1	
_	organization is licensed to issue qualified health plans]		1
С	- u			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2011)

74-3021673

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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		_			<u>IX</u>						
<u>Sec</u>	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	6									
	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 O.											
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			l _						
	officer, director, trustee, or key employee?			2		X						
3	Did the organization delegate control over management duties customanly performed by or under the	ne dire	ct 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 w	as filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X						
6	Did the organization have members or stockholders?			6		X						
7a	7a 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							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or									
	persons other than the governing body?			7b	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:									
а	The governing body?			8a	X							
b	Each committee with authority to act on behalf of the governing body?			8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	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 F	Revenu	e Code)									
					Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?			10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	s, 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 boo	dy befo	ore filing the form?	11a		Х						
b	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							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to coi	iflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	escribe									
	ın Schedule O how this was done			12c	X							
13	Did the organization have a written whistleblower policy?			13	X							
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 approx	/al by ı	ndependent			1						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				ļ						
а	The organization's CEO, Executive Director, or top management official			15a		Х						
b	Other officers or key employees of the organization			15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				l							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a	_	_							
	taxable entity during the year?			16a		X						
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anızatı	on's	_	_							
	exempt status with respect to such arrangements?		<u> </u>	16b	<u> </u>	<u> </u>						
Sec	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed ►TX											
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 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, or	conflict	of interest policy, a	nd finai	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 re	cords of the organization	ation:	-							
	SANDRA MCGEE - 512-477-6721											
	1209 NUECES STREET, AUSTIN, TX 78701											

132006 01-23-12

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<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box offi	Position (do not check more than obox, unless person is bott officer and a director/trust				one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Indiwdual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MR. JOHN BASS										
JICE CHAIR	0.00	Х		X		_		0.	0.	C
(2) MR. DALE YOUNG	1	,,				Ì			•	_
TREASURER	0.00	X		Х	<u> </u>	<u> </u>	_	0.	0.	C
(3) MS. SANDRA MCGEE SECRETARY	1 00	.		х						_
(4) MR. RUDY OEFTERING	1.00	Х	<u> </u>	^	_	-	<u> </u>	0.	0.	C
(4) MR. RUDY CEFTERING CHAIR	0.00	x			Ì			0.	0.	C
(5) MR. BILL HAMMOND	0.00	^			<u> </u>	-		0.	0.	
PRESIDENT	2.00	x		х				0.	0.	(
(6) MR. AARON COX			 	<u>~</u>	_	\vdash		0.		
VICE-PRESIDENT	0.00	x		x				0.	0.	(
					_					

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OF COMMERCE FOUNDATION

Par	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			(C	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Posi heck i		than :	one	Reportable	Reportable		Est	tımate	d
		hours per week					s bot		compensation	compensation	ו		ount	of
		(describe							from the	from related organizations			other oensa	tion
		hours for	direc				pa		organization	(W-2/1099-MIS		-	om the	
		related	stee or	ustee			ensat		(W-2/1099-MISC)			orga	anızatı	on
		organizations in Schedule	al trus	onal tr		loyee	COMP Se						l relat	
		O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nızatı	ons
		<u> </u>	드	=	0	×	ᄪᇷ	Œ			_			
		,												
							-			,				
	Sub-total		<u> </u>				Ļ	<u> </u>	0.		0.			0.
	Total from continuation sheets to Part V	II. Section A							0.		0.1			0.
	Total (add lines 1b and 1c)	, 0000.0 74					•		0.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bov	e) wh	no re	eceived more than \$100	,000 of reportable				
	compensation from the organization													0
											-		Yes	No
3	Did the organization list any former officer,			e, ke	y er	nplo	yee	or l	highest compensated e	mployee on				
_	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the sign and related organizations greater than \$15									the organization		4		X
5	Did any person listed on line 1a receive or									idual for services	Ī			
	rendered to the organization? If "Yes," com											5		<u> </u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	-									pensa	ation fi	rom	
	(A)	trie calcridar y	Cai	Critar	iig v	VICI 1	01 11	Ī	(B)	yea,		(C	:)	
	Name and business	address	N	INC	3				Description of s	services	C	omper		n
								1	· · · · - · · · · · · · · · · · · · · · · · · ·					
								\dashv					-	
		· -						_						
	Total number of independent contractors (includina but r	ot li	mite	d to	tho	se li	ster	above) who received n	nore than				
	\$100,000 of compensation from the organ	-	• "				0							

74-3021673

P	art VI	III Statement of	Revenue		-				
			-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	a Federated campaigns	3	1a]		
į a	l t	b Membership dues		1b					
S, A		c Fundraising events		1c					
ait.	c	d Related organizations	5	1d					
S,E		e Government grants (c	contributions)	1e					
ΘÜ	f		•	,					
per de		sımılar amounts not incl			276,475.				
Ē		g Noncash contributions include	ded in lines 1a-1f						
Contributions, Gifts, Grants		h Total. Add lines 1a-1f			<u> </u>	276,475.			
_			· · · · ·		Business Code				
0	2 2	a				-	-		-
Program Service		b							
Sei]								
E									
ğά]	d							
F	`	f All other program sen	VICE PAVENUE						
	1	g Total. Add lines 2a-2f			•				
	3	Investment income (in		ends intere	est and				
	•	other similar amounts	•	o,	>				
	4	Income from investme	•	mpt bond r	proceeds			· · · · · · ·	
	5	Royalties	one or tax one.	inproona p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	•	Hoyamoo		(ı) Real	(ii) Personal				
	6 6	a Gross rents		(1) 11001	(ii) t Grooma:				
		b Less: rental expenses	, 						
	1	c Rental income or (loss							
		d Net rental income or (•				
		a Gross amount from s	` '	Securities	(II) Other				
	'`	assets other than inve		3000	(.,, 0				
	١,	b Less: cost or other ba							
	-	and sales expenses							
	١,	c Gain or (loss)	-						
		d Net gain or (loss)							
4		a Gross income from fu	ındraising eve	nts (not					
nue	"`	including \$	and along ove	of					
ķ	İ	contributions reporte	d on line 1c)	_					
Ě		Part IV, line 18		а					
Other Reven	١,	b Less direct expenses	s	b					
Ó		c Net income or (loss) f		_					
		a Gross income from g		-					
	'	Part IV, line 19		а	ļ				
	١,	b Less: direct expenses	s	b					
		c Net income or (loss) f		ctivities		-		• -	
		a Gross sales of invent							
		and allowances	,,	a					
	1 .	b Less: cost of goods s	sold	b					
		c Net income or (loss) f		_	—				
	 '	Miscellaneous			Business Code				
	11 :					-		*	
	1	a b							-
		c	• •						
		d All other revenue			- -		<u> </u>		
	1	e Total. Add lines 11a-	11d						
	12	Total revenue. See inst				276,475.	0.	0.	0.

74-302<u>1673 Page 10</u>

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 responsition include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and	-	expenses	general expenses	expenses
•	organizations in the United States. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	125,700.	43,174.	82,526.	
b	Legal				
С	Accounting	5.	2.	3.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	10,490.	3,603.	6,887.	
12	Advertising and promotion				
13	Office expenses	3,981.	1,368.	2,613.	
14	Information technology				
15	Royalties				
16	Occupancy	21 006	10.050	00.040	
17	Travel	31,906.	10,958.	20,948.	. =
18	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	55,240.	10 073	26 267	
19	Conferences, conventions, and meetings	33,240.	18,973.	36,267.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			<u>_</u>	
23	Insurance Other average ltemize everage act covered				
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 0.) PUBLICATIONS/SUBSCRIPTI	4,700.	1,614.	3,086.	
a	SPONSORSHIP	1,000.	343.	657.	
b	SFONSORSHIT	1,000.	243.	057.	
ç				-	
d	All other expanses				
e	All other expenses Total functional expenses. Add lines 1 through 24e	233,022.	80,035.	152,987.	C
<u>.5</u>	Joint costs. Complete this line only if the organization	233,022.		134,301	
26	reported in column (B) joint costs from a combined	}			
	educational campaign and fundraising solicitation.				
	. — "	ĺ			
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

OF COMMERCE FOUNDATION

		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	52,815.	1	62,361
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
-	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
3 7	Notes and loans receivable, net		7	
21 7 22 8	Inventones for sale or use		8	
9			9	
	a Land, buildings, and equipment: cost or other		9	
"	basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation 10b		100	
	Investments - publicly traded securities		10c	
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	52,815.	15	62,361
16	Total assets. Add lines 1 through 15 (must equal line 34)	39,381.	16	02,301
17	Accounts payable and accrued expenses	33,301.	17	0
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22				
21 22 21	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of	14 755		20 220
	Schedule D	14,755.	25	20,229
26	Total liabilities. Add lines 17 through 25	54,136.	26	20,229
_	Organizations that follow SFAS 117, check here			
ß	lines 27 through 29, and lines 33 and 34.			75. 133
27 28 29 30 31 32	Unrestricted net assets	-1,321.	27	42,132
5 28	• •		28	
29	·		29	<u>-</u>
-	Organizations that do not follow SFAS 117, check here			
5	complete lines 30 through 34.			
30			30	
é 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	•	1 201	32	10 100
33		-1,321.	33	42,132
34	Total liabilities and net assets/fund balances	52,815.	34	62,363

Form **990** (2011)

74-3021673 Page 12 OF COMMERCE FOUNDATION Form 990 (2011) Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 276,475. Total revenue (must equal Part VIII, column (A), line 12) 233,022. 2 Total expenses (must equal Part IX, column (A), line 25) 2 43,453. 3 3 Revenue less expenses. Subtract line 2 from line 1 -1,321. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 Ō. Other changes in net assets or fund balances (explain in Schedule O) 5 42,132. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting $[\mathbf{x}]$ Check if Schedule O contains a response to any question in this Part XII No Yes Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2b b Were the organization's financial statements audited by an independent accountant? c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2¢ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: X Consolidated basis Both consolidated and separate basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Х Act and OMB Circular A-133? За

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public Inspection

vame o	i the organizati		ERCE FOUNDAT		TMESS	α CΠ	WINDER	.5		-3021		indei
Part I	Reason		ty Status (All organiz		st complet	e this part	.) See inst	ructions.	_			
	A church, cor A school des A hospital or A medical res city, and stat An organizati section 170	n private foundation I invention of churches cribed in section 17 a cooperative hospit search organization of e: on operated for the I (b)(1)(A)(iv). (Comple	pecause it is. (For lines 1 s, or association of churce 0(b)(1)(A)(ii). (Attach Solat service organization operated in conjunction observed to a college or un	I through 1 ches describedule E.) described if with a hos	I1, check on the control of the cont	only one b ction 170(170(b)(1)(abed in se	ox.) (b)(1)(A)(i) A)(iii). ction 170	(b)(1)(A)(ii			s name	e,
7 X 8	section 170(A community An organizati activities rela income and u See section	b)(1)(A)(vi). (Completer trust described in something on that normally received to its exempt furunrelated business to 509(a)(2). (Completer	ection 170(b)(1)(A)(vi). (eives: (1) more than 33 1 nctions - subject to certa axable income (less sect	(Complete 1/3% of its ain exception tion 511 ta	Part II.) support frons, and (2x) from bus	om contril 2) no more sinesses a	butions, m than 33 1 acquired b	nembershi 1/3% of its y the orga	p fees, and	d gross rec rom gross	eipts f investr	from ment
e f g	An organizati more publicly describes the a Type I By checking foundation m If the organiz supporting oi Since August (i) A perso the gove (ii) A family (iii) A 35% of	on organized and op a supported organized by supported organized by this box, I certify the anagers and other the ation received a writer ganization, check the total 17, 2006, has the continuous of the sumember of a persor controlled entity of a	perated exclusively for the strons described in section organization and complete organization and complete organization is not than one or more publicly ten determination from the box organization accepted an irectly controls, either all apported organization? In described in (i) above? person described in (i) about the supported organization?	ne benefit of con 509(a)(1) ete lines 1 Typic controlled by supporte the IRS that any gift or coone or tog	of, to perform to perform the through the	orm the fur in 509(a)(2 in 11h. tionally int r indirectly tions desc pe I, Type	nctions of, 2). See sec egrated by one of cribed in s II, or Type of the follo	or to carrotton 509(r more discection 509; e III owing persion (ii) and (d Qualified p qualified p (a)(1) or s sons?	ck the box Type III - C ersons oth	that Other ier thar	
	ne of supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		organization sted in your document?	(v) Did you organizat (i) of your Yes		(vi) Is organizatio (i) organiz U.S Yes	on in col.	(vii) Am sup		:
Total												

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011 OF COMMERCE FOUNDATION

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Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						,
	membership fees received (Do not						
	include any "unusual grants.")	84,760.	110,826.	25,006.	87,160.	276,500.	584,252.
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		-				
	fumished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	84,760.	110,826.	25,006.	87,160.	276,500.	584,252.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			j			
	amount shown on line 11,						
	column (f)						286,773.
6	Public support. Subtract line 5 from line 4						297,479.
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	84,760.	110,826.	25,006.	87,160.	276,500.	584,252.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the					1	
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						584,252.
	Gross receipts from related activities,	•	•			12	
	First five years. If the Form 990 is for	Ŭ	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
800	organization, check this box and stop tion C. Computation of Publ	here	roontogo				<u>▶</u> ∟
						T	E0 02
	Public support percentage for 2011 (•	olumn (t))		14	50.92 % 56.30 %
	Public support percentage from 2010					[15]	
	33 1/3% support test - 2011. If the c			line 13, and line 1	14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies		_	40 40	1 - 45 - 00 4/00		►X
	33 1/3% support test - 2010. If the d	•		•	line 15 is 33 1/3%	or more, check to	nis box
	and stop here. The organization qual	· · · · · · · · · · · · · · · · · · ·	•		40 40 40		▶□
	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			•	•	rτ IV now the organ	nization
	meets the "facts-and-circumstances"	•	•		· ·	47	100/
	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						•
	organization meets the "facts-and-cire	cumstances" test.	me organization o	Juannes as a public	iy supportea org:	anization	▶∟
18	Private foundation. If the organization	on did not about a	hay an line 10 10	16h 17a ar 17h	abook this have		

Schedule A (FOITH 990 OF 990-EZ) 20 T

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	slow, please com	piete r art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and	(a) 2001	(6) 2000	(6) 2009	(4) 2010	(6) 2011	(I) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						•
formed, or facilities fumished in						
any activity that is related to the					:	
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
				 	<u> </u>	
4 Tax revenues levied for the organ						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to					1	
the organization without charge				ļ		
6 Total. Add lines 1 through 5					 	
7a Amounts included on lines 1, 2, and		1	1			
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the					ļ	
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support			,	_	,	
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest,		i				
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
b Unrelated business taxable income	 					
(less section 511 taxes) from businesses	l					
acquired after June 30, 1975				_		
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is	İ					
regularly carned on	i					
12 Other income Do not include gain					1	
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here		,,	, , .	, , , , , , , , , , , , , , , , , , , ,	(-,(-, - 3	▶□
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2011 (column (f))		15	%
16 Public support percentage from 2010	• • • • • • • • • • • • • • • • • • • •		(//		16	%
Section D. Computation of Inves		_				<u> </u>
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2			,		18	%
19a 33 1/3% support tests - 2011. If the			on line 14, and lin	e 15 is more than		
more than 33 1/3%, check this box a	-					▶□
b 33 1/3% support tests - 2010. If the	•	•	, ,	• •		and
line 18 is not more than 33 1/3%, che	_					
20 Private foundation. If the organization			•		•	▶ □

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions.

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

	Section 501(c)(4), (5), or (6) orga	" to Form 990, Part IV, line 5 (Prox nizations Complete Part III.	y 1ax), or Form 990-E.	Z, Part V, line 35c (Prox)	/ Tax), then
		ASSOCIATION OF BU	JSINESS & CH	AMBERS Em	ployer identification number
		MMERCE FOUNDATION			74-3021673
Pa	art I-A Complete if the	organization is exempt un	der section 501(c)	or is a section 527	organization.
2	Provide a description of the org Political expenditures Volunteer hours	ganization's direct and indirect politi	cal campaign activities	_	\$
Pa	art I-B Complete if the	organization is exempt une	der section 501(c)	(3).	
		tax incurred by the organization un			\$
		tax incurred by organization manage			\$
	•	ection 4955 tax, did it file Form 4720	•		Yes No
	Was a correction made?		, rov armo you.		Yes No
b	If "Yes," describe in Part IV.				
	art I-C Complete if the	organization is exempt und	der section 501(c)	, except section 50	1(c)(3).
1	Enter the amount directly expe	nded by the filing organization for se	ection 527 exempt fund	tion activities	\$
2	Enter the amount of the filing o	rganization's funds contributed to o	ther organizations for s	ection 527	
	exempt function activities			•	\$
3	Total exempt function expendit	tures. Add lines 1 and 2. Enter here	and on Form 1120-POL	-,	
	line 17b			>	* \$
4	Did the filing organization file F	orm 1120-POL for this year?			Yes No
5	Enter the names, addresses ar	id employer identification number (E	IN) of all section 527 pe	olitical organizations to w	hich the filing organization
		inization listed, enter the amount pa			
	contributions received that we	re promptly and directly delivered to	a separate political org	ganization, such as a sepa	arate segregated fund or a
	political action committee (PAC) If additional space is needed, pro	vide information in Part	: IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and
				:	
					

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

Schedule C (Form 990 or 990-EZ) 2011

LHA 132041 01-27-12

Schedule C (Form 990 or 990-EZ) 2011 OF			OBINESS & CI		021673 Page 2
Part II-A Complete if the organ	nization is exe	mpt under section	n 501(c)(3) and file	ed Form 5768	021073 Page 2
(election under section					
		filiated group (and list ii	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share of	-			5,	-,,
		and "limited control" pro	ovisions apply.		
Limits	on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	nce public opinion	(grass roots lobbying)	·		
b Total lobbying expenditures to influer	•		ļ	19,230.	
c Total lobbying expenditures (add line	-	, , (=======,==g,	ļ	19,230.	
d Other exempt purpose expenditures	,		Ī	213,793.	
e Total exempt purpose expenditures (add lines 1c and 1	d)		233,023.	
f Lobbying nontaxable amount Enter t	the amount from th	ne following table in bo	th columns	46,605.	
If the amount on line 1e, column (a) or (l	b) is: The lo	bbying nontaxable am	ount is:		
Not over \$500,000	20% o	f the amount on line 1e			'
Over \$500,000 but not over \$1,000,0	00 \$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000			
g Grassroots nontaxable amount (enter	r 25% of line 1f)			11,651.	
h Subtract line 1g from line 1a. If zero c	or less, enter -0-		_	0.	
i Subtract line 1f from line 1c. If zero or	r less, enter -0-			0.	
j If there is an amount other than zero	on either line 1h o	r line 1i, did the organiz	ation file Form 4720	r	
reporting section 4911 tax for this year					Yes No
	ions that made a mns below. See t	he instructions for lin	n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		Т
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount				46,605.	46,605.
b Lobbying ceiling amount (150% of line 2a, column(e))					69,908.
c Total lobbying expenditures				19,230.	19,230.
d Grassroots nontaxable amount				11,651.	11,651.
e Grassroots ceiling amount (150% of line 2d, column (e))					17,477.

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

74-3021673 Page 3

Schedule C (Form 990 or 990-EZ) 2011 OF COMMERCE FOUNDATION 74-302167

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)).

or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of		_		
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c)	(5), or se	ection	
			Yes	No
			163	
		1	163	
Were substantially all (90% or more) dues received nondeductible by members?		1 2	163	
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		2 3 (5), or se	ection	ne 3, i
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect 		2 3 (5), or se	ection	ne 3, i
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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 aline pection

Name of the organization

TEXAS ASSOCIATION OF BUSINESS & CHAMBERS

Employer identification number 74-3021673

Dž.	OF COMMERCE FOUNDATION		74-3021673
Par		ids of Other Similar Funds of A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	() 5	O. V. C. and and address accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	30 000	
2	Aggregate contributions to (during year)	30,000.	<u> </u>
3	Aggregate grants from (during year)	25,000.	·
4	Aggregate value at end of year	55,000.	
5	Did the organization inform all donors and donor advisors in writing to		nds
	are the organization's property, subject to the organization's exclusi	=	X Yes No
6	Did the organization inform all grantees, donors, and donor advisors		
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose confe	
PB 25	impermissible private benefit?		X Yes No
Par	Conservation Easements. Complete if the organization		/, line 7
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (e.g , recreation or education		
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cor	servation contribution in the form of a c	conservation easement on the last
	day of the tax year.		A THE STATE OF THE
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic structure	• •	2c
d	Number of conservation easements included in (c) acquired after 8/	17/06, and not on a historic structure	
_	fisted in the National Register	A Landau Control of the Control of t	2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	anization during the tax
	Number of states where preparty subject to concentation occument	is located	
4	Number of states where property subject to conservation easement Does the organization have a written policy regarding the periodic m		
5	violations, and enforcement of the conservation easements it holds'		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and en		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing		
8	Does each conservation easement reported on line 2(d) above satis		
U	and section 170(h)(4)(B)(ii)?	y the requirements of section 17 of 17(4)	Yes No
9	In Part XIV, describe how the organization reports conservation easi	ements in its revenue and expense state	
3	include, if applicable, the text of the footnote to the organization's fi		
	conservation easements.		, gar induction to according to
Rai	Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.
24. 700.4	Complete if the organization answered "Yes" to Form 990, P.		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958)	, not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition	, education, or research in furtherance of	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes the	ese items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958)		balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education	•	
	relating to these items:	·	.,
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial dair	
	the following amounts required to be reported under SFAS 116 (AS	_	
а	Revenues included in Form 990, Part VIII, line 1	-	> \$
b			► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

		RCE FOUND						-	2167:	
Par	t III Organizations Maintaining Co	Ilections of Ar	rt, Hist	torical Tre	easures, c	or Othe	r Simil	ar Asse	ts (contil	nued)
3	Using the organization's acquisition, accession	n, and other record	s, checl	k any of the	following tha	at are a si	gnificant	use of its	collection	items
	(check all that apply).									
а	Public exhibition	d		Loan or excl	nange progra	ams				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explair	n how th	ney further th	ne organizati	ion's exer	npt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit or i									
	to be sold to raise funds rather than to be mair	ntained as part of t	he orga	nization's co	llection?				Yes	□ No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodial	n or other intermed	liary for	contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?		-						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV ar	nd complete the fo	llowing	table:						
	3		J						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f			
	Did the organization include an amount on For	rm 990 Part X line	212						Yes	No
	If "Yes." explain the arrangement in Part XIV.	717 000, 1 drt 71, 11110						<u></u>		
Par		the organization an	swered	"Yes" to Fo	m 990. Part	IV. line 1	0			
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	years back
1a	Beginning of year balance	(a) barront your	(2):	noi you.	(0)		<u>(-/</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	Contributions				••					
	Net investment earnings, gains, and losses					i				
	Grants or scholarships							-	<u> </u>	
d	Other expenditures for facilities									
е	· · · · · · · · · · · · · · · · · · ·									
	and programs								 	
	Administrative expenses									
g	End of year balance	l	o (lipo 1	a column (s	// hold as:	1				
2	Provide the estimated percentage of the curre	int year end balanc	•	y, coluitiri (a	i)) rielu as.					
a	Board designated or quasi-endowment	%	_%							
b	Permanent endowment	 _								
С	Temporarily restricted endowment	%								
•	The percentages in lines 2a, 2b, and 2c should							4		
Ja	Are there endowment funds not in the possess	sion or the organiza	alion th	агате пею а	na aaministe	erea for ti	ie organi	ะสแบก	Г	Yes No
	by.									Tes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	h_4_4		4. I. DO					3a(ii)	-+
D	If "Yes" to 3a(ii), are the related organizations I	•							3b	
Par	T VI Land, Buildings, and Equipme									
ı aı					or other	(=) A		 1	(d) Deci	
	Description of property	(a) Cost or o basis (investr		, , ,	or other (other)	, , ,	ccumulate preciation	I .	(d) Book	k valuė
	Land	Dasis (illvesti	nent)	Dasis	(Ott let)	uel	JI GUIANUN			
	Land					 				
	Buildings					 		-+		
	Leasehold improvements					<u> </u>				
	Equipment									
e	Other		V1	(D) (m - 1	10(-1.)	<u> </u>		_		

74-3021673 Page 3 OF COMMERCE FOUNDATION Schedule D (Form 990) 2011 Part VII Investments - Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (c) Method of valuation (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ Part VIII Investments - Program Related. See Form 990, Part X, line 13 (c) Method of valuation. (a) Description of investment type (b) Book value Cost or end-of-year market value (1) (2) (3)(4)(5) (6)(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, line 15. (a) Description (b) Book value (1)(2)(3)(4) (5) (6) (7)(8) (9) (10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability (b) Book value (1) Federal income taxes 20,229. DUE TO TAB (2) (3)(4) (5)(6)(7)(8)(9) (10)(11)Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 20,229. statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

132053 01-23-12 Schedule D (Form 990) 2011

	dule D (Form 990) 2011 OF COMMERCE FOUNDATION	Audited Einen	aial Ctat		3021673	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	T T	emen	เร	
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			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Stateme		10	Return	<u> </u>	
<u> </u>	· · · · · · · · · · · · · · · · · · ·	THE THE TEXT	iluc per	1		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		1 1		
a	Net unrealized gains on investments	2b		-		
b	Donated services and use of facilities			-		
	Recoveries of prior year grants	2c		-		
	Other (Describe in Part XIV)	2d		ا ہے ا		
e	Add lines 2a through 2d Subtract line 2e from line 1			2e 3		
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1			13		
4	, , ,	1401			1	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		⊣ i		
b	Other (Describe in Part XIV.) Add lines 4a and 4b	40]		ا _م ا		
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			4c		
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	enses pe		ırn	
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:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		7		
С	Other losses	2c		-		
d	Other (Describe in Part XIV.)	2d		7 .		
е	Add lines 2a through 2d	•		2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
ь	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		
Pa	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	l, lines 1a and 4; Pa	art IV, lines	1b and	2b; Part V, line 4	; Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp			dditiona	ll information.	
PAI	RT X, LINE 2: IN 2006, THE FASB ISSUED FASE	B ASC 740-	-10			
,						
<u>(II</u>	TERPRETATION NO. 48, "ACCOUNTING FOR UNCER	RTAINTY IN	I INCO	ME T	AXES" (")	FIN
40	'\ EIN 40 OLADIETEC MUE ACCOUNMING FOR IN		, TNT T	NICOM	E MAYEC	
48	'). FIN 48 CLARIFIES THE ACCOUNTING FOR U	NCERTAINT	IN I	NCOM	E TAXES	
RE	COGNIZED IN AN ENTERPRISE'S FINANCIAL STATI	EMENTS IN	ACCOR	DANC	E WITH F	ASB
ASC	C 740 (STATEMENT OF FINANCIAL ACCOUNTING ST	TANDARDS N	10. 10	9, "	ACCOUNTI	NG
FOI	R INCOME TAXES"). THIS INTERPRETATION PRESC	CRIBES A F	RECOGN	ITIO	N THRESH	OLD_
ANI	MEASUREMENT ATTRIBUTE FOR THE FINANCIAL	STATEMENT	RECOG	NITI	ON AND	
ME	ASUREMENT OF A TAX POSITION TAKEN OR EXPECT	red to be	TAKEN	IN	A TAX	
				Sched	dule D (Form 990	0) 2011

TEXAS ASSOCIATION OF BUSINESS & CHAMBERS 74-3021673 Page 5 OF COMMERCE FOUNDATION Schedule D (Form 990) 2011 PartXIV Supplemental Information (continued) RETURN. THE PROVISIONS OF FIN 48 WERE APPLIED TO ALL TAX POSITIONS ON ADOPTION OF THIS INTERPRETATION. THE ASSOCIATION BELIEVES ALL OF ITS TAX POSITIONS TO BE HIGHLY CERTAIN. THERE WAS NO CUMULATIVE EFFECT ADJUSTMENT AS A RESULT OF THE ADOPTION OF FIN 48 FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011
Openito Public

Name of the organization

TEXAS ASSOCIATION OF BUSINESS & CHAMBERS
OF COMMERCE FOUNDATION

Employer identification number 74-3021673

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACTIVITIES.

FORM 990, PART VI, SECTION A, LINE 7A: THE GOVERNING BODY IS APPOINTED BY THE BOARD OF DIRECTORS FOR THE TEXAS ASSOCIATION OF BUSINESS.

FORM 990, PART VI, SECTION A, LINE 7B: SECTION 7.1 DUTIES & POWERS OF
DIRECTORS: THE DUTIES OF THE BOARD OF DIRECTORS ARE (1) TO ESTABLISH

INTERIM POLICIES; (2) TO EXERCISE FINAL AUTHORITY ON POLICY INTERPRETATION;
(3) TO DIRECT THE AFFAIRS OF THE ASSOCIATION ACCORDING TO THE ACCORDING TO
THE BYLAWS AND GENERAL INSTRUCTIONS OR INFORMATION GIVEN THEM AT REGULAR
MEETINGS OF THE ASSOCIATION® MEMBERS; AND (4) TO REQUIRE THAT BYLAW

PROVISIONS GOVERNING ORGANIZATION OPERATIONS BE PREPARED. A PROGRESSIVE
SCHEDULE OF DUES SHALL BE SUBMITTED TO AND APPROVED BY THE BOARD OF
DIRECTORS.

THE CHAIR OF THE ASSOCIATION, OR ANY TEN (10) MEMBERS OF THE BOARD, MAY

CALL A MEETING OF THE DIRECTORS ON A WRITTEN OR ELECTRONIC NOTICE IN

ADVANCE OF SAID MEETING. A LETTER OR ELECTRONIC VOTE MAY BE ASKED BY THE

SAME AUTHORITY OF THE DIRECTORS ON ANY QUESTION PROVIDED THE IDENTICAL FORM

IS USED TO ALL DIRECTORS. A MAJORITY VOTE, ELECTRONIC OR BY LETTER, WILL

HAVE THE SAME BINDING EFFECT AS THOUGH MADE IN PERSON AT A REGULAR MEETING;

AND THE ACTION SHALL BE RECORDED IN THE PERMANENT MINUTES OF THE RECORDS OF

THE ASSOCIATION. THROUGH ANY OF THESE MEDIA, THE BOARD IS EMPOWERED TO FILL

VACANCIES ON THE BOARD OR TO ESTABLISH ANY OF THE OFFICIAL POSITIONS

SUBJECT TO BOARD CONTROL.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

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

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

Name of the organization

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. TEXAS ASSOCIATION OF BUSINESS & CHAMBERS

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OMB No 1545-0047

Employer identification number 74-3021673

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

Direct controlling entity 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.) $\boldsymbol{\varepsilon}$ End-of-year assets <u>e</u> Total income Ŧ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Partin

Ŷ × × × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section 01(C)(e) 501(C)(4) 27 Legal domicile (state or foreign country) TEXAS TEXAS PEXAS ECONOMIC GROWTH IN TEXAS CANDIDATES FOR POLITICAL SUPPORT BUSINESSES & PROVIDE INFORMATION TO RAISE FUNDS & SUPPORT FEXAS AND THE PUBLIC Primary activity OFFICE ဥ CANDIDATES - 74-2065160, 1209 NUECES STREET, ACTION COMMITTEE - 74-1963660, 1209 NUECES - 74-0944130 TEXAS ASSOCIATION OF BUSINESS POLITICAL COMMITTEE TO INFORM VOTERS ON ISSUES & Name, address, and EIN of related organization TEXAS ASSOCIATION OF BUSINESS STREET, AUSTIN, TX 78701 1209 NUECES STREET AUSTIN, TX 78701 78701 AUSTIN, TX

(g) Section 512(b)(13)

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

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Schedule R (Form 990) 2011

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Page 2

74-3021673

Schedule R (Form 990) 2011 OF COMMERCE FOUNDATION

| 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.)

Percentage ownership *****00. General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ 宝 ٠. Yes Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) ö Share of total income ate allocations? Yes No Disproportion-Ξ Type of entrty (C corp, S corp, or trust) Share of end-of-year assets **e** CORP Direct controlling entity Share of total income € Legal domicile (state or foreign country) (related, unrelated, excluded from tax under sections 512-514) Predominant income ΤX છ <u>e</u> Primary activity Direct controlling entity 9 ত্ত DORMANT (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization TABCC SERVICE CORPORATION Name, address, and EIN of related organization 1209 NUECES STREET 78701 Ϋ́ 132162 01-23-12 Partiv AUSTIN,

TEXAS ASSOCIATION OF BUSINESS & CHAMBERS OF COMMERCE FOUNDATION

Schedule R (Form 990) 2011

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

				-
\$;		: :	Yes No
	ns with one or more re	ilated organizations listed i	n Parts II-IV';	×
				5 ;
b Gift, grant, or capital contribution to related organization(s)				1
c Gift, grant, or capital contribution from related organization(s)				t X
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan quarantees by related organization(s)				1e X
f Sale of assets to related organization(s)				14 X
g Purchase of assets from related organization(s)				1g X
				Th X
i Lease of facilities, equipment, or other assets to related organization(s)				1i X
				۲ ۲
k Performance of services or membership or fundraising solicitations for related organization(s)	janization(s)			4
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			+
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			٦ ۲
n Sharing of paid employees with related organization(s)				4n X
				×
				+
 Reimbursement paid by related organization(s) for expenses 				d dr
(a) Contraction of contraction or annual to colored contraction (a)				<u>×</u>
4 Other transfer of cash or property from related organization(s)				
1	who must complete the	ns line, including covered r	elationships and transaction thresholds	
	(q)	(2)	(5)	
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved	
(1)				
(2)				
2				
(0)				
(4)				i
(5)				
(9)				
132163 01-23-12	33		Schedul	Schedule R (Form 990) 2011

74-3021673

TEXAS ASSOCIATION OF BUSINESS & CHAMBERS OF COMMERCE FOUNDATION

Schedule R (Form 990) 2011

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) PartWift Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	structions regarding exclu	ision for certain inve	estment partnerships						
(a)	(q)	(c)	(a) (p)		(6)	£	€	9	≆
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec (related, unrelated, 501(c)(3)	Share of	Share of	Dispropor- tionate	Code V-UBI amount in box 20	seneral or nanaging	Percentage
or entity		(state or loreign country)	excluded from tax orgs? under section 512-514) Yes No	-	assets	Yes No	allocations? of Schedule K-1 partner? CWI telestric Yes No (Form 1065) Yes No	yes No	di le le le le le le le le le le le le le
					:			1	
								_	
					:				
								_	
				•					

Schedule R (Form 990) 2011

Form 8868 (Rev. 1-2012)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box	<u> </u>	▶ X
Note. Only complete Part II if you have already been granted an a				3868	
If you are filing for an Automatic 3-Month Extension, complet	te only Pa	irt I (on page 1).			
Part II Additional (Not Automatic) 3-Month E			al (no co	pies nee	ded).
	-				see instructions
Type or Name of exempt organization or other filer, see instru-	ctions	· · · · ·			on number (EIN) or
print TEXAS ASSOCIATION OF BUSINES		l l	Linployer	io or i i i o o i i	minamoor (Em) or
OF CONCEDCE FOUNDAMEON			X	74-30	21673
	oo inetnie	tions		curity numb	
number, street, and foom of suite no. If a P O Box, si 1209 NUECES STREET	ee instruc				——————————————————————————————————————
City, town or post office, state, and ZIP code. For a for AUSTIN, TX 78701	oreign add	ress, see instructions.			
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
		A P At		_	Datum.
Application	Return	Application			Return
ls For	Code	ls For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	01	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	l an autor	natic 3-month extension <u>on a previ</u>	ously file	d Form 886	ì8
SANDRA MCGEE					
 The books are in the care of ► 1209 NUECES STI 	REET	- AUSTIN, TX 78701			
Telephone No. ► 512-477-6721		FAX No ▶			
 If the organization does not have an office or place of business 	s in the Ur	nited States, check this box			
 If this is for a Group Return, enter the organization's four digit 	Group Exe	emption Number (GEN) If	this is fo	r the whole (group, check this
box 🕨 🔲 . If it is for part of the group, check this box 🕨 🧫	and atta	ch a list with the names and EINs of	all memb	ers the exte	nsion is for
4 I request an additional 3-month extension of time until	NOVEM	BER 15, 2012			
5 For calendar year 2011, or other tax year beginning		, and ending]		
6 If the tax year entered in line 5 is for less than 12 months, c	heck reas	on: Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
THIS ORGANIZATION REQUESTS ADD	DITIO	NAL TIME IN ORDER '	ro ga	THER T	HE
INFORMATION NECESSARY TO FILE					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax, less any			
nonrefundable credits See instructions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8a	s	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	1		
tax payments made Include any prior year overpayment al	•				
previously with Form 8868.	iowed as a	a credit and any amount paid	8b	\$	0.
· · · · · · · · · · · · · · · · · · ·	avmont we	th this form if required by using	- 1 05	Ψ	
c Balance due. Subtract line 8b from line 8a. Include your pa	•	in this form, it required, by using	8c	s	0.
EFTPS (Electronic Federal Tax Payment System). See instru		st be completed for Part II o		<u>Ψ</u>	
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form.	ling accomp	· ·	-	f my knowled	lge and belief,
		R VICE PRESIDENT F	T NA Nata	•	
oignature - Title -	~ = 11 ± O.	TOD INDUIDING T.	Dalc		8868 (Rev. 1-2012)

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