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Form **990**

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)

OMB No 1545-0047

2011

প্রভাগ (Public নির্ভাগতান

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2011 calendar year, or tax year beginning 11/012011, and ending 2012 Employer Identification Number Check if applicable. WASHINGTON AREA CHAMBER OF COMMERCE 43-0647107 Address change 323 WEST MAIN STREET Telephone number Name change WASHINGTON, MO 63090-2124 636-239-2715 Initial return Terminated G Gross receipts \$ 2,310,197 Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? XINo Application pending Yes H(b) Are all affiliates included? SAME AS C ABOVE If 'No,' attach a list (see instructions) 501(c)(3) X 501(c) (6 4947(a)(1) or Tax-exempt status (insert no.) HTTP://WWW.WASHMO.ORG/CHAMBER Website: ► H(c) Group exemption number Form of organization Corporation Trust Association X Other► L Year of Formation 1939 M State of legal domicile Partial Summary 1 Briefly describe the organization's mission or most significant activities. <u>ECONOMIC/COMMUNITY_DEVELOPMENT</u> Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 16 5 70 Total number of individuals employed in calendar year 2011 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 220 ,371. 7 a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b 17,218. Prior Year **Current Year** 34,541 28,193. Contributions and grants (Part VIII, line 1h) 434,191. Program service revenue (Part VIII, line 2g) 451,575. 3,071. 1,146. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 110,924. 208,657. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 582,727 689,571. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 43,132 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 38,909. 14 Benefits paid to or for members (Part IX, column (A), line,4) 15 Salaries, other compensation, employee benefits (Part IX, columnation) 329,557 323,956. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)▶ ⊈ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 270,639. 264,245. Total expenses Add lines 13-17 (must equal Part IX, column (643,328 627,110. Revenue less expenses Subtract line 18 from line 12 -60,601 62,461. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,360,600.1,423,198. 21 Total liabilities (Part X, line 26) 25,552. 25,689. Net assets or fund balances. Subtract line 21 from line 20 1,335,048. 1,397,509. Partill Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of perparer (other than officer) is based on all into mation of which preparer has any knowledge Date Sign resident Here Type or print name and title Print/Type preparer's name STEVEN G. UNNERSTALL, C.P.A Paid 9/16/13 P00368222 self-employed ► UNNERSTALL AND UNNERSTALL, **Preparer** CPA, **Use Only** Firm's address 18 WEST SECOND STREET Firm's EIN ► 20-0141333 WASHINGTON, MO 63090-2531 Phone no (636) 239-6439

May the IRS discuss this return with the preparer shown above? (see instructions)

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

TEEA0113L 08/18/11

X Yes

No

Form 990 (2011)

Form 99	0 (2011) WASHINGTON AREA CHAMBER OF COMMERCE	43-0647107	Page 2
Pert I	Statement of Program Service Accomplishments	-	
	Check if Schedule O contains a response to any question in this Part III .		
	refly describe the organization's mission		
_E	CONOMIC/COMMUNITY DEVELOPMENT		
		- the even	
	d the organization undertake any significant program services during the year which were not listed oi rm 990 or 990-EZ?	Title prior Ye	s X No
	Yes,' describe these new services on Schedule O.	I.e.	s <u>N</u> 140
	res, describe these new services on Scriedule O. d the organization cease conducting, or make significant changes in how it conducts, any program sei	rvices? Ye	s X No
	Yes,' describe these changes on Schedule O.	vices:	.3 <u>M</u> 110
		ices, as measured b	v expenses.
Se	escribe the organization's program service accomplishments for each of its three largest program serv ection 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the ar	nount of grants and	allocations to
otr	ners, the total expenses, and revenue, if any, for each program service reported.		
		Revenue \$	TINIT TO SE
	LL ACTIVITIES ARE RELATED TO THE ORGANIZATION'S PURPOSE OF ECONC	DMIC WND COMM	ONTIT
ַע_	EVELOPMENT		
		-	- -
			~
			~ -
Al- (O	ode: (Expenses \$ including grants of \$) (F	Payanya Č	
4b (C	ode:) (Expenses \$ including grants of \$) (F	revenue \$	
		-	
 -			
		-	
			-
		-	
4c (C	ode:) (Expenses \$ including grants of \$) (F	Revenue \$)
40 (0	/ (Expenses +		/
			~
	·		
		·	
			~~
4d Ot	her program services (Describe in Schedule O.)		
	xpenses \$ including grants of \$) (Revenue \$		
	tal program service expenses ▶		
BAA	TEEA0102L 07/05/11	F	orm 990 (2011)

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation) if 'Yes,' complete Х Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 Х 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 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 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, 6 Х Part I 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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 9 X Schedule D, Part IV 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 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. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11a D, Part VI b Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11b c Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11c 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 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Х 11e 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)?/f 'Yes,' complete Schedule D, Part X Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year If 'Yes,' complete 12a X Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year If 'Yes,' and 12b Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 13 Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)?/f 'Yes,' complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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. Х 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Х 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 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х 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 9a7f 'Yes,' complete Schedule G, Part III Х 19 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H Х 20 b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

43-0647107 WASHINGTON AREA CHAMBER OF COMMERCE Page 4 Form 990 (2011) Part Va Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 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 X 22 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X Schedule I 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and 24a Х complete Schedule K If 'No,'go to line 25 . . b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b 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-EZ3f 'Yes,' complete 25b Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year off 'Yes,' complete Schedule L. Part II 26 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 Х 27 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): Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions?/f 'Yes,' complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M 31 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х 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 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Х 34 line 1 Х 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **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 X 35b

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O

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

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

X

36

37

13b

13c

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in

14a Did the organization receive any payments for indoor tanning services during the tax year?

which the organization is licensed to issue qualified health plans.

c Enter the amount of reserves on hand

14a

14b

X

Pa	Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or characteristics.	low, ges i	and n	for			
	Check if Schedule O contains a response to any question in this Part VI			X			
Se	ction A. Governing Body and Management						
			Yes	No			
	a Enter the number of voting members of the governing body at the end of the tax year 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 1						
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?						
3	of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its governing documents			١			
	since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X			
6		6		X			
7	a 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?	7 a	Х				
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other 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:						
	a The governing body?	8a 8b	X				
	b Each committee with authority to act on behalf of the governing body?						
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		<u> </u>			
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	a 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O						
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X			
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c					
	Did the organization have a written whistleblower policy?	13		X			
	Did the organization have a written document retention and destruction policy?	14		A			
	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?		V				
	a The organization's CEO, Executive Director, or top management official	15a	X				
	b Other officers of key employees of the organization SEE SCHEDULE O	15b	Χ				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
	a 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		Х			
	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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE		- - -	- - -			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	ıvaılab	le for	public			
	Own website Another's website X Upon request						
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avaithe public during the tax year SEE SCHEDULE O						
/11		・コハ・フクト					

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
, (A) Name and title	(B) Average hours per week	unles	s per	Pos k mo son is direc	s bott	an one l an offic ustee)	oox, eer	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estmated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1)_JAY_NOWAKPAST_FAIR_CHAIR	2							0.	0.	0.
(2) BOB JONES EX-OFFICIO	2							0.	0.	0.
(3) ROBERT WESSELS EXECUTIVE DIREC	40						-	49,563.	0.	0.
(4) COLLEEN HIMMELBERG DIRECTOR	2	Х			-			0.	0.	0.
(5) JANE HABERBERGER DIRECTOR	2	Х						0.	0.	0.
(6) SANDY ANDERSON DIRECTOR	2	Х				.,		0.	0.	0.
Q) JULIE FRANKENGERG DIRECTOR	2	Х						0.	0.	0.
(8) RAY FRANKENBERG II DIRECTOR	2	Х						0.	0.	0.
(9) TOM_HOLDMEIEREXECUTIVE DIREC	2	Х						0.	0.	0.
(10) DAVID POLITTE DIRECTOR	2	X						0.	0.	0.
(11) MIKE MARQUART DIRECTOR	2	X						0.	0.	0.
(12) JEFF_HELLEBUSCH DIRECTOR	2	X_						0.	0.	0.
(13) CRAIG WALDE DIRECTOR	2	Χ_						0.	0.	0.
(14) DAN CASSETTE DIRECTOR	2	Х						0.	0.	0.

Part VIII Section A. Officers, Directors, Trust	ees, l	∢е у	Em	plo	ye	es,	<u>anc</u>	Highest Com	pensated Emp	loyees	(cont)
•				((C)						
(A) Name and title	(B) Average hours	box.	unles	ieck is per	rson	than is both or/trus	nan	(D) Reportable compensation from	(E) Reportable compensation from	Estr amount	F) nated of other
	per week							the organization (W-2/1099-MISC)	related organizations (W 2/1099-MISC)	fron	nsation of the
	(describ e hours	or director	tutute	Officer	y em	jhest iploye	Former				ization related zations
	for related	al trus	nal t		employee	comp					
	organı. zations in	stee	Institutional trustee		"	Highest compensated employee					
	Sch O)					e.					
(15) JOE SCHNEIDER PRESIDENT	2			Х				0.	0.		0.
(16) JON BAUER	 -										
1ST VICE-CHAIR	2			X	<u> </u>	ļ		0.	0.		0.
(17) RICH DEPPE 2ND VICE-CHAIR	2			Х			, '	0.	0.		0.
(18)		<u> </u>									
<u> </u>						<u> </u>					·
(19)											
(20)											
(21)											
(22)		<u> </u>				-					
(23)						ļ <u>.</u>					
(24)						<u> </u>					
										ļ	
(25)											
1b Sub-total	J	1	l		<u> </u>	1		49,563.	0.		0.
c Total from continuation sheets to Part VII, Section	Α						•	0.	0.		0.
d Total (add lines 1b and 1c)				- La		\b	<u> </u>	49,563.	0.	table semi	0.
2 Total number of individuals (including but not limite from the organization ► 0	a to tn	ose	istec	a ab	ove) Wn	o re	ceived more than	\$100,000 of report	able com	Jensanon
nom the organization											Yes No
3 Did the organization list anyformer officer, director	or trus	tee,	key	emp	oloy	ee, c	r hi	ghest compensate	ed employee	3	Х
on line 1a ⁹ If 'Yes,' complete Schedule J for such in							حالج ا		frans		Y
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	portab han \$1	50,0	00?/	f 'Y	es' d	comp	olete	Schedule J for	Irom	4	Х
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of	omper	satio	on fr	om	any	unre	elate	ed organization or	ındıvıdual	5	X
Section B. Independent Contractors										I I	
Complete this table for your five highest compensation from the organization. Report compe	ed ind	eper	deni the	t coi cale	ntra enda	ctors r ye	tha ar ei	at received more t nding with or with	han \$100,000 of in the organization	's tax yea	r.
(A) Name and business addres					-			(B Description)	(C))
Traine and Basiness address								2000, p. 1101.			
2 Total number of independent contractors (including	but no	t lim	ited	to t	hos	e list	ted a	above) who receiv	red more than		
\$100,000 in compensation from the organization	n										

Pa	t VIII 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
S	1a Federated campaigns 1a				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
MGR.	c Fundraising events 1c				
TS,	d Related organizations 1d				
₹₹	e Government grants (contributions) 1e 24, 203.				
SIN	e doverment grants (contributions)				
Ē	f All other contributions, gifts, grants, and similar amounts not included above 1 f 3, 990.				
RIB	similar amounts not included above 1f 3,990.				
TNO ON	g Noncash contributions included in lns 1a-1f \$	20 102			
3	h Total. Add lines 1a-1f	28,193.			
NO.	Business Code	1.60 077		160 077	
:VE	2a LICENSE BUREAU FEES	168,977.	115 005	168,977.	
ER	b TOURISM SALES TAX	115,035.	115,035.	·-··	
ΛĊ	c MEMBERSHIP DUES & ASSESSMENTS	91,183.	91,183.		
SER	d SPONSORSHIP FEES	76,380.	76,380.		
AM	e				
GR	f All other program service revenue				
PRC	g Total. Add lines 2a-2f ▶	451,575.			_
	3 Investment income (including dividends, interest and				
	other similar amounts)	1,146.			1,146.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties				
	(ı) Real (ıı) Personal				
	6a Gross rents 10, 768.				
	b Less: rental expenses				
	c Rental income or (loss) 10,768.				
	d Net rental income or (loss)	10,768.			10,768.
	(i) Segurities (ii) Other				
	7a 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)				· · ·
	u ret gain or (1055)				
JE .	8a Gross income from fundraising events (not including \$				
ĒN	of contributions reported on line 1c).				
OTHER REVENI	See Part IV, line 18 a 1,808,042.				
ÆR	·				
OŢ.	•	187,416.		2,394.	
	c Net income or (loss) from fundraising events	107,410.		2,354.	
	9a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses b Net income or (loss) from gaming activities		·· · · · · · · · · · · · · · · · · · ·		
	t ivet income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns	İ			
	and allowances				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code	10 470			10 472
	11a MISCELLANEOUS	10,473.			10,473.
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	10,473.			
	12 Total revenue. See instructions	689,571.	282,598.	171,371.	22,387.

Partix 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 any question in this Part IX							
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	32,159.						
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	6,750.						
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16							
	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	49,563.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.						
7	Other salaries and wages	194,349.						
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,258.						
9		48,222.			· · · · · · · · · · · · · · · · · · ·			
	Payroll taxes	24,564.						
	-	24,304.						
	Fees for services (non-employees):							
	Management							
	Legal	4 050			 			
•	: Accounting	4,870.						
•	Lobbying			-				
•	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
Ç	g Other							
12	Advertising and promotion .	98,886.						
13	Office expenses .	10,328.						
14	Information technology							
15	Royalties							
16	Occupancy	28,808.						
	Travel	4,845.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	41,186.						
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	50,125.						
23	Insurance	4,191.						
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.)							
	TELEPHONE	6,840.						
	SUPPLIES	5,312.						
	REPAIRS AND MAINTANCE	4,719.						
	DUES AND SUBSCRIPTIONS	2,417.						
		1,718.						
	All other expenses.	627,110.						
	Total functional expenses Add lines 1 through 24e	027,110.						
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)				L			

43-0647107 Form 990 (2011) WASHINGTON AREA CHAMBER OF COMMERCE Page 11 Part X Balance Sheet **(B)** End of year (A) Beginning of year 1 Cash - non-interest-bearing 319,869 2 453,655. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 53,959 4 53,403. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees. Complete Part II of Schedule L 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 7 Notes and loans receivable, net 8 Inventories for sale or use 32,713. 9 10,855. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 1,732,786 10 a 827,501 954,059. 10c 905,285. 10 b b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments – other securities. See Part IV, line 11 13 Investments - program-related, See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets, See Part IV, line 11 1,360,600 1,423,198. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 7,902. 17 9,869. 17 Accounts payable and accrued expenses 18 18 Grants payable 17,650 15,820. Deferred revenue 19 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D ABILI Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D

	26	Total liabilities. Add lines 17 through 25	25,552.	26	
Ñ		Organizations that follow SFAS 117, check here▶ and complete lin	nes Table 1		
ד		27 through 29 and lines 33 and 34.			
A S	27	Unrestricted net assets		27	_
È	28	Temporarily restricted net assets		28	
\$	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here► X and compl	ete ete		
5		lines 30 through 34.			
В	30	Capital stock or trust principal, or current funds		30	
Ŗĺ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	

Retained earnings, endowment, accumulated income, or other funds.

Total net assets or fund balances

Total liabilities and net assets/fund balances

BAA

32

33

34

FUZD

1,423,198. Form 990 (2011)

1,397,509.

1,397,509.

25,689

25

32

33

34

1,335,048

1,335,048.

1,360,600

Forn	n 990 (2011) WASHINGTON AREA CHAMBER OF COMMERCE	43-064/107	Pa	age 12
Ŗa	Reconciliation of Net Assets		_	
·	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	. 1 2	689,5 627,1	
3	Revenue less expenses. Subtract line 2 from line 1	3	62,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,335,0	
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	1,397,5	<u>509.</u>
Pa	rtXII Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII			\coprod
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			300 kg
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u>X</u>
ŀ	Were the organization's financial statements audited by an independent accountant?		2b	X
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	it of the audit,	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
•	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both:	e issued on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	n the Single	3a	<u>x</u>
k	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	e required audit	3b	
BAA			Form 990 ((2011)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
 Part IV, lines 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

Dog o Public

Employer identification number WASHINGTON AREA CHAMBER OF COMMERCE 43-0647107 Barta Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Partil Conservation Easements. Complete if the organization answered 'Yes' to Form 990, 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements. 2b **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2d structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 4 Number of states where property subject to conservation easement is located▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, Yes No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. **設設地** Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 ▶\$ ►\$

b Assets included in Form 990, Part X

Schedule D (Form 990) 2011 WASH	INGTON ARI	EA CHAMBER OF	F COMMERCE	43-064			Page 2
Part III . Organizations Mainta	ining Collec	ctions of Art, Hi	storical Treasures, c	or Other Similar Ass	ets (contin	ued)
3 Using the organization's acquisiti items (check all that apply)	ion, accession,	, and other records,	check any of the following	ng that are a significant u	se of its	collec	tion
a Public exhibition		d 🗌 Lo	an or exchange programs				
b Scholarly research		e 🗌 Ot	her				
c Preservation for future gener							
4 Provide a description of the orga Part XIV.					e in		
5 During the year, did the organiza assets to be sold to raise funds r	ation solicit or i	receive donations o	f art, historical treasures, art of the organization's c	or other similar ollection?	Yes	Г	No
Partive Escrow and Custodia line 9, or reported an	l Arrangem	ents. Complete	if the organization a	inswered 'Yes' to Fo	rm 990), Par	t IV,
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodiar	n, or other intermed	lary for contributions or o	ther assets not	Yes		No
b If 'Yes,' explain the arrangement	t in Part XIV ar	nd complete the foll	lowing table:				
					Amoun	<u>t</u>	
c Beginning balance				1c			
d Additions during the year				1 d			
e Distributions during the year				1f			
f Ending balance2a Did the organization include an a	amount on For	m 000 Part Y line	, 212		Yes		No
b If 'Yes,' explain the arrangement		111 990, Fart X, III le	21:		3	Ļ	
Part V Endowment Funds. C	omplete if the	ne organization	answered 'Yes' to Fo	orm 990. Part IV. line	e 10.		
Transfer Cildownient and S. O	(a) Current			I		Four year	s back
1a Beginning of year balance	(a) current	(4) 1110.	(5) 110 / 110	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
b Contributions							通過数
c Net investment earnings, gains, and losses							
d Grants or scholarships							
e Other expenditures for facilities							The state
and programs						- 25	
f Administrative expenses					200	T. Car Mila	113.21
g End of year balance					建 死。这	2.44	2.2
2 Provide the estimated percentag		nt year end balance	(line 1g, column (a)) hel	d as:			
a Board designated or quasi-endo							
b Permanent endowment ►	%	Q.					
c Temporarily restricted endowmer		%					
The percentages in lines 2a, 2b,							
3a Are there endowment funds not organization by	in the possess	ion of the organizat	tion that are held and adr	ninistered for the		Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		<u> </u>
b If 'Yes' to 3a(II), are the related					3b		
4 Describe in Part XIV the intende	d uses of the o	organization's endo	wment funds.				
Rart VI Land, Buildings, and				4-2-A			
Description of property		(a) Cost or other ba (investment)	basis (other)	(c) Accumulated depreciation	(a) i	Book va	
1a Land	ļ	2,91		54 749			,918. 215.
b Buildings	}		54,963			012	
c Leasehold improvements	}		1,478,375	565,795.		712	<u>,580.</u>
d Equipment	}		196,530	. 206,958.		-10	,428.
e Other Total. Add lines 1a through 1e. (Colum	an (d) must ea	ual Form 990 Part					, <u>420.</u> , 285.
BAA	iii (a) mast eq	uari onin 990, i ait	71, SOIGHIN (D), INIC 10(C).		dule D (90) 2011
				30.10	/		

Schedule **D** (Form 990) 2011

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

(11)

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

	edule D (Form 990) 2011 WASHINGTON AREA CHAMBER OF COMMERC		43-064710	7Page 4
	Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial Statements	N/A	
' 1	Total revenue (Form 990, Part VIII, column (A), line 12)			
2			ļ	
3		•	<u></u>	
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities		 	
6	Investment expenses.		-	
7	Prior period adjustments			
8	Other (Describe in Part XIV.)			
9 10	Total adjustments (net). Add lines 4 through 8	2 and 0		
10 10	Excess or (deficit) for the year per audited financial statements. Combine lines Reconciliation of Revenue per Audited Financial Statements.		ue per Return N/	
	Total revenue, gains, and other support per audited financial statements	its with Neverin	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments.	2a		
	b Donated services and use of facilities .	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XiV.)	2d		
	e Add lines 2a through 2d	<u> </u>	2e	
	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line1:	1 1		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	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	
Po	हि 🏻 Reconciliation of Expenses per Audited Financial Statement	s With Expenses	s per Return N	/A
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:	j j		
	a Donated services and use of facilities	2a	<u></u>	
	b Prior year adjustments	2b		
	c Other losses	2c		
1	d Other (Describe in Part XIV.)	2 _d		
	e Add lines 2a through 2d .		2e	
3	Subtract line 2e from line 1	1 1	3	
4		_		
	a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.)	4a 4b		
	c Add lines 4a and 4b	40	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18))	5	
	Supplemental Information			
Part	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, F V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, ladditional information.	ines 2d and 4b. Als	so complete this part to	provide
BAA	TEEA3304L 05/25/11		Schedule D	(Form 990) 2011

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Schedule D (Form 990) 2011 WASHINGTON AREA CHAMBER OF COMMERCE Part XIV Supplemental Information (continued)	43-0647107	Page 5
Part XIV Supplemental Information (continued)		
·		
	- 	
		-
	-	_
		- -
		
		- -
		
		
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2011

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Department of the Treasury Internal Revenue Service	Attach to For	n 990 or F	orm 990-E	Z. ► See separate inst	ructions.	हात्रावस्य ।
Name of the organization			-		Employer identifica	
WASHINGTON AREA CHAMBER					43-064710	7
Fundraising Activities.Comp	lete if the orgar equired to comp	nization ar lete this p	iswered 'Y art <u>.</u>	es' to Form 990, Part I\	V, line 17.	
1 Indicate whether the organization						
a Mail solicitations			е	Solicitation of non-		
b Internet and email solicitation	IS		f	Solicitation of gove		
c Phone solicitations			9	X Special fundraising	events	
 d In-person solicitations 2a Did the organization have a writteemployees listed in Form 990, Pa 	en or oral agreei irt VII) or entity	ment with in connec	any individ tion with p	dual (including officers, rofessional fundraising	directors, trustees or k services?	ey Yes X No
b If 'Yes,' list the ten highest paid is compensated at least \$5,000 by t	he organization	tities (fun	draisers) p		···	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		3374	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total	<u></u>	·	•			0.
3 List all states in which the organi or licensing.	zation is registe	red or lice	nsed to so	licit contributions or ha	s been notified it is exe	empt from registration
						
					-	
				. _	-	

Parall Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (add column (a) (c) Other events (b) Event #2 (a) Event #1 FAIR ADVERTISI WASHINGTON TOW through column (c)) (total number) (event type) (event type) 1,808,042. 1,762,892 45,150 1 Gross receipts 2 Less: Charitable contributions 1,808,042. 1,762,892. 45,150. 3 Gross income (line 1 minus line 2) 48,397. 48,397. 4 Cash prizes. 5 Noncash prizes 119,880. 22,850. 97,030. Rent/facility costs 574,848. 574,848. 7 Food and beverages 373,831. 373,831. 8 Entertainment. 19,906. 503,670. 483,764. Other direct expenses 1,620,626. 10 Direct expense summary. Add lines 4 through 9 in column (d) 187,416. 11 Net income summary. Combine line 3, column (d), and line 10 Radull Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (a) Bingo bingo/progressive bingo (add column (a) through column (c)) 1 Gross revenue 2 Cash prizes. EXPENSES 3 Non-cash prizes. 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? No **b** If 'No,' explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If 'Yes,' explain: _ _

<u>Scne</u>	Edule G (Form 990 or 990-EZ) 2011 WASHINGTON AREA CHAMBER OF COMMERCE 43-004/10/	Page 3
11	Does the organization operate gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity operated in:	
	The organization's facility	왕
	An outside facility . 13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address •	
15a	Does the organization have a contact with a third party from whom the organization receives gaming revenue?	No
	olf 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount	
	of gaming revenue retained by the third party > \$	
С	If 'Yes,' enter name and address of the third party	
	Name •	
	A House S	į
	Address ►	·
16	Gaming manager information:	
	Name ►	
	Gaming manager compensation ► \$	
	Description of services provided	-
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
الم	organization's own exempt activities during the tax year > \$)h
PEL	Supplemental Information. Complete this part to provide the explanations required by Part I, line a columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp this part to provide any additional information (see instructions).	lete
-		

SCHEDULE I

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.

OMB No 1545-0047



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(h) Purpose of grant Employer identification number X Yes Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered 'Yes' to 43-0647107 (g) Description of 1 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 criteria used to award the grants or assistance? (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation SEE PART IV Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section Part II can be duplicated if additional space is needed Partill General Information on Grants and Assistance WASHINGTON AREA CHAMBER OF COMMERCE (b) EIN 1 (a) Name and address of organization Name of the organization

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Furpose of grant or assistance
(1) CITY OF WASHINGTON 405 JEFFERSON STREET WASHINGTON. MO 63090	43-6003962		14,000.	0			ECONOMIC DEVELOPMENT
(2) WASHINGTON HISTORICAL SOCIETY PO BOX 146 WASHINGTON, MO 63090	43-1259237		10,100.	0.			GENERAL SUPPORT
(3)							
(4)							
(5)							
(6)							
<i>Ω</i>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(3) and government or	rganizations listed i	in the line 1 table				2 0
בוונפו נחנמו וומוווספו חו חמופו חואמווידמו		0.000					1000

Schedule 1 (Form 990) (2011)

TEEA3901L 06/01/11

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

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. 43-0647107 Schedule I (Form 990) (2011) WASHINGTON AREA CHAMBER OF COMMERCE

Page 2

(f) Description of non-cash assistance								her additional information.				! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !				
(e) Method of valuation (book, FMV, appraisal, other)								art I, line 2, and any ot								
(d) Amount of non-cash assistance								tion required in Pa	DS IN U.S.	1 1 1	 			 		
(c) Amount of cash grant	6,750.							rovide the informa	OF GRANTS FUN	 				! 		
(b) Number of recipients	6							plete this part to p	MONITORING USE	; 	, 			1 1 1 1 1 1 1 1 1	 	;
(a) Type of grant or assistance	1 SCHOLARSHIPS	2	3	4	S	9	7	Part W Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.	BOARD OVERSIGHT						

BAA

Schedule 1 (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization 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.

্যকুল ত Public নিল্নকেল্ডান

Employer identification number

WASHINGTON AREA CHAMBER OF COMMERCE	43-0647107
FORM 990, PART VI. LINE 11B - FORM 990 REVIEW PROCES	<u>S</u>
FORM 990 IS PREPARED BY CPA WHO IS A FORMER BOAR	D MEMBER AND THEN IS REVIEWED BY THE
ORGANIZATION'S_PRESIDENT_AND_ACCOUNTANT_BEFORE_I	T IS SIGNED AND SUBMITTED FOR FILING
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & AP	PROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES
ANNUAL REVIEW BY THE BOARD MEMBERS	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUM	ENTS PUBLICLY AVAILABLE
COPIES OF GOVERNING DOCUMENTS, POLICIES AND TAX	RETURNS ARE AVAILABLE FOR REVIEW AT
THE CHAMBER OFFICE	
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