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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No 1545-0047

**2012**Open to Public  
Inspection**A For the 2012 calendar year, or tax year beginning** , and ending**B Check if applicable** **Address change** **Name change** **Initial return** **Terminated** **Amended return** **Application pending**

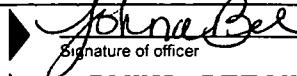
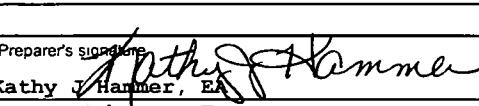
<b>C Name of organization</b>		<b>KENAI CHAMBER OF COMMERCE AND VISITOR'S CENTER</b>		<b>D Employer identification number</b>
Doing Business As				<b>92-0117443</b>
Number and street (or P O box if mail is not delivered to street address)		Room/suite		<b>E Telephone number</b>
<b>11471 KENAI SPUR HWY</b>				<b>907-283-7989</b>
City, town or post office, state, and ZIP code				
<b>KENAI AK 99611</b>				<b>G Gross receipts\$</b> <b>481,685</b>
<b>F Name and address of principal officer</b>				<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>JOHNA BEECH</b>				<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SAME AS C ABOVE</b>				<i>If "No," attach a list (see instructions)</i>

**I Tax-exempt status**  501(c)(3)  501(c) ( 6 ) **◀ (insert no)**  4947(a)(1) or  527**J Website ► [WWW.KENAICHAMBER.ORG](http://WWW.KENAICHAMBER.ORG)****K Form of organization**  Corporation  Trust  Association  Other ► **L Year of formation** **1954** **M State of legal domicile** **AK****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1 Briefly describe the organization's mission or most significant activities:</b> <b>See Schedule O</b>			
<b>Revenue</b>	<b>2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</b>			
	<b>3 Number of voting members of the governing body (Part VI, line 1a)</b>	<b>3</b>	<b>10</b>	
	<b>4 Number of independent voting members of the governing body (Part VI, line 1b)</b>	<b>4</b>	<b>10</b>	
	<b>5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)</b>	<b>5</b>	<b>10</b>	
	<b>6 Total number of volunteers (estimate if necessary)</b>	<b>6</b>	<b>30</b>	
	<b>7a Total unrelated business revenue from Part VIII, column (C), line 12</b>	<b>7a</b>	<b>27,142</b>	
	<b>b Net unrelated business taxable income from Form 990-T, line 34</b>	<b>7b</b>	<b>0</b>	
	<b>8 Contributions and grants (Part VIII, line 1h)</b>	<b>RECEIVED</b>	<b>Prior Year</b>	<b>Current Year</b>
	<b>9 Program service revenue (Part VIII, line 2g)</b>	<b>DEC 30 2013</b>	<b>61,972</b>	<b>75,196</b>
	<b>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</b>	<b>IRS CSC</b>	<b>28,514</b>	<b>293,515</b>
	<b>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</b>		<b>59</b>	<b>41</b>
	<b>12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</b>		<b>60,393</b>	<b>57,672</b>
<b>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</b>		<b>150,938</b>	<b>426,424</b>	
<b>14 Benefits paid to or for members (Part IX, column (A), line 4)</b>			<b>0</b>	
<b>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</b>		<b>63,495</b>	<b>146,745</b>	
<b>16a Professional fundraising fees (Part IX, column (A), line 11e)</b>			<b>0</b>	
<b>b Total fundraising expenses (Part IX, column (D), line 25) ►</b>	<b>0</b>			
<b>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</b>		<b>61,122</b>	<b>175,234</b>	
<b>18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)</b>		<b>124,617</b>	<b>321,979</b>	
<b>19 Revenue less expenses Subtract line 18 from line 12</b>		<b>26,321</b>	<b>104,445</b>	
<b>20 Total assets (Part X, line 16)</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>	
<b>21 Total liabilities (Part X, line 26)</b>		<b>98,733</b>	<b>203,153</b>	
<b>22 Net assets or fund balances Subtract line 21 from line 20</b>		<b>3,263</b>	<b>3,238</b>	
		<b>95,470</b>	<b>199,915</b>	

**Part II 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 preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>		<b>12/10/13</b>		
	<b>Signature of officer</b>			
	<b>JOHNA BEECH</b>	<b>PRESIDENT/COO</b>		
	<b>Type or print name and title</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	<b>Kathy J Hammer, EA</b>		<b>12/06/13</b>	<b>PTIN</b>
	Firm's name ► <b>Hammer Tax &amp; Accounting, Inc.</b>			<b>P00008557</b>
		Firm's EIN ►		
	10767 Kenai Spur Hwy Ste B			
	Firm's address ► <b>Kenai, AK 99611-7813</b>			
			Phone no	<b>907-283-4838</b>

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

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2012)

12/10/13

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

1 Briefly describe the organization's mission

**See Schedule O**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**SUPPORT KENAI AREA BUSINESS OWNERS IN PROMOTING "BUY LOCAL", ENCOURAGE ECONOMIC GROWTH, AND PROMOTE ACTIVITIES FOR MEMBERS TO FELLOWSHIP.****PROMOTION OF THE MEMBERSHIP OF THE KCCVC AND THE CITY OF KENAI THROUGH DESTINATION MARKETING, SUPPORTING ECONOMIC DEVELOPMENT OF THE CITY OF KENAI THROUGH THE VISITOR INDUSTRY, SERVING AS THE PROFESSIONAL FACILITY MANAGER OF THE VISITORS AND CULTURAL CENTER AND PROMOTION OF THE HISTORY, ARTS AND CULTURE OF KENAI AND ALASKA.**

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ►

**Part 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 (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 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	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

**Part IV 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	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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-EZ? If "Yes," complete Schedule L, Part I	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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 instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1	35a	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	
b	If "Yes" to line 35a, 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	36	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	
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	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		

**Part V. Statements Regarding Other IRS Filings and Tax Compliance**  
 Check if Schedule O contains a response to any question in this Part V

- 1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **1a** **0**
- b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable **1b** **0**
- c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **1c**
- 2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** **10**
- b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2b** **X**
- Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)
- 3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? **3a** **X**
- b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O **3b** **X**
- 4a** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4a** **X**
- b** If "Yes," enter the name of the foreign country: ►  
 See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.
- 5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **5a** **X**
- b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b** **X**
- c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T? **5c**
- 6a** Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? **6a** **X**
- b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 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**
- b** If "Yes," did the organization notify the donor of the value of the goods or services provided? **7b**
- c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7c**
- d** If "Yes," indicate the number of Forms 8282 filed during the year **7d**
- e** 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**
- 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**
- 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.**
- a** Did the organization make any taxable distributions under section 4966? **9a**
- b** Did the organization make a distribution to a donor, donor advisor, or related person? **9b**
- 10** **Section 501(c)(7) organizations.** Enter
- a** Initiation fees and capital contributions included on Part VIII, line 12 **10a**
- b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**
- 11** **Section 501(c)(12) organizations.** Enter
- a** Gross income from members or shareholders **11a**
- b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **11b**
- 12a** **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **12a**
- b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**
- 13** **Section 501(c)(29) qualified nonprofit health insurance issuers.**
- a** 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.
- b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**
- c** Enter the amount of reserves on hand **13c**
- 14a** Did the organization receive any payments for indoor tanning services during the tax year? **14a** **X**
- b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **14b**

**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

### Section A. Governing Body and Management

- 1a 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
- 1a **10**
- 1b Enter the number of voting members included in line 1a, above, who are independent
- 1b **10**
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- 2 **X**
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?
- 3 **X**
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 4 **X**
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets?
- 5 **X**
- 6 Did the organization have members or stockholders?
- 6 **X**
- 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, stockholders, 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 by the following
- a 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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O
- 9 **X**

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

- 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 chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?
- 10b
- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- 11a **X**
- 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 **X**
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done
- 12b
- 12c
- 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 approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- a The organization's CEO, Executive Director, or top management official
- b Other officers or key employees of the organization
- If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)
- 15a **X**
- 15b **X**
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- 16a **X**
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?
- 16b

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **AK**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ► **JOHNA BEECH**

11471 KENAI SPUR HWY

AK 99611

907-283-7989

**KENAI**

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

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated			
(1) KYLE FISHER	2.00								
PAST PRESIDENT	0.00	X		X			0	0	0
(2) MIKE SPANGLER	3.00								
TREASURER	0.00	X		X			0	0	0
(3) PENNY FURNISH	2.00								
SECRETARY	0.00	X		X			0	0	0
(4) JASON CARROLL	2.00								
DIRECTOR	0.00	X					0	0	0
(5) SCOTT HAMANN	2.00								
DIRECTOR	0.00	X					0	0	0
(6) BRENDYN SHIFLEA	10.00								
PRESIDENT	0.00	X		X			0	0	0
(7) FRED BRAUN	2.00								
VICE PRESIDENT	0.00	X		X			0	0	0
(8) DENNIS SWARNER	2.00								
DIRECTOR	0.00	X					0	0	0
(9) RON MALSTON	2.00								
DIRECTOR	0.00	X					0	0	0
(10) JEFF WARTON	2.00								
DIRECTOR	0.00	X					0	0	0
(11)									

## Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former Officer Key employee Highest compensated employee	Former Individual trustee or director	Former Institutional trustee	Former Officer	Former Key employee			
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									
(18)									
(19)									

## 1b Sub-total ►

c Total from continuation sheets to Part VII, Section A ►

d Total (add lines 1b and 1c) ►

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

Yes	No
3	X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4	X
---	---

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5	X
---	---

## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►	0	

## Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b	55,137			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	16,765			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,294			
	g Noncash contributions included in lines 1a-1f		\$			
	h Total. Add lines 1a-1f		►	75,196		
Program Service Revenue		Busn Code				
	2a CITY OF KENAI MGMT AGREEMENT		105,416	105,416		
	b EXHIBITS & SHOWS		62,009	62,009		
	c RETAIL/SAT MARKET		57,279	57,279		
	d MARKETING/VISITORS GUIDE		37,079	37,079		
	e LUNCHEON MEETINGS	812900	19,888		19,888	
	f All other program service revenue		11,844	4,590	7,254	
	g Total. Add lines 2a-2f		►	293,515		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		►	41		
	4 Income from investment of tax-exempt bond proceeds		►			
	5 Royalties		►			
	6a Gross rents	(i) Real	(ii) Personal			
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)		►			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less cost or other basis & sales exps					
	c Gain or (loss)					
	d Net gain or (loss)		►			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	112,933			
	b Less: direct expenses	b	55,261			
	c Net income or (loss) from fundraising events		►	57,672		
9a Gross income from gaming activities See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities		►				
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory		►				
Miscellaneous Revenue	Busn. Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		►				
12 Total revenue. See instructions.		►	426,424	266,373	27,142	
					41	

Form 990 (2012) **KENAI CHAMBER OF COMMERCE AND**  
**Part IX Statement of Functional Expenses****92-0117443**

Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	<b>133,232</b>			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	<b>13,513</b>			
11 Fees for services (non-employees)				
a Management				
b Legal	<b>4,292</b>			
c Accounting	<b>2,924</b>			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	<b>47,613</b>			
13 Office expenses	<b>35,096</b>			
14 Information technology				
15 Royalties				
16 Occupancy	<b>4,719</b>			
17 Travel	<b>3,802</b>			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	<b>6,090</b>			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>618</b>			
23 Insurance	<b>5,769</b>			
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)				
a COGS	<b>36,696</b>			
b CHARITABLE ORGANIZATIONS	<b>10,113</b>			
c BANK & MERCHANT FEES	<b>9,514</b>			
d SCHOLARSHIPS	<b>6,000</b>			
e All other expenses	<b>1,988</b>			
25 Total functional expenses. Add lines 1 through 24e	<b>321,979</b>	<b>0</b>	<b>0</b>	<b>0</b>
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 ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

## Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	64,974	1	121,519
	2 Savings and temporary cash investments	26,718	2	16,095
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,725	4	8,772
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other 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). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	28,675
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	14,103		
	b Less accumulated depreciation	12,405	2,316	10c 1,698
	11 Investments—publicly traded securities			11
	12 Investments—other securities See Part IV, line 11			12
	13 Investments—program-related See Part IV, line 11			13
	14 Intangible assets			14
	15 Other assets See Part IV, line 11			15
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>98,733</b>	<b>16</b>	<b>203,153</b>	
Liabilities	17 Accounts payable and accrued expenses	3,263	17	3,238
	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 Loans and other payables to current and former officers, directors, trustees, key employees, 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 Schedule D		25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>3,263</b>	<b>26</b>	<b>3,238</b>
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	95,470	32	199,915
	33 Total net assets or fund balances	95,470	33	199,915
	<b>34 Total liabilities and net assets/fund balances</b>	<b>98,733</b>	<b>34</b>	<b>203,153</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	426,424
2 Total expenses (must equal Part IX, column (A), line 25)	2	321,979
3 Revenue less expenses Subtract line 2 from line 1	3	104,445
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	95,470
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	199,915

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2012)

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

**KENAI CHAMBER OF COMMERCE AND  
VISITOR'S CENTER**

Employer identification number

**92-0117443****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

## 1 Purpose(s) of conservation easements held by the organization (check all that apply)

- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

## 2 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

- a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 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 ►  
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►  
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$  
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?  
9 In Part XIII, 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.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

 Yes  No Yes  No**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, 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) 2012 **KENAI CHAMBER OF COMMERCE AND** **92-0117443** **Page 2****Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition  
 b  Scholarly research  
 c  Preservation for future generations
- d  Loan or exchange programs  
 e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Yes	No
3a(i)	
3a(ii)	

3b

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
		14,103	12,405	1,698
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) )			►	1,698

## Schedule D (Form 990) 2012 KENAI CHAMBER OF COMMERCE AND

92-0117443

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**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation 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. (Column (b) must equal Form 990, Part X, col. (B) line 12 ) ►

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Column (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
<b>KCVB ASSETS</b>	<b>26,394</b>
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►

**26,394****Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

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

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12
  - a Net unrealized gains on investments
  - b Donated services and use of facilities
  - c Recoveries of prior year grants
  - d Other (Describe in Part XIII )
  - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
  - a Investment expenses not included on Form 990, Part VIII, line 7b
  - b Other (Describe in Part XIII )
  - c Add lines 4a and 4b
- 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

	1	
2a		
2b		
2c		
2d		
	2e	
	3	
4a		
4b		
	4c	
	5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

- 1 Total expenses and losses per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25
  - a Donated services and use of facilities
  - b Prior year adjustments
  - c Other losses
  - d Other (Describe in Part XIII )
  - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
  - a Investment expenses not included on Form 990, Part VIII, line 7b
  - b Other (Describe in Part XIII )
  - c Add lines 4a and 4b
- 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )

	1	
2a		
2b		
2c		
2d		
	2e	
	3	
4a		
4b		
	4c	
	5	

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2012 **KENAI CHAMBER OF COMMERCE AND**  
**Part XIII Supplemental Information (continued)**

**92-0117443**

**Page 5**

**SCHEDULE G**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2012**Open to Public  
Inspection

Name of the organization

**KENAI CHAMBER OF COMMERCE AND  
VISITOR'S CENTER**Employer identification number  
**92-0117443****Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- |   |  |
|---|--|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |  |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

**Part II 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.

	(a) Event #1 <b>BEER &amp; WINE TAS</b> (event type)	(b) Event #2 <b>HOLIDAY EVENTS</b> (event type)	(c) Other events <b>2</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	<b>60,280</b>	<b>33,497</b>	<b>19,156</b>
	2 Less: Contributions			
	3 Gross income (line 1 minus line 2)	<b>60,280</b>	<b>33,497</b>	<b>19,156</b>
Direct Expenses	4 Cash prizes			
	5 Noncash prizes		<b>148</b>	<b>405</b>
	6 Rent/facility costs			
	7 Food and beverages		<b>417</b>	<b>1,395</b>
	8 Entertainment			
	9 Other direct expenses	<b>24,826</b>	<b>15,534</b>	<b>12,536</b>
10 Direct expense summary Add lines 4 through 9 in column (d)				<b>55,261</b>
11 Net income summary Combine line 3, column (d), and line 10				<b>57,672</b>

**Part III 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.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			
	2 Cash prizes			
	3 Noncash prizes			
Direct Expenses	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
	7 Direct expense summary Add lines 2 through 5 in column (d)			
	8 Net gaming income summary Combine line 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?  
b If "No," explain:

Yes  No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

- b If "Yes," explain.

Yes  No

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2012
		For calendar year 2012, or tax year beginning _____, and ending _____			
Name <b>KENAI CHAMBER OF COMMERCE AND VISITOR'S CENTER</b>					Employer Identification Number <b>92-0117443</b>
Revenue		(a) Other event <b>KENAI RIVER MAR</b> (event type)	(b) Other event <b>BOWLING EVENT</b> (event type)	(c) Other event (event type)	(d) Total other events (add col (a) through col (c))
	1 Gross receipts	<b>12,491</b>	<b>6,665</b>		<b>19,156</b>
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	<b>12,491</b>	<b>6,665</b>		<b>19,156</b>
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	<b>279</b>	<b>126</b>		<b>405</b>
	6 Rent/facility costs				
	7 Food/beverages	<b>1,395</b>			<b>1,395</b>
	8 Entertainment				
9 Other expenses	<b>9,267</b>	<b>3,269</b>		<b>12,536</b>	

## Schedule G (Form 990 or 990-EZ) 2012

## KENAI CHAMBER OF COMMERCE AND

92-0117443

Page 3

- 11 Does the organization operate gaming activities with nonmembers?  Yes  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?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b 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 contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$  
amount of gaming revenue retained by the third party ► \$  
and the

- c If "Yes," enter name and address of the third party

Name ►

Address ►

- 16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer  Employee  Independent contractor

- 17 Mandatory distributions

- a 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 organization's own exempt activities during the tax year ► \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**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

**2012****Open to Public  
Inspection**

Name of the organization

**KENAI CHAMBER OF COMMERCE AND  
VISITOR'S CENTER**Employer identification number  
**92-0117443****Form 990 - Organization's Mission or Most Significant Activities**

PROMOTE ECONOMIC DEVELOPMENT, JOB GROWTH AND EDUCATION FOR THE CITY OF KENAI. PROMOTION OF THE MEMBERSHIP OF THE KCCVC AND THE CITY OF KENAI THROUGH DESTINATION MARKETING, SUPPORTING ECONOMIC DEVELOPMENT OF THE CITY OF KENAI THROUGH THE VISITOR INDUSTRY, SERVING AS THE PROFESSIONAL FACILITY MANAGER OF THE VISITORS AND CULTURAL CENTER AND PROMOTION OF THE HISTORY, ARTS AND CULTURE OF KENAI AND ALASKA.

**Form 990, Part I, Line 6**

VOLUNTEERS USED TO TAKE TICKETS, SETUP AND CLEANUP AT EVENTS.

**Form 990, Part VI, Line 3 - Management Delegated**

MANAGEMENT DUTIES ARE DELEGATED PRIMARILY TO THE PRESIDENT/COO OF THE ORGANIZATION. THE BOARD OF DIRECTORS PLAYS AN ACTIVE ROLE IN SUPERVISING AND DELEGATING MANAGEMENT DUTIES.

**Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents**  
 ORGANIZATION MERGED WITH THE KENAI CONVENTION AND VISITOR'S BUREAU UPON TERMINATION OF THAT ENTITY. CERTIFICATE OF MERGER WAS ISSUED BY THE STATE OF ALASKA ON FEBRUARY 27, 2012. NAME OF ORGANIZATION WAS CHANGED TO KENAI CHAMBER OF COMMERCE AND VISITORS CENTER.

**Form 990, Part VI, Line 6 - Classes of Members or Stockholders**

WE ARE A NON-PROFIT MEMBERSHIP ORGANIZATION CONSISTING OF APPROXIMATELY 350 MEMBERS.

Schedule O (Form 990 or 990-EZ) (2012)

Page 2

Name of the organization

**KENAI CHAMBER OF COMMERCE AND**

Employer identification number

**92-0117443****Form 990, Part VI, Line 7a - Election of Members and Their Rights****WE HOLD A BOARD OF DIRECTORS ELECTION ON AN ANNUAL BASIS, BOARD MEMBERS ARE ELECTED BY THE MEMBERSHIP FOR THE UPCOMING YEAR.****Form 990, Part VI, Line 11b - Organization's Process to Review Form 990****THE FORM 990 IS AVAILABLE UPON REQUEST.****Form 990, Part VI, Line 15a - Compensation Process for Top Official****THE PRESIDENT/COO'S SALARY AND BONUS STRUCTURE ARE DETERMINED BY THE BOARD OF DIRECTORS.****Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation****RESOLUTIONS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST; POLICIES AND PROCEDURES ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.**

State of Alaska  
Department of Commerce, Community and Economic Development  
Corporations, Business and Professional Licensing

## Certificate of Merger

The undersigned, as Commissioner of Commerce, Community and Economic Development of the State of Alaska, hereby certifies that a duly signed and verified filing pursuant to the provisions of Alaska Statutes has been received in this office and has been found to conform to law.

ACCORDINGLY, the undersigned, as Commissioner of Commerce, Community and Economic Development, and by virtue of the authority vested in me by law, hereby issues this certificate to

the survivor  
**KENAI CHAMBER OF COMMERCE AND VISITOR'S CENTER**  
an Alaska entity



IN TESTIMONY WHEREOF, I execute the certificate  
and affix the Great Seal of the State of Alaska  
effective February 27, 2012.

Susan K. Bell  
Commissioner



State of Alaska

Department of Commerce, Community, and Economic Development  
Corporations, Business and Professional Licensing  
CORPORATIONS SECTION

PO Box 110808  
Juneau AK 99811-0808

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Division of Corporations, Business  
and Professional Licensing

## ARTICLES OF MERGER

Non Profit, Corporation

Pursuant to the provisions of the Alaska Statutes, the Articles of Merger shall be executed by each corporation by its president or vice president and by its secretary or assistant secretary and the board of directors of each corporation shall, by resolution, approve a plan of merger.

**Article 1. Name of the merging corporation:**

Alaska Entity # if applicable:

KENAI CHAMBER OF COMMERCE, INC.	2965D
---------------------------------	-------

Name of the merging corporation:

Alaska Entity # if applicable:

KENAI CONVENTION & VISITORS BUREAU	33804D
------------------------------------	--------

Attach additional sheet with additional corporations if necessary

**Article 2. Name of the surviving corporation:**

Alaska Entity # if applicable:

KENAI CHAMBER OF COMMERCE AND VISITOR'S CENTER	2965D
--	-------

**Article 3. Plan of Merger: (A Copy of the Plan of Merger must be attached.)**

The plan of merger must set out:

- (1) the names of the corporations proposing to merge and the name of the corporation into which they propose to merge, which is hereafter referred to as the surviving corporation;
- (2) the terms and conditions of the proposed merger;
- (3) a statement of changes in the articles of incorporation of the surviving corporation caused by the merger;
- (4) other provisions with respect to the merger considered necessary or desirable.

**Article 4. The plan of merger must be approved by each entity that is party to the merger.**

Name of the merging corporation KENAI CHAMBER OF COMMERCE, INC.

The plan of merger was adopted on the 13th day of Dec., by the  members  board of directors.

A. If adopted by the members, check one of the following:

- There are members entitled to vote on the amendment; a quorum was present at the meeting and the amendment received at least two-thirds of the votes which members present at the meetings or represented by proxy were entitled to cast.
- There are members entitled to vote on the amendment which was adopted by a consent in writing signed by all members entitled to vote, with respect to the amendment.

B. If adopted by the board of directors, check one of the following:

- There are no members and the amendment received the vote of a majority of the directors in office.
- There are no members entitled to vote and the amendment received the vote of a majority of the directors in office.



K 1 0 2 3 2 9 2

Name of the merging corporation KENAI CONVENTION & VISITORS BUREAU

The plan of merger was adopted on the 28th day of Nov., by the  members  board of directors.

A. If adopted by the members, check one of the following:

- There are members entitled to vote on the amendment; a quorum was present at the meeting and the amendment received at least two-thirds of the votes which members present at the meetings or represented by proxy were entitled to cast.
- There are members entitled to vote on the amendment which was adopted by a consent in writing signed by all members entitled to vote, with respect to the amendment.

B. If adopted by the board of directors, check one of the following:

- There are no members and the amendment received the vote of a majority of the directors in office.
- There are no members entitled to vote and the amendment received the vote of a majority of the directors in office.

Name of the Surviving corporation KENAI CHAMBER OF COMMERCE AND VISITOR'S CENTER

The plan of merger was adopted on the 13th day of Dec., by the  members  board of directors.

A. If adopted by the members, check one of the following:

- There are members entitled to vote on the amendment; a quorum was present at the meeting and the amendment received at least two-thirds of the votes which members present at the meetings or represented by proxy were entitled to cast.
- There are members entitled to vote on the amendment which was adopted by a consent in writing signed by all members entitled to vote, with respect to the amendment.

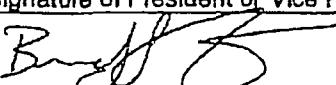
B. If adopted by the board of directors, check one of the following:

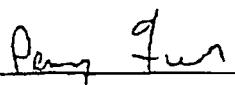
- There are no members and the amendment received the vote of a majority of the directors in office.
- There are no members entitled to vote and the amendment received the vote of a majority of the directors in office.

Article 5. The Articles of Merger must be signed by the president or vice president and by the secretary or assistant secretary of each corporation:

Name of Merging Entity:	<u>KENAI CHAMBER OF COMMERCE, INC.</u>
-------------------------	--

Signed this 20<sup>7</sup>/ day of JANUARY, 20 12.

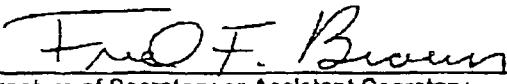
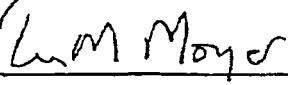
Signature of President or Vice President	Printed Name
	<u>Brendyn Shifles</u>

Signature of Secretary or Assistant Secretary	Printed Name	
	<u>Penny Furnish</u>	<u>RECEIVED</u> <u>JUNEAU</u>

FEB 27 2012

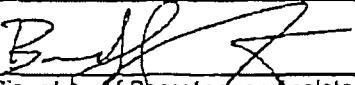
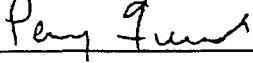
Name of Merging Entity:	KENAI CONVENTION & VISITORS BUREAU
-------------------------	------------------------------------

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature of President or Vice President	Printed Name
	Fred Braun
Signature of Secretary or Assistant Secretary	Printed Name
	Teresa Moyer

Name of Surviving Entity:	KENAI CHAMBER OF COMMERCE AND VISITOR'S CENTER
---------------------------	--

Signed this 20<sup>th</sup> day of January, 20 12.

Signature of President or Vice President	Printed Name
	Brendyn Shifley
Signature of Secretary or Assistant Secretary	Printed Name
	Penny Furnish

Add additional signature pages if necessary.

**AS 10.20.271. Law Applicable When Domestic and Foreign Corporations Merge or Consolidate.**

- (a) Each domestic corporation shall comply with the provisions of this chapter with respect to the merger or consolidation of domestic corporations and each foreign corporation shall comply with the applicable provisions of the laws of the state under which it is organized.
- (b) If the surviving or new corporation is to be governed by the laws of a state other than this state, it shall comply with the provisions of this chapter with respect to foreign corporations if it is to transact business in this state and in every case it shall file with the commissioner
  - (1) an agreement that it may be served with process in this state in a proceeding for the enforcement of an obligation of a domestic corporation which is a party to the merger or consolidation;
  - (2) an irrevocable appointment of the commissioner as its agent to accept service of process in these proceedings.

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