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# **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 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements , 2012, and ending For the 2012 calendar year, or tax year beginning Jun 1 , 2013 C Name of organization SIMSBURY CHAMBER OF COMMERCE, D Employer Identification Number Check if applicable Address change Doing Business As 06-6075571 Number and street (or P O box if mail is not delivered to street addr) Telephone number Name change (860) 651-7307 Initial return 749 HOPMEADOW ST., P.O. BOX 224 City, town or country State ZIP code + 4 Terminated Amended return SIMSBURY CT06070 G Gross receipts \$ 114.903. H(a) Is this a group return for affiliates? F Name and address of principal officer Application pending H(b) Are all affiliates included?
If 'No,' attach a list (see instructions) Yes No CT 06089 William R Scovil 373 Hopmeadow St. Weatogue ) (insert no ) 4947(a)(1) or 527 Tax-exempt status 501(c)(3) X 501(c) (6 Website: ► H(c) Group exemption number www.simsburycoc.org Other P L Year of Formation 1961 M State of legal domicile CT Form of organization X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities The Simsbury Chamber of Commerce is dedicated to serving its local business membership through the advancement, education and communication of economic, civic, cultural and social interests of the local community.

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) 18 Number of independent voting members of the governing body (Part VI, line 1b) 4 18 Total number of individuals employed in calendar year 2012 (Part V. line 2a) 5 2 Total number of volunteers (estimate if necessary) 6 25 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 86,772. Contributions and grants (Part VIII, line 1h) 81,680. Program service revenue (Part VIII, line 2g) 48,198. 31,384. Investment income Part (MI Column (A), lines 3, 4, and 7d)
Other revenue (Part VIII, column (A), mes 5, 6d, 8c, 9c, 10c, 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Total revenue and lines 8 through 11 (must equal Part VIII, column (A), line 12)
Grants and sintler arrivings paid (Ray IX, column (A), lines 1-3)
Benefits paid four for members (Part IX, column (A), line 4)
Salaries, other combansation lempla (A) 2,265. 1,611. 11 633. 228. 12 137,868. 114,903. 13 14 15 Salaries, other companient lemployee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (PartaiX, column (A), line 11e) 99,359 96,323. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 54,136. 37,812. 134,135. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 153,495. Revenue less expenses Subtract line 18 from line 12 -19,232.-15,627.**End of Year** Beginning of Current Year Total assets (Part X, line 16) 20 189,212. 166,191. 21 Total liabilities (Part X, line 26) 38,413. 48,639. 22 Net assets or fund balances Subtract line 21 from line 20 140,573. 127,778. Part II Signature Block furn, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and in all information of which preparer has any knowledge Under penalties of perjury, I declare complete Declaration of prepare (0 Signature of Sign Here William R. Scoville Treasurer Type or print name and title Print/Type preparer's name Date Check William R. Scoville, CPA 01/15/14 self-employed P01251281 Paid Preparer WILLIAM R. SCOVILLE Use Only 373 HOPMEADOW ST PO BOX 266 Firm's EIN • 06-1531171 Firm's address

WEATOGUE

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

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

No

06089

(860) 658-7575

Yes

40	Ac (Code ) (Expenses \$ including grants of \$ ) (Revenue \$  Ad Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$  Ac Total program service expenses \$ including grants of \$ ) (Revenue \$	evenue		-		)
40	### Including grants of \$) (Roote) (Roote	evenue		-		
	Ac (Code) (Expenses \$ including grants of \$) (Rote Business showcase expositions held to promote the exposure of local businesses to the local community and business membership.	evenue		-		)
40	Ic (Code) (Expenses \$including grants of \$) (Real Business showcase expositions held to promote the exposure of log	evenue		-		)
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	and services of local member businesses.					
	Member website directory containing information on products					
41	1b (Code ) (Expenses \$ including grants of \$ ) (Re	evenue	\$			)
		- <b></b> -				
	government affairs, projects, and benefits availability.					
	businesses with information regarding civic events, local					
. •	Meetings and conferences aiding and supporting local					
4:	la (Code ) (Expenses \$ including grants of \$ ) (Re	evenue	\$			)
	others, the total expenses, and revenue, if any, for each program service reported	. 3	· <del>· · ·</del>		•	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo	s, as mo	easured	d by ex	pense cation	s s to
3	If 'Yes,' describe these changes on Schedule O		Ш	103		
3		ces?		Yes	kΩ	No
	Form 990 or 990-EZ?  If 'Yes,' describe these new services on Schedule O			Yes	X	No
	, , , , , , , , , , , , , , , , , , , ,	ne prior		V-		<b>N</b> 1.
2						
2	See Form 990, Page 2, Part III, Line 1 (continued)					
2	is dedicated to serving its local business membership through th	- – – - 1e				
2	The Simsbury Chamber of Commerce					
2	The Simsbury Chamber of Commerce					
2	Briefly describe the organization's mission					<u> </u>
1	•					x

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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		х
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? <i>If 'Yes,' complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
١	<b>b</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	11 b		х
(	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	11 c		х
(	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	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	11 e		Х
1	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	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		_X
l	<b>b</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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
1	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		х
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		х
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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) SIMSBURY CHAMBER OF COMMERCE, INC.

Partitle Checklist of Required Schedules (continued)

	2000	1	1	T
		ł	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 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	22		х
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? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	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 complete Schedule K. If 'No,'go to line 25	24a		х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
t	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	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)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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  Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	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
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŧ	olf '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	35b		X
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	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
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	38	х	
ВАА		Form	990 (	2012)

	Check if Schedule O contains a response to any question in this Part V			Г
	The second of th		Yes	No
1	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1 a   3	_		
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
2			_==	
	a 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 2 a 2			
	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	-	
	<b>a</b> 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)?	4 a		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			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a 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?	6 a		Х
	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were			
	not tax deductible?	6 b		
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?	7 a		
	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	_		
	Form 8282?	7с		
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7 h		
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		-		
_	a Did the organization make any taxable distributions under section 4966?	9 a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter	20		
	a Initiation fees and capital contributions included on Part VIII, line 12	l		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter			
	a Gross income from members or shareholders	-	ŀ	
			ŀ	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	1		
12	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	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?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in		i	
	which the organization is licensed to issue qualified health plans		}	
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

Form 990 (2012)

Form 990 (2012) SIMSBURY CHAMBER OF COMMERCE, INC. 06-6075571 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 18 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 1 h 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 X Did the organization have members or stockholders? 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, Х stockholders, or other persons other than the governing body? 7 h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8 b Х 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? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10 a Х 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? 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **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 12 a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 h X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c Х 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Х 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 15 a Х **b** Other officers of key employees of the organization 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a 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? 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website X I Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization P.O. Box 224, Simsbury, CT 06070 (860) 651-7307

TEEA0106 08/08/12

BAA

# 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

- 1 a 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 r	elated	org	anız	atio	n con	npen	sated any current offi	cer, director, or truste	e
				(C	;)					
(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	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) Kay Green	5.00									
President		Х		X				0.	0.	0.
(2) Robert Kulakowski	3.00									
Vice President		Х		Х				0.	0.	0.
(3) Pamela Lacko	3.00									
Vice President		Х		Х				0.	0.	0.
(4) Margaret Jakubowski	1.00									
Secretary		X		X				0.	0.	0.
(5) Ron Huston	2.00									
Director		Х						0.	0.	0.
(6) Tom Vincent	1.00					:				
Director		Х						0.	0.	0.
(7) Shamim Bhatti	2.00									
Director		Х						0.	0.	0.
(8) Wendy Healy	1.00									
Director		Х						0.	0.	0.
(9) Ray Lagan	1.00									
Director		Х						0.	0.	0.
(10) Kelly Kearney	2.00									
Director		Х						0.	0.	0.
(11) Tom Roy	1.00									
Director		_X						0.	0.	<u> </u>
(12) Elaine Groundwater	1.00									
Director		Х						0.	0.	0.
(13) Pamela Bowman	3.00									
Director		Х						0.	0.	0.
(14) Megan Gill	1.00									
Director		Х					<u> </u>	0.	0.	0.

	URY CHAMBER OF CO								d Himbaat Cam	06-607557	
Part VII    Section A.	Officers, Directors, Tr	ustees, I	<b>∖ey</b> ∣	Em		oye C)	es, a	<u>anc</u>	Hignest Com	pensated Emp	loyees (cont)
Na	(A) me and title	Average hours per week		is both or/trus	i an tee)	(D)  Reportable compensation from the organization (W 2/1099 MISC)	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation			
		(list any hours for related organiza tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W 2/1099 MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
	S	1.00	x						0.	0.	0.
Past Preside (16) Beth George	<u>nc</u>	1.00	_						0.	0.	
Director			Х						0.	0.	0.
(17) William Scov Treasurer	111e	3.00	х		х				0.	0.	0.
Director	emente	1.00	х						0.	0.	0.
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1 b Sub-total		_						<b>&gt;</b>	0.	0.	0.
d Total from continuated d Total (add lines 1b a	tion sheets to Part VII, Section 1c)	on A						<b>&gt;</b>	0.	0.	0.
2 Total number of indiffrom the organization	viduals (including but not lim n ► 0	ited to tho:	se lis	ted	abo	ve)	who i	rece	eived more than \$	100,000 of reportab	le compensation
											Yes No
	list any <b>former</b> officer, direc complete Schedule J for suc			еу є	empl	loye	e, or	higi	hest compensated	employee	3 X
	sted on line 1a, is the sum of I related organizations greate									om	4 X
5 Did any person lister	d on line 1a receive or accru									ndıvıdual	5 X
Section B. Independ											J   K
Complete this table compensation from	for your five highest compen- the organization Report com	sated inder	oend for t	ent o	cont aler	tract idar	ors ti year	hat end	received more tha ding with or within	n \$100,000 of the organization's t	ax year
	(A) Name and business add	ress							(B) Description of		(C) Compensation
			•		_						
		_									
	ependent contractors (includi	•	lımıt	ed t	o the	ose	listed	d ab	ove) who received	I more than	
ВАА	-		TEEA	0108	01/2	24/13					Form <b>990</b> (2012)

		Check if Schedule O contains	ains 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		
NT? NTS	1 a	Federated campaigns	1 a							
GR/	b	Membership dues	1 b	81,680.						
TS,	С	Fundraising events	1 c							
멸절	d	Related organizations	1 d							
SIS	е	Government grants (contributions)	1 e							
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, grants, and similar amounts not included above	1 f							
ž Š		Noncash contributions included in Ins 1a-	1f \$	I						
ყ.	h	Total. Add lines 1a-1f	•	•	81,680.					
PROGRAM SERVICE REVENUE				Business Code	01,000.					
뭂	2 a	Business showcase ex	cog	900099	18,783.	18,783.	0.	0.		
2	b Annual Meeting 900099			900099	4,685.	4,685.	0.	0.		
ાટ્ર	С			900099	1,685.	1,685.	0.	0.		
35	d			900099	1,509.	1,509.	0.	0.		
₹	е	Business leader foru	- – –	900099	4,722.	4,722.	0.	0.		
형	f	All other program service revenu		30000						
Æ	g	Total. Add lines 2a-2f		•	31,384.					
	3	Investment income (including div	ıdend	s, interest and						
		other similar amounts)		<i>^</i>	1,611.	1,611.	0.	0.		
	4	Income from investment of tax-ex	kempt	bond proceeds -						
	5	Royalties		•						
		(i) R	eal	(ii) Personal						
		Gross rents								
		Less rental expenses			}					
		Rental income or (loss)					<del></del>			
	d	Net rental income or (loss)		<b>•</b>						
	7 a	Gross amount from sales of assets other than inventory	urities	(ii) Other						
	b	Less cost or other basis and sales expenses								
	С	Gain or (loss)								
	d	Net gain or (loss)		<b>•</b>						
10E	8 a	Gross income from fundraising e (not including \$	vents							
OTHER REVENU		of contributions reported on line	1c)							
28		See Part IV, line 18		a	1					
핖	b	Less direct expenses		b						
5	С	Net income or (loss) from fundra	ısıng e	events						
		Gross income from gaming active See Part IV, line 19		a						
		Less direct expenses		b						
		Net income or (loss) from gamin	a activ	rities ►						
		Gross sales of inventory, less rel	•				<del></del>			
	104	and allowances	ums	a						
	b	Less cost of goods sold		b						
		Net income or (loss) from sales of	of inve	entory						
		Miscellaneous Revenue		Business Code						
	11 a	Miscellaneous	• •	900099	228.	228.	0.			
	b									
	С	:								
	d	d All other revenue								
	е	Total. Add lines 11a-11d		•	228.					
	12	Total revenue. See instructions			114,903.	33,223.	0.	_ 0.		

# Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A	1)
---	----

	Check if Schedule O contains a re				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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	76,489.			
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	13,532.			
10	Payroll taxes	6,302.			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	1,806.			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
g	Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch 0) Advertising and promotion	110.			
13	Office expenses	5,841.			
14	Information technology	2,328.			
15	Royalties	2,0201			
16	Occupancy	11,871.			
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	780.			
	Insurance	2,044.			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Marketing	313.			
b	Association dues	275.			
	Bank charges		· ·		
	Business expos	6,230.			
	All other expenses	4,887.			
25	Total functional expenses Add lines 1 through 24e	134,135.			
	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)				

**Balance Sheet** 

Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year 1 Cash - non-interest-bearing 43,024 33,173. 2 Savings and temporary cash investments 32,259 10,264. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 60. 784. Loans and other receivables from current and former officers, directors trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 065 1,947 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 37,278 h Less accumulated depreciation 10b 10 c 24,671 13,387 12,607. Investments - publicly traded securities 99,417 11 107,416. Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 189,212 16 166,191 17 Accounts payable and accrued expenses 4,974. 17 728. 18 Grants payable 18 Deferred revenue 19 43,665 19 37,685 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 25 26 Total liabilities. Add lines 17 through 25 48,639 38,413 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🙀 and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 140,573 27 127,778. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 29 P Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 127,778. 33 140,573 33 Total liabilities and net assets/fund balances 34 34 189,212. 166,191.

BAA

Part X

Form 990 (2012)

Ori	1990 (2012) SIMSBURY CHAMBER OF COMMERCE, INC.	06-60/55/1	L,		ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	14,9	903.
2	Total expenses (must equal Part IX, column (A), line 25)	2			135.
3	Revenue less expenses Subtract line 2 from line 1	3			232.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			573.
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		6,4	137.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1:	27.7	778.
Pa	rt XII   Financial Statements and Reporting			, .	
	Check if Schedule O contains a response to any question in this Part XII				
	Check it Schedule O contains a response to any question in this rait XII			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			103	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both	ewed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2 b		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	arate			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3	a 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?	the Single	3 a		Х
	<b>b</b> If '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	equired audit	3 b		
BA			Form	990 (	(2012)

# 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

2012

Open to Public Inspection
Employer identification number

SII	MSBURY CHAMBER OF COMMERCE, I	NC.		06-6075571
Pai		or Advised Funds or Other Sin		
	the organization answered res	(a) Donor advised funds	(b) E	unds and other accounts
1	Total number at and of year	(a) Donor advised funds	(D) F1	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)		<del></del>	
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and don are the organization's property, subject to the	or advisors in writing that the assets borganization's exclusive legal control?	ield in donor advised fu	nds Yes No
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?			
Pai	t II   Conservation Easements. Comp	lete if the organization answe	ed 'Yes' to Form 9	90, 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., re	ecreation or education)	ervation of an historica	lly important land area
	Protection of natural habitat	Pres	ervation of a certified h	istoric structure
	Preservation of open space	<del>_</del>		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contrib	oution in the form of a c	onservation easement on the
			Н	eld at the End of the Tax Year
;	Total number of conservation easements		2 a	
ı	Total acreage restricted by conservation easer	nents	2 b	
(	Number of conservation easements on a certif	ied historic structure included in (a)	2 c	
•	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not of	n a historic 2 d	
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or	terminated by the orga	nization during the
4	Number of states where property subject to co	nservation easement is located >		
5	Does the organization have a written policy regard enforcement of the conservation easemen	garding the periodic monitoring, inspects it holds?	ction, handling of violati	ons, Yes No
6	Staff and volunteer hours devoted to monitorin			
7	Amount of expenses incurred in monitoring, in	specting, and enforcing conservation	easements during the y	ear
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requireme	nts of section 170(h)(4)	(B)(ı) Yes No
9	In Part XIII, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements	orts conservation easements in its rev o the organization's financial statemen	enue and expense state ts that describes the or	ement, and balance sheet, and ganization's accounting for
Pai	Till Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treas wered 'Yes' to Form 990, Part	ures, or Other Sim IV, line 8.	nilar Assets.
1 :	a If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIII, the text of the footnote to its finance	s held for public exhibition, education,	or research in furtheran	
I	b If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items	SFAS 116 (ASC 958), to report in its d for public exhibition, education, or re	revenue statement and esearch in furtherance o	balance sheet works of art, of public service, provide the
	(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 ar amounts required to be reported under SFAS		assets for financial gai	n, provide the following
	a Revenues included in Form 990, Part VIII, line	1		► \$
	Assets included in Form 990, Part X			<b>►</b> \$

Schedule D (Form 990) 2012 SIMSE	BURY CHA	AMBER C	F COMMER	CE,	INC.	06-607	5571		Page 2
Part Organizations Mainta	ining Col	lections	of Art, Hist	torica	l Treasures, o	r Other Similar Ass	sets (c	<u>ontını</u>	ıed)
3 Using the organization's acquisition items (check all that apply)	on, accessio	on, and oth	er records, ch	neck ar	ny of the following	that are a significant us	e of its	collection	on
a Public exhibition			<b>d</b> Loar	or ex	change programs				
<b>b</b> Scholarly research			e Othe	er					
c Preservation for future genera									
4 Provide a description of the organ Part XIII				•	-		ın		
5 During the year, did the organizat to be sold to raise funds rather th	an to be ma	aintained a	s part of the o	rganız	ation's collection?		Yes		No
Part IV Escrow and Custodial A reported an amount or	n Form 9	90, Part	X, line 21.	orgai	iization answer	ed res to Form 990	, Part i	v, iine	9, or 
1 a Is the organization an agent, trust on Form 990, Part X?	tee, custodi	an, or othe	r intermediary	for co	ontributions or othe	r assets not included	Yes	[	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIII	and comple	ete the follow	ng tab	le				
							Amoun	t	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
<ul><li>f Ending balance</li><li>2a Did the organization include an ar</li></ul>	mount on E	orm 000 D	art V. lino 213	,		[ ] ]	Yes	$\overline{}$	No
<b>b</b> If 'Yes,' explain the arrangement					as heen provided ii	n Part XIII	ies	F	<b>-</b>  ''
bir res, explain the arrangement	iii ait Xiii	CHECK HE	e ii tile explai	ILIOIT TR	as been provided in	Trait Alli		L	
Part V Endowment Funds. C	omplete	f the ora	anization a	nswe	red 'Yes' to Fo	rm 990, Part IV, Iır	ne 10.		
	(a) Curre		(b) Prior ye		(c) Two years	(d) Three years		our yea	irs
1 a Beginning of year balance									
<b>b</b> Contributions									
c Net investment earnings, gains, and losses									
<b>d</b> Grants or scholarships			<u>-</u>				1		
Other expenditures for facilities and programs									
f Administrative expenses									
<b>g</b> End of year balance									
2 Provide the estimated percentage	of the curre	ent year er	nd balance (lin	ne 1g,	column (a)) held a	S			
a Board designated or quasi-endow	ment 🕨 _		<del>8</del>						
<b>b</b> Permanent endowment ►		8							
c Temporarily restricted endowmen			- <del>8</del> 						
The percentages in lines 2a, 2b, a	and 2c shou	ıld equal 10	00%						
3 a Are there endowment funds not in organization by	the posses	ssion of the	e organization	that a	re held and admını	stered for the		Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		ļ,
<b>b</b> If 'Yes' to 3a(II), are the related of	-		- · ·				3b		
4 Describe in Part XIII the intended				_					
Part VI Land, Buildings, and	Equipme								
Description of property			or other basis vestment)	S (E	) Cost or other basis (other)	(c) Accumulated depreciation	(d) i	Book va ———	e
1 a Land				-					
<b>b</b> Buildings				+-	15 067	4 010			45.4
c Leasehold improvements			_ <del></del>	+	15,267.	4,813.			<u>, 454.</u>
<b>d</b> Equipment <b>e</b> Other		<u> </u>		+	22,011.	19,858.		2	<u>, 153.</u>
Total. Add lines 1a through 1e (Column	n (d) must e	oual Form	990 Part Y	COLUMN	(B) line 10(c) )	<del>-</del>		10	,607.
BAA	. (4)	- 400. 1 0.111			. (2), 10(0)	Sched	lule <b>D</b> (F		90) 2012

Schedule D	(Form 990) 2012	SIMSBURY CHAMBER	OF COMMERCE, I	NC.	06-607	75571 Page <b>3</b>
Part VII	Investments -	- Other Securities. See	Form 990, Part X,	line 12.		
	(a) Description of s (including na	security or category me of security)	(b) Book value		(c) Method of valuation end-of-year market	Cost or value
(1) Financi	ial derivatives					
(2) Closely	-held equity interes	sts				
(3) Other						
(B)						
(C)						
(A) (B) (C) (D)						1 - 1
(E)						
(F)			· · · · · · · · · · · · · · · · · · ·			· · · · · ·
(G) ·				<del> </del>		<del></del>
(H)						
(1)					<del></del>	
	nn (h) must equal Form (	990, Part X, column (B) line 12 )	•			
		- Program Related. See	·	line 13		
I GIL VIII	(a) Description of		(b) Book value	T	(c) Method of valuation	Cost or
			(2, 233, 14,44		end-of-year market	value
(1)						
(2)						
(3)						
(4)						
(5)					-	
(6)					<del></del>	
(7)	<u>.                                      </u>					
(8)						
(9)				•		
(10)						
Total (Colum	n (b) must equal Form S	990, Part X, column (B) line 13 )	•			
Part IX	Other Assets.	See Form 990, Part X,	line 15			
		(a) De	escription			(b) Book value
(1)						· · · · · · · · · · · · · · · · · · ·
(2)						· · · · · · · · · · · · · · · · · · ·
(3)						
(4)						
(5)						
(6)						
(7)						
(8)			<del> </del>			
(9)				··		
(10)						
Total. (Col	lumn (b) must equa	il Form 990, Part X, column (l	3), line 15 )		<u> </u>	
Part X		<b>es.</b> See Form 990, Part				
	• • • • • • • • • • • • • • • • • • • •	otion of liability	(b) Book value			
	ral income taxes					
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
Total. (Colum	nn (b) must equal Form :	990, Part X, column (B) line 25 )	<b>•</b>			
2. FIN 48 (AS	SC 740) Footnote In Par	t XIII, provide the text of the footnote		statements that re	ports the organization's liability	for uncertain tax positions
	(ASC 740) Check here i	f the text of the footnote has been pro	ovided in Part XIII			
BAA			TEEA3303 12/23/12	·	Sched	dule <b>D</b> (Form 990) 2012

Schedule D (Form 990) 2012 SIMSBURY CHAMBER OF COMMERC		06-6075571	Page 4
Part XI   Reconciliation of Revenue per Audited Financial S		er Return	
1 Total revenue, gains, and other support per audited financial statement	S	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b	<del></del>	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, I	line 12)	5	
Part XII Reconciliation of Expenses per Audited Financial		per Return	
Total expenses and losses per audited financial statements		1 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		-	
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2 b		
c Other losses	2 c	<del></del>	
d Other (Describe in Part XIII )	2 d	—	
e Add lines 2a through 2d	<u> </u>	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b		
c Add lines 4a and 4b	[ 40]		
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I,	line 18)	5	
Part XIII Supplemental Information		<u> </u>	
Complete this part to provide the descriptions required for Part II, lines 3, 5, a line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b	and 9, Part III, lines 1a and 4, Part Also complete this part to provide	IV, lines 1b and 2b, Par any additional informatio	rt V, on
			<del></del>
BAA		Schedule <b>D</b> (Form 9	990) 2012

Schedule D	(Form 990) 2012 Supplemental	SIMSBURY	CHAMBER OF	COMMERCE,	INC.		06-6075571	Pa	ge
Part XIII	Supplemental	Information	(continuea)_						
					. – – – – – -				
			<b></b>						
					. – – – – – –				
					<del></del>	<b></b>			
						<b></b>			
		. – – – – –							
								`	
						<del>-</del>			

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
SIMSBURY CHAMBER OF COMMERCE, INC.	06-6075571
Pt_VI, Line 6Local_businesses that pay dues are considered	ed members
of the organization	
Pt_VI, Line_7aMembers vote for the nominees to the Board of	of Directors and
slate of officers at the annual meeting in M	May
Pt_VI, Line_11b _ The Treasurer_submits_Form_990_to the Execut	tive_Committee
and Executive Director for review. Copies as	re_provided
to other board members through email.	
Pt VI, Line 12c The Executive Director monitors the annual of	disclosures.
Pt VI, Line 15a The compensation of the Executive Director	is_determined
annually by the Executive Committee after a	performance
review has been completed.	
Pt VI, Line 19 Documents are available upon request at the	_chamber
business office during regular business hour	rs
Pt XI Change in market value of investments for years.	ear (\$6,437)

# Form 4562

# **Depreciation and Amortization** (Including Information on Listed Property)

Property)

OMB No 1545 0172

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 179

Sequence No

	ISBURY CHAMBER OF ess or activity to which this form relativity		INC.				0.	6-6075571
For	m 990 / Form 9 <u>90</u>	EZ						
Par	t I Election To Exp Note: If you have a	pense Certain ny listed property,	Property Under Secomplete Part V before	ction 179 you complete Pa	rt I			
1	Maximum amount (see ins	structions)					1	
2	Total cost of section 179 p	property placed in s	service (see instructions	)			2	
3	Threshold cost of section	179 property before	e reduction in limitation	(see instructions)	)		3	_
4	Reduction in limitation Su		·				4	
5	Dollar limitation for tax yes		from line 1 If zero or le	ss, enter -0- If m	arried fili	ng	5	
6	separately, see instruction	Description of property	·	(b) Cost (business	use only)	(C) Elected cos	1 -	<del> </del>
				1				†
								-
7	Listed property Enter the	amount from line 2	29	<u> </u>	7			-
8	Total elected cost of section	on 179 property A	dd amounts in column (i	c), lines 6 and 7	-		8	
9	Tentative deduction Enter	the smaller of line	e 5 or line 8				9	<u> </u>
10	Carryover of disallowed de		•				10	
11	Business income limitation					(see instrs)	11	<u> </u>
	Section 179 expense dedu Carryover of disallowed de				► 13		12	
	Do not use Part II or Part				113			
Par			ce and Other Depr		t include	listed property )	(See	instructions )
							1	T
14	Special depreciation allow tax year (see instructions)		property (other than liste	ed property) place	ea in serv	ice during the	14	
15	Property subject to section		1				15	
	Other depreciation (includ						16	
Par			nclude listed property ) (	See instructions )	)		•	<u>'</u> -
	· · · · · · · · · · · · · · · · · · ·		Section					<del>-</del>
17								
17	MACRS deductions for ass	sets placed in serv	ice in tax years beginnir	ng before 2012			17	780.
	If you are electing to group asset accounts, check her	•		-	or more g	eneral • [	17	780.
	If you are electing to group asset accounts, check her	o any assets place e		ax year into one o				
	If you are electing to group asset accounts, check her	o any assets place e	d in service during the t	ax year into one o		al Depreciation (f)	Syste	
18	If you are electing to group asset accounts, check her Section B	o any assets place  - Assets Placed  (b) Month and year placed	in Service During 2012  (C) Basis for depreciation (business/investment use	ax year into one o	ne Genera (e)	al Depreciation (f)	Syste	m (g) Depreciation
18	If you are electing to group asset accounts, check her Section B  (a) Classification of property	o any assets place  - Assets Placed  (b) Month and year placed	in Service During 2012  (C) Basis for depreciation (business/investment use	ax year into one o	ne Genera (e)	al Depreciation (f)	Syste	m (g) Depreciation
18 19 a	If you are electing to group asset accounts, check her Section B  (a) Classification of property  3-year property	o any assets place  - Assets Placed  (b) Month and year placed	in Service During 2012  (C) Basis for depreciation (business/investment use	ax year into one o	ne Genera (e)	al Depreciation (f)	Syste	m (g) Depreciation
19 a	If you are electing to group asset accounts, check here Section B  (a) Classification of property  3-year property 5-year property	o any assets place  - Assets Placed  (b) Month and year placed	in Service During 2012  (C) Basis for depreciation (business/investment use	ax year into one o	ne Genera (e)	al Depreciation (f)	Syste	m (g) Depreciation
19 a b c d e	If you are electing to group asset accounts, check here.  Section B  (a) Classification of property 3-year property 7-year property 10-year property 15-year property	o any assets place  - Assets Placed  (b) Month and year placed	in Service During 2012  (C) Basis for depreciation (business/investment use	ax year into one o	ne Genera (e)	al Depreciation (f)	Syste	m (g) Depreciation
19 a b c d e	If you are electing to group asset accounts, check here Section B  (a) Classification of property 3-year property 7-year property 10-year property	o any assets place  - Assets Placed  (b) Month and year placed	in Service During 2012  (C) Basis for depreciation (business/investment use	Tax Year Using th (d) Recovery period	ne Genera (e)	al Depreciation (f) on Method	Syste	m (g) Depreciation
19 a b c d e	If you are electing to group asset accounts, check here section B  (a) Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property 25-year property	o any assets place  - Assets Placed  (b) Month and year placed	in Service During 2012  (C) Basis for depreciation (business/investment use	Tax Year Into one of the control of	convent	al Depreciation (f) ion Method  S/L	System	m (g) Depreciation
19 a b c d e	If you are electing to group asset accounts, check here section B  (a) Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental	o any assets place  - Assets Placed  (b) Month and year placed	in Service During 2012  (C) Basis for depreciation (business/investment use	25 yrs	Convent	al Depreciation (f) ion Method  S/L S/L	System	m (g) Depreciation
19 a b c c d e e f f g h	If you are electing to group asset accounts, check here section B  (a) Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	o any assets place  - Assets Placed  (b) Month and year placed	in Service During 2012  (C) Basis for depreciation (business/investment use	25 yrs 27.5 yrs 27.5 yrs	MM MM	al Depreciation (f) Nethod S/L S/L S/L	System	m (g) Depreciation
19 a b c c d e e f f g h	If you are electing to group asset accounts, check here section B  (a) Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental	o any assets place  - Assets Placed  (b) Month and year placed	in Service During 2012  (C) Basis for depreciation (business/investment use	25 yrs	MM MM MM	S/L S/L S/L S/L	Syste	m (g) Depreciation
19 a b c c d e e f f g h	If you are electing to group asset accounts, check here section B  (a) Classification of property 3-year property 7-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property	any assets place  - Assets Placed  (b) Month and year placed in service	d in service during the tin Service During 2012  (C) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L S/L S/L	System	m (g) Depreciation deduction
19 a b b c c d d e e f f g h h	If you are electing to group asset accounts, check her Section B  (a) Classification of property 3-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C	any assets place  - Assets Placed  (b) Month and year placed in service	in Service During 2012  (C) Basis for depreciation (business/investment use	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L	System	m (g) Depreciation deduction
19 a b c c d e e f f g h i i 20 a a	If you are electing to group asset accounts, check her Section B  (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C -	any assets place  - Assets Placed  (b) Month and year placed in service	d in service during the tin Service During 2012  (C) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L     S/L     S/L   S/L   S/L   S/L   S/L   S/L   S/L   S/L   S/L   S/L     S/L   S/L   S/L   S/L   S/L     S/L   S/L     S/L     S/L     S/	System n Syst	m (g) Depreciation deduction
19 a b c d e f f g h	If you are electing to group asset accounts, check her Section B  (a) Classification of property 3-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Class life	any assets place  - Assets Placed  (b) Month and year placed in service	d in service during the tin Service During 2012  (C) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM MM MM Alternat	S/L     S/L     S/L   S/L     S/L     S/L     S/L     S/L	System 1 1 Syst	m (g) Depreciation deduction
19 a b c d ee f g h i	If you are electing to group asset accounts, check here section B  (a) Classification of property 3-year property 7-year property 10-year property 20-year property 22-year property Residential rental property Nonresidential real property Section C - Class life 12-year	any assets place  - Assets Placed  (b) Month and year placed in service  - Assets Placed in	d in service during the tin Service During 2012  (C) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs	MM MM MM	S/L     S/L     S/L   S/L     S/L     S/L     S/L     S/L     S/L       S/L	System 1 1 Syst	m (g) Depreciation deduction
19 a b c c d d e e f g g h i i 20 a a b c C Parr	If you are electing to group asset accounts, check her Section B  (a) Classification of property 3-year property 7-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Class life 12-year 40-year	any assets place  - Assets Placed  (b) Month and year placed in service  - Assets Placed in	d in service during the tin Service During 2012  (C) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM MM MM Alternat	S/L     S/L     S/L   S/L     S/L     S/L     S/L     S/L	System n Syst	m (g) Depreciation deduction
19 a b c d e e f g h i 20 a b c C Par 21	If you are electing to group asset accounts, check her Section B  (a) Classification of property 3-year property 7-year property 10-year property 20-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Class life 12-year 40-year Listed property Enter amo	any assets place  - Assets Placed  (b) Month and year placed in service  - Assets Placed in service	d in service during the tin Service During 2012  (C) Basis for depreciation (business/investment use only — see instructions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs ax Year Using the	MM MM MM Alternat	S/L     S/L     S/L   S/L     S/L     S/L     S/L     S/L	System 1 1 Syst	m (g) Depreciation deduction
19 a b c d d e e f g h i 20 a b c C Par 21 22	If you are electing to group asset accounts, check her Section B  (a) Classification of property 3-year property 7-year property 10-year property 20-year property 20-year property Residential rental property Nonresidential real property Section C - Class life 12-year 40-year	any assets place  - Assets Placed  (b) Month and year placed in service  - Assets Placed in service	in Service During 2012  (C) Basis for depreciation (business/investment use only — see instructions)  Service During 2012 Table 19 and 20 in column (g), ships and S corporations	25 yrs 27.5 yrs 27.5 yrs 27.5 yrs 39 yrs  ax Year Using the	MM	S/L     S/L     S/L   S/L     S/L     S/L     S/L     S/L	System n Syst	m (g) Depreciation deduction

24	columns	(a) through (c)	_			and Sec	tion C if	f app	lıcab	le	<u> </u>				<u> </u>	
	a Do you have evic	A – Depreciat			<u>`</u>	-	Yes	nstru 					ger autor ce written?	mobiles	Yes	Пи
	(a) Type of property (list vehicles first)	(b)  Date placed in service	(c) Business/ investment use percentage	(d Cost other	) or	Basis fo	(e) or deprecia ess/investri use only)		, ,	(f) Recovery period	(g)		(h) Depreciation deduction		(i) Elected section 179	
25	Special depreci		e for qualified			iced in s	<u> </u>	durin	g the	tax ye	ar and	T				-
26	used more than Property used r					ons)						25			<u> </u>	
						<del> </del>	<del>-</del>		-							
27	Property used 5	0% or less in a	l l qualified busi	ness use		<u> </u>					ļ		İ			
			İ													
															_	
28	Add amounts in	column (h), lın	<u>l                                    </u>	27 Ente	r here ar	ıl nd on lın	ne 21. pa	age '	! 1		<u> </u>	28				
29	Add amounts in		_				p		•				<u> </u>	29	1	
				Section	_			-								
	nplete this section our employees, fil															ıcles
30	Total business/investment miles driven during the year ( <b>do not</b> include		i venicie i i		(b) (c) Vehicle 3		le 3	(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6				
31	commuting mile	-	ho upor													
32	Total commuting mi Total other pers	•	•										· · · · -	····		
22	miles driven	an during the u	oor Add													
33	Total miles drive lines 30 through		ear Auu													,
24	Mos the vehicle	available for a	araanal usa	Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty I		ersonal use													
35	Was the vehicle than 5% owner	used primarily or related pers	by a more on?													
36	ls another vehic personal use?	le available for	r													
			C — Questions	•	•					-	•					
ans 5%	wer these questio owners or related	ns to determine persons (see i	e if you meet a instructions)	an except	ion to co	mpleting	g Sectio	on B	tor ve	enicles	used by	emplo	yees wh	o are no	t more t	nan
37	Do you maintair		cy statement th	nat prohib	ıts all pe	ersonal u	use of ve	ehicl	es, ır	ncludin	g comm	utıng,			Yes	No
38	by your employed Do you maintain		rv statement th	nat nrohib	ıts nerso	nal use	of vehic	cles	exce	ent com	mutina	hy you	r			
-	employees? See	the instruction	ns for vehicles	used by	corporat	e officer	s, direct	tors,	or 1	% or m	ore own	ers	•			
39	Do you treat all							<b>6</b>				4 41	61	l		
40	Do you provide vehicles, and re	more than five tain the inform	ation received	ur employ	ees, ob	ain intoi	rmation	irom	ı you	ir empi	oyees at	oout tne	use of t	ne		
	Do you meet the <b>Note:</b> If your an	requirements swer to 37, 38,	concerning qu 39, 40, or 41	ialified au	tomobile do not co	e demon omplete	stration Section	use B fo	? (Se or the	ee instr e covere	uctions ) ed vehic	) les				
41	rt VI Amorti	zation				1										
	(a) Description of costs			Date an	(b) nortization egins	(c) Amortizable amount		е	(d) Code section		ode Amo				(f) Amortization for this yea	
				<del></del>					· ·							
Pa	Amortization of	costs that begi	ins during your	2012 tax	year (s	ee instru	uctions)									
	Amortization of	costs that begi	ins during your	2012 tax	year (s	ee instru	uctions)									
Pa	Amortization of					ee instru	uctions)						43			

Revenue

1

# **Supporting Statement of:**

Form 990 p 10/Line 13 col (A)

Description	Amount
Plaques & awards	414.
Postage	665.
Printing	555.
Staff expenses	1,298.
Office supplies	2,909.
Total	5,841.

# **Supporting Statement of:**

Form 990 p 10/Line 16 col (A)

Description	Amount
Rent	6,570.
Copier rental	2,123.
Simsbury property taxes	157.
Telephone	2,296.
Office cleaning & maintenance	725.

Total \_\_\_\_\_11,871.