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DLN: 93493227012204

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)

OMB No 1545-0047

Open to Public Inspec<u>tio</u>n

The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2012 calendar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30-2013 D Employer identification number **B** Check if applicable MIDLAND CHAMBER OF COMMERCE Address change 75-0436936 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 109 N MAIN ST Terminated (432)683-3381 Amended return City or town, state or country, and ZIP + 4 MIDLAND, TX 79701 Application pending **G** Gross receipts \$ 2,073,585 Name and address of principal officer H(a) Is this a group return for ROBERT BURNS ∇ Yes No affiliates? 109 N MAIN ST MIDLAND, TX 79701 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ► Website: ► WWW MIDLANDTXCHAMBER COM L Year of formation 1931 M State of legal domicile TX Part I Summary Briefly describe the organization's mission or most significant activities THE MIDLAND CHAMBER OF COMMERCE PROVIDES RESOURCES AND SERVICES TO PROMOTE AND FOSTER BUSINESS **GROWTH AND SUCCESS FOR ITS MEMBERS** Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 33 32 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 28 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) . Total number of volunteers (estimate if necessary) 6 150 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 **Prior Year Current Year** 0 Contributions and grants (Part VIII, line 1h) . . Program service revenue (Part VIII, line 2g) . . 2,072,952 1,593,768 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 336 -753 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2,072,199 1,594,104 13 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 866,114 971,213 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 786,522 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,025,620 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,652,636 1,996,833 19 Revenue less expenses Subtract line 18 from line 12 . -58,532 75,366 Assets or d Balances **Beginning of Current End of Year** 20 Total assets (Part X, line 16) . . 525,615 609,544 21 0 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 525,615 609,544 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

Sign Here	<u>R</u>	gnature of officer OBERT BURNS PRESIDENT			2014-08-14 Date		
Doid	Т	ype or print name and title Print/Type preparer's name DANA P ENGELSTAD	Preparer's signature	Date 2014-08-15	Check If self-employed	PTIN	
Paid Preparei	r	Firm's name F JOHNSON MILLER & CO	Firm's EIN 🕨				
Jse Only		Firm's address ► 550 W TEXAS AVE STE 1 MIDLAND, TX 7970142			Phone no (432) 683-1835	
4 +b - TD C		INIDEAND, IX 7570142		\			

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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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^{\square}	9		No
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		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	Checklist of Required Schedules (continued)			
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		No
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		No
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	Yes	
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		No
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	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? <i>If</i> "Yes," complete Schedule L, Part I	25a		
	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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
L		28a		No_
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

аı	Statements Regarding Other IRS Filings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	-	Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0		1.63	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
а	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			
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	1	
1	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		N
	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			
	w	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
-	organization solicit any contributions that were not tax deductible as charitable contributions?			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	05		
	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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		
	If "Yes," indicate the number of Forms 8282 filed during the year	1		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	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?		ı	
		8		
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make any taxable distributions under section 49667	9a 9b	 	
	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	12-		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		<u> </u>
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 7.20 to report these payments? If "No " provide an explanation in Schedule 0	14h	1	

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
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		No
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		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		N o
	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		No
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		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		No
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			
h		12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		No
				No
	rise to conflicts?	12b		No No
c	rise to conflicts?	12b 12c		
c 13	rise to conflicts?	12b 12c 13		No
c 13 14 15	rise to conflicts?	12b 12c 13	Yes	No
c 13 14 15	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 14	Yes	No
c 13 14 15	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 14	Yes	No No
c 13 14 15 a b	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 14	Yes	No No
c 13 14 15 a b	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 14 15a 15b	Yes	No No

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available. Check all that apply
 - ☐ O wn 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 ►REBECCA THOMAS 109 N MAIN ST MIDLAND, TX (432)683-3381

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					ess er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) BOBBY BURNS PRESIDENT/CE	40 00			х				181,540	0	C	
(2) MONTY HOPPEL				х				0	0	C	
V-CHAIR/BD (3) CYNTHIA MAES				Х				0	0	C	
MEMBER AT LA (4) GLORIA SALAZAR								_			
TREASURER (5) DR STEVE THOMAS				Х				0	0	C	
CHAIR				Х				0	0	C	
(6) CHRIS ROBIN IMMEDIATE PA				х				0	0	C	
(7) DIANNE WRIGHT				х				0	0	C	
V-CHAIR/CVB (8) LESLEY DONNELL				х				0	0	0	
V-CHAIR MEMB (9) BECKY FERGUSON											
VCHAIR COMMU (10) LAURA ROMAN				Х				0	0	C	
VICE CHAIR-E				Х				0	0	C	
(11) VICKI JAY MEMBER@LARGE				х				0	0	C	
(12) JAY EDWARDS				х				0	0	C	
CHAIR ELECT											

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han on is	one l both	box, an c	heck unless officer stee)	;	Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W	- '	(F) Estima mount of compens	ted f other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
1b c	Sub-Total		 ection /	٠.				+ +						
d	Total (add lines 1b and 1c) .							►		181,540				
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	nan			
3	Did the organization list any f ¢	ormer officer du	ector o	r trus	tee	kev	emplo	ivee	or highes	t compen	sated employee		Yes	No
	on line 1a? If "Yes," complete S	Schedule J for suc	ch indivi	dual	•	•		•				3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		No
Se	ction B. Independent Co												1	140
1	Complete this table for your five compensation from the organization compensation from the organization from t	ve highest comp											tax year	
		(A) lame and business									(B) scription of services		(C Comper)
												+		
	Fotal number of independent co \$100,000 of compensation fron			not	lımıt	ed to	thos	e list	ed above)	who rece	eived more than			

		Check if Schedule O contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
a £		Federated campaigns 1a				
Other Similar Amounts		Membership dues 1b				
, E	С	Fundraising events 1c				
ar	d	Related organizations 1d				
, ≣	е	Government grants (contributions)				
S	f	All other contributions, gifts, grants, and 1f				
he l	_	sımılar amounts not ıncluded above ————————————————————————————————————	ļ			
and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f \$				
and	h	Total. Add lines 1a-1f				
		Business Code				
≝	2a	CONVENTION & VISITORS BUREAU	1,092,024	1,092,024		
93. 93.	b	MEMBERSHIP SALES	507,905	507,905		
호 -	С	SPECIAL PROJECTS	385,306	385,306		
<u>.</u>	d	NEW MEMBER SALES	66,717	66,717		
<u> </u>	e	MANAGEMENT FEES	21,000	21,000		
Program Service Revenue	f	All other program service revenue	21,000	22,000		
္နို						
-	g	Total. Add lines 2a-2f	2,072,952			
	3	Investment income (including dividends, interest, and other similar amounts)	183			183
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	Ь	Less rental expenses				
	С	Rental income or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount from sales of 450				
		assets other than inventory				
	b	Less cost or other basis and 1,386				
		sales expenses				
	С	Gain or (loss) -936	026	026		
	d	Net gain or (loss)	-936	-936		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
		See Part IV, line 18				
	b	Less direct expenses b				
•	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19				
		a a				
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
		a				
	b	Less cost of goods sold b				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	С					
	d	All other revenue				
	е	Total. Add lines 11a−11d				
	12	Total revenue. See Instructions	2,072,199	2,072,016	· · · · · · · · · · · · · · · · · · ·	

Part TY Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ons must com	olete column (A)	
	Check if Schedule O contains a response to any question in this Pa				<u>.</u>
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	749,980		749,980	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,628		74,628	
9	Other employee benefits	81,409		81,409	
LO	Payroll taxes	65,196		65,196	
1	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	13,335		13,335	
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)				
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	77,268		77,268	
7	Travel	19,019		19,019	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	7,873		7,873	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	19,225		19,225	
3	Insurance				
4	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	CONVENTION & VISITOR CENT	465,647	465,647		
b	MEMBERSHIP DEPT ACTIVITIE	140,430	140,430		
С	SUPPLIES	60,291		60,291	
d	DUES & SUBSCRIPTIONS	40,303		40,303	
e	All other expenses	182,229		182,229	
25	Total functional expenses. Add lines 1 through 24e	1,996,833	606,077	1,390,756	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this F	Part X .				
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		•		1	
	2	Savings and temporary cash investments			493,421	2	564,311
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
ts	5	Loans and other receivables from current and former officers, dir employees, and highest compensated employees Complete Part Schedule L	t II of			5	
	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and coand sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ntributing	employers		6	
4ssets	7	Notes and loans receivable, net				7	
₫	8	Inventories for sale or use		•		8	
	9	Prepaid expenses and deferred charges		•		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	131,638			
	ь	Less accumulated depreciation	10b	86,405	32,194	10c	45,233
	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	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			525,615		609,544
	17	Accounts payable and accrued expenses		•	323,013	17	
	18	Grants payable				18	
	19	Deferred revenue		•		19	
	20	Tax-exempt bond liabilities		•		20	
	21	Escrow or custodial account liability Complete Part IV of Sched				21	
lities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie	s, trustee			21	
Liabili		persons Complete Part II of Schedule L		_		22	
ï	23	Secured mortgages and notes payable to unrelated third parties		-		23	
	24			_		24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	d third pa	rties,			
		D			_	25	
	26	Total liabilities. Add lines 17 through 25			0	26	0
yn do		Organizations that follow SFAS 117 (ASC 958), check here ▶	and com	plete			
Ĕ	27				473,423	27	557,352
<u>ದ</u> ದ	28			•	52,192	28	52,192
<u> </u>	28 29	Temporarily restricted net assets			52, 192	29	52, 192
Ĕ	29	,	 . – -	n of		29	
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	er- ja≀	IU			
o s	30	Capital stock or trust principal, or current funds				30	
Ď	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
Ž	32	Retained earnings, endowment, accumulated income, or other fur				32	
Zet	33	Total net assets or fund balances			525,615	33	609,544
Ź	34	Total liabilities and net assets/fund balances	-		525 615		609 544

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,0	72,199
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,9	96,833
3	Revenue less expenses Subtract line 2 from line 1	3			75,366
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		ŗ	525,615
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			8,563
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6	509,544
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	า			
3 a	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?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	equired	3b		

DLN: 93493227012204

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Open to Public

tema	l Revenue Service	► Attach to For	m 990. ► See separate instructions.	Inspection
	me of the organi			Employer identification number
MTC	DLAND CHAMBER OF	COMMERCE		75-0436936
Pa				inds or Accounts. Complete if the
	organiz	ration answered "Yes" to Form 990	i '	T
	-		(a) Donor advised funds	(b) Funds and other accounts
L	Total number a	•		
2	33 3	cributions to (during year)		
3		its from (during year)		
! -		e at end of year		<u> </u>
5	funds are the o	rganızatıon's property, subject to the or		☐ Yes ☐ No
5	used only for c		onor advisors in writing that grant funds it of the donor or donor advisor, or for an	
Pa	rt III Conse	rvation Easements. Complete ıf	the organization answered "Yes" to	Form 990, Part IV, line 7.
1 2	Preservation Protection Preservation Complete lines	of natural habitat on of open space . 2a through 2d if the organization held a	or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ertified historic structure
	easement on th	ne last day of the tax year	Г	Held at the End of the Year
а	Total number o	f conservation easements	<u> </u>	2a
a b		restricted by conservation easements	-	2b
c	_	servation easements on a certified histo	oric structure included in (a)	2c
d	Number of con	servation easements included in (c) acq ure listed in the National Register	` `	2d
3		· ·	ے ed, released, extinguished, or terminate:	d by the organization during
	the tax year 🛌		, , , , , , , , , , , , , , , , , , ,	, ,
ŀ	Number of stat	es where property subject to conservati	ion easement is located ►	<u> </u>
5		nization have a written policy regarding t the conservation easements it holds?	the periodic monitoring, inspection, hand	lling of violations, and
5	Staff and volun	teer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents during the year
,		enses incurred in monitoring, inspecting	, and enforcing conservation easements	during the year
3			d) above satisfy the requirements of sec	
•		escribe how the organization reports cor	nservation easements in its revenue and	
	•	and include, if applicable, the text of the n's accounting for conservation easeme	e footnote to the organization's financial ents	statements that describes
ar		izations Maintaining Collection ete if the organization answered "Y	s of Art, Historical Treasures, (es" to Form 990, Part IV, line 8.	or Other Similar Assets.
la	works of art, hi	storical treasures, or other similar asse	16 (ASC 958), not to report in its reven ts held for public exhibition, education, o o its financial statements that describes	or research in furtherance of public
b	works of art, hi		16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o e items	
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1		- \$
	(ii) Assets incl	luded in Form 990, Part X		▶- \$
2	If the organizat	•	ical treasures, or other similar assets fo 116 (ASC 958) relating to these items	· -
а	Revenues incli	ided in Form 990, Part VIII, line 1		► \$
				· T

b Assets included in Form 990, Part X

Part	TITLE Organizations Maintaining Co	<u>llections of Art</u>	t, His	stori	cal Tr	<u>easur</u>	<u>es, or O</u>	<u>ther</u>	<u>' Similar As</u>	sets (continued)
3	Using the organization's acquisition, accessicollection items (check all that apply)	on, and other recor	ds, cl	heck	any of t	the follo	wing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition		d	Г	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Г	Othe	·					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın ho	w the	y furthe	er the or	rganızatıon	's ex	empt purpose ı	n	
5	During the year, did the organization solicit o	or receive donations	s of aı	rt, his	torical	treasur	es or other	sımı			
	assets to be sold to raise funds rather than t									Yes	☐ No
Par	Part IV, line 9, or reported an an						answere	d "Ye	es" to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					itions o	r other ass	ets n		_ Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XII	I and complete the	follo	wing	table		_				
_								_	An	ount	
c	Beginning balance							1c			
d	Additions during the year						_	1d			
e	Distributions during the year						_	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?	>						Yes	□ No
ь	If "Yes," explain the arrangement in Part XII	I Check here If the	expla	anatı	on has	been pr	ovided in P	art X	III		<u> </u>
Pa	rt V Endowment Funds. Complete									<i>(</i>)=	
1a	Beginning of year balance	(a)Current year	(b)Prior	year	b (c)IW	o years back	(a)ı	hree years back	(e)Four	years back
ь	Contributions										
C	Net investment earnings, gains, and losses										
								<u> </u>			
d	Grants or scholarships							<u> </u>			
e	Other expenditures for facilities and programs										
f	Administrative expenses							\vdash			
g g	End of year balance							\vdash			
2	Provide the estimated percentage of the curr	ent vear end halan	ce (lir	ne 1 a	colum	n (a)) h	eld as				
a	Board designated or quasi-endowment ►	ent year end baran	cc (III	ic ig	, corain	(u // II	cia as				
b	•										
	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that	are held	and ac	iministered	1 for t	:ne	Yes	s No
	(i) unrelated organizations								3a(_	1.10
	(ii) related organizations								3a(_	
b	If "Yes" to 3a(II), are the related organization								3b	•	
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme Description of property	ent. See Form 99	90, Pa		, line :		(b)Cost or	other	(c) Accumulate	d (4)	Book value
	Description of property				isis (inve		basis (oth		depreciation	u (u)	BOOK Value
1a	Land										
b	Buildings		•								
С	Leasehold improvements		•								
d	Equipment		•								
								1,638	86,4	05	45,233
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part .	X, colι	umn (B), line	10(c).)			►		45,233

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Method	d of valuation
(including name of security)		Cost or end-of-	year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method	d of valuation
		Cost or end-of-	year market value
((-)	•		
Part IX Other Assets. See Form 990, Part X, II		1	(1) 5 1 1
(a) Descri	ption		(b) Book value
T. 1 (0) (1) (1) (2) (2) (1)	- \		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:			
Part X Other Liabilities. See Form 990, Part 3	x, line 25. (b) Book value		
	(b) Book value		
Federal income taxes			
		1	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			
2 Fin 48 (ASC 740) Footnote In Part XIII provide the te	xt of the feetnets to the orga	nization's financial statem	anta that raparts the

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,072,423
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d 224		
e	Add lines 2a through 2d	2e	224
3	Subtract line 2e from line 1	3	2,072,199
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,072,199
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	1,988,494
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,988,494
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII) 4b 8,339		
c	Add lines 4a and 4b	4 c	8,339
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,996,833
	YIII Supplemental Information	•	•

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 ınformatıon

I dentifier	Return Reference	Explanation
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	, , , , , , , , , , , , , , , , , , , ,	BOOK LOSS ON DISPOSAL -712 TAX LOSS ON DISPOSAL 936
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	BOOK DEPRECIATION -10,886 TAX DEPRECIATION 19,225

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DLN: 93493227012204

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

MID	LAND CHAMBER OF COMMERCE					
			75-0436936			
Pa	rt I Questions Regarding Compensation	,				
					Yes	No
1a	Check the appropriate box(es) if the organization prov	vided a	ny of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III	to prov	vide any relevant information regarding these items			
	First-class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org					
_	reimbursement or provision of all of the expenses de			1b		
2	Did the organization require substantiation prior to redirectors, trustees, and the CEO/Executive Director			2		
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all thused by a related organization to establish compensation.	at appl	y Do not check any boxes for methods			
	Compensation committee		Written employment contract			
	☐ Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, For a related organization	art VII	I , Section A , line 1a with respect to the filing organization	ור		
а	Receive a severance payment or change-of-control p	paymen	nt?	4a		No
b	Participate in, or receive payment from, a supplemen	ital non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st comp	plete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of	lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7		
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III			8		
٥	If "Yes" to line 8 did the organization also follow the	rehutt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
	(i) (ii)	161,300	19,356	884			181,540	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

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DLN: 93493227012204

OMB No 1545-0047

2012

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Name of the organization
MIDLAND CHAMBER OF COMMERCE

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

75-0436936

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A COMPLETE REVIEW WILL BE CONDUCTED FOLLOWING THE FILING OF THE RETURN
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE CEO'S COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD EACH FISCAL YEAR
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAI LABLE TO THE PUBLIC BY FIRST OBTAINING THE CEO APPROVAL AND THEN PROVIDING THE REQUESTING PARTY A COPY OF THE DOCUMENTS
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	BOOK LOSS ON DISPOSAL -712 TAX LOSS ON DISPOSAL 936 BOOK DEPRECIATION -10,886 TAX DEPRECIATION 19,225

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Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property) OMB No 1545-0172

Attachment

	•	See separate instruction	ons. 🕨 Attach	to your tax ret	urn.		Sequence No 179	
Name(s) shown on retu MIDLAND CHAMBER (ss or activity to v ECT DEPRECIAT		relates		Identifying number	
							75-0436936	
	-	Certain Property (
		isted property, comp						
	(see instructions)					1	500,00	
		laced in service (see in	•			3	2,000,00	
	Threshold cost of section 179 property before reduction in limitation (see instructions) · · · · · · · Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0 - · · · · · · · · · · · · · · · · ·							
						4		
	or tax year Subtra see instructions	ct line 4 from line 1 If z	zero or less, ente			5		
6 (a) Description of p	roperty	I	usiness use	(c) Elected	cost		
6			01	1197				
7 Listed property En	ter the amount from	n line 29		. 7				
,		operty Add amounts in	column (c) lines			8		
	•	ler of line 5 or line 8				9		
		om line 13 of your 201:				10		
·		e smaller of business in				<u> </u>		
instructions)						11		
12 Section 179 expe	ense deduction Ado	d lines 9 and 10, but do	not enter more t	han line 11		12		
		.013 Add lines 9 and 10		. 13		1		
Note: Do not use Pa	ort II or Part III l	below for listed prop	erty. Instead, ι	use Part V.				
		Allowance and Oth	•			proper	ty) (See instructions	
		ualified property (other	than listed prope	rty) placed in se	ervice during	l		
the tax year (see						14	12,54	
	to section 168(f)(1					15		
	n (including ACRS)		d proporty \(\sigma \)			16	83	
PARTITI MACKS	Depreciation (Do not include listed	Section A	ee instructions	o.)			
17 MACRS deductio	ns for assets place	d in service in tax years		e 2012 · · ·		17	4,13	
18 If you are electing	g to group any asse	ets placed in service du	ring the tax year	into one or more	e general			
asset accounts, o	heck here				. ▶□			
Section B—A	ssets Placed ir	Service During 2	012 Tax Year	Using the G	eneral De	preci	ation System	
(a) Classification of property	(b) Month and year placed in service	(business/investmen use	period	(e) Conventio	n (f) Metl	hod	(g)Depreciation deduction	
19a 3-year property		only—see instructions	971					
b 5-year property		704	4 50	MQ	200 D	 В	246	
c 7-year property		11,84	2 70	MQ	200 D		1,462	
d 10-year property								
e 15-year property								
f 20-year property					6.0			
g 25-year property			25 yrs	MM	S/L			
h Residential rental property			27 5 yrs 27 5 yrs	M M M M	S/L S/L			
i Nonresidential real			39 yrs	мм	S/L			
property			<u> </u>	мм	S/L			
Se	ction C—Assets Pla	ced in Service During 20	012 Tax Year Usin	g the Alternati	ve Depreciati	on Sys	tem	
20a Class life					S/L			
b 12-year			12 yrs		S/L			
c 40-year Part IV Summ	lary (see instruc	tions)	40 yrs	MM	S/L		<u> </u>	
21 Listed property En						21		
		14 through 17, lines 1	9 and 20 in colur	nn (g), and line	21 Enter	<u> </u>		
	•	your return Partnership				22	19,22	
23 For assets shown a	bove and placed in	service during the curr tion 263A costs	ent year, enter th			•	,	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Sepecial depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 1.	(i) Elected ection 179 cost
(a) Date placed in particular type of property (list vehicles first) Type of property (list vehicles first) Date placed in service precentage in service with the property placed in service during the tax year and used more than 25% in a qualified business use (see instructions) 15. Special deprecation allowance for qualified listed property placed in service during the tax year and used more than 25% in a qualified business use (see instructions) 15. Property used more than 50% in a qualified business use 15. Property used 50% or less in a qualified business u	Elected ection 17' cost
50% in a qualified business use 6 Property used more than 50% in a qualified business use 7 Property used 50% or less in a qualified business use 7 Property used 50% or less in a qualified business use 8 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (i), lines 26 Enter here and on line 7, page 1 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year (do not include commuting) miles driven during the year (do not include commuting) miles driven during the year (a) 31 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees who are no % owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	(f)
17 Property used 50% or less in a qualified business use 17 Property used 50% or less in a qualified business use 18 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles 19 Openies this section for vehicles used by a sole proprietor, partner, or other "more than 55% owner," or related person rough even fix answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) Vehicle 1 20 Vehicle 1 21 Vehicle 2 22 Vehicle 3 23 Total miles driven during the year and on line 30 owner or related person lines driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use owner or related person? 35 Was the vehicle available for personal use? 36 Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees who are no woners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	(f)
7 Property used 50% or less in a qualified business use	(f)
77 Property used 50% or less in a qualified business use	(f)
7 Property used 50% or less in a qualified business use % %	(f)
8 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Section B—Information on Use of Vehicles Omplete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person you provided vehicles to your employees, first answer the questrons in Section C to see if you meet an exception to completing this section for those vehicles of vehicles in the part of the presental use of the presentation of the presental use of the presentation of the presental use of the presental use of the presental use of the presentation of the presental use of the presental use of the presentation of the presentati	(f)
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32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	
33 Total miles driven during the year Add lines 30 through 32	
through 32	-
during off-duty hours?	
Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no owners or related persons (see instructions) To you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes
owner or related person?	
Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees nswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no % owners or related persons (see instructions) 7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Ye:	
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% owners or related persons (see instructions) 7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes	
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<u> </u>	$-\!\!\!\!+\!\!\!\!\!-$
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	
9 Do you treat all use of vehicles by employees as personal use?	
10 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?	
11 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)	+
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles	
Part VI Amortization	
(h) (e)	
(a) Date Amortizable amortization begins (c) (d) Code section period or percentage (f)	
12 A mortization of costs that begins during your 2012 tax year (see instructions)	
13 A mortization of costs that began before your 2012 tax year	
44 Total Add amounts in column (f) See the instructions for where to report	