Form 990

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

<u> </u>	POT UTE 2017 C	<u>alendar year, or tax year l</u>	<u>beginning</u>		, and ending				
	Check if applicable	C. Name of organization	BEAVERTON A	אפא פע	AMBED OF	COMPRCE		D Employer	ridentification number
⊣′	Address change	Doing business as	SEAVERION A	EKEN CH	AMBER OF	COMMERCE		93-0	423398
<u> </u>	Name change	Number and street (or P O box	if mail is not delivered	to street addre	135)		Room/suite	E Telephon	
	Instral return	12600 SW CRBSC	ENT ST ST	3 160				503-	644-0123
	Final return/ terminated	City or town, state or province of	country and ZIP or fore	aign postal cod	le				
$\overline{\Box}$	Amended return	BEAVERTON		R 9700	5			G Gross reco	expts\$ 545,31
\equiv		F Name and address of principal of					H(a) Is this a gro	oup return for su	ubord nates? Yes X N
' لــا	Application pending	LORRAINE CLA						•	<u> </u>
		12600 SW CRI	ESCENT SI				H(b) Are all sut		(see instructions)
		BEAVERTON			97005		- " "	6.1901 9 1191	(800 manucions)
	Tex-exempt status	501(c)(3) X 501(nsert no)	4947(a)(1) or	527	┥		_
		ww.beaverton.		1		1	H(c) Group exe	954	
	Form of organization	X Corporation Trust	Association	Other			Year of formation 1	334	M State of legal domicile O
		mmary							
		scribe the organization's m		-					
ဦ	10 P	ROMOTE BUSINESS	IN BEAVER	ION ARI	sa.				
ia l	1								
Activities & Governance							F0/ -5-44	4_	
ပ္ပ	1	is box ▶ ☐ if the organiza				of more than 2	5% of its net as:	1 1	17
ජ	1	of voting members of the go	= :					3	17
ij		of independent voting mem	•	•				4	5
₹	i	nber of individuals employe	•	ar 2017 (Pa	irt V, line 2a)			5	0
¥	i e	nber of volunteers (estimate	• • • • • • • • • • • • • • • • • • • •	(O) Ii-	- 40			6	10,65
		elated business revenue fro						7a	-14,61
—	D Net unrei	ated business taxable inco	me from Form 95	U-I, Ime-3	4		Prior Ye	7b	Current Year
	8 Contribut	ions and grants (Part VIII, I	line 1h)		ECEIVED			450	7
Revenue	ı	service revenue (Part VIII,		M	- VED		24	4,785	284,47
ě		nt income (Part VIII, colum	- · · · · · · · · · · · · · · · · · · ·	PI BAR-	200	Deel		35	3
8		enue (Part VIII, column (A)				(B)	16	1,375	142,17
	ľ	enue - add lines 8 through	#	-	,	(\$)		6,645	426,75
\dashv	13 Grants ar	nd similar amounts paid (Pa	Africally 11	lines (=3	FIN .	<u> </u>		-,	
1	14 Renefits	paid to or for members (Pa	urt IX. column (A)	line 4)	END OF "	3 U			
	l .	other compensation, emplo			nn (A) lines 5-1	d	30	2,170	303,50
Expenses)	nal fundraising fees (Part I	-		···· (7 t), iii.e.s 0 4	4)			
8	1	draising expenses (Part IX,				0			
X		penses (Part IX, column (A)		•		•	10	2,395	122,07
1	1	enses Add lines 13-17 (m			A) line 25)			4,565	425,58
- 1		less expenses Subtract lin	•		·,,			2,080	
58							Beginning of Cu		End of Year
용를	20 Total ass	ets (Part X, line 16)					13	5,759	126,49
- 22	24 Total ligh	ilities (Part X, line 26)					13	5,387	124,95
\$₽	Zi iolaillau								1,54
Net Assets or Fund Balances	22 Net asse	s or fund balances Subtra	act line 21 from lii	ne 20			<u></u>	372	1,54
		s or fund balances Subtra	act line 21 from lii	ne 20				372	
P ,	art II Signer series of penalties of	gnature Block perjury, I declare that I have ex	xamined this return	, including a	ccompanying sche	edules and statem	nents, and to the b	est of my kr	
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Sig Her Paic	nder penalties of pen correct, and correct, and correct pen line.	preparer's name L T. RIES perjury, I declare that I have expressed to prepare the property of the preparer's name JARRARI JARRARI Declare that I have expressed to preparer's name JARRARI JARRARI	RNO SEIBEI	Preparer's sig	on all information neture r. RIES DLLARD &	PRESI	DENT Date 02/08	pest of my kr ge Date	nowledge and belief, it is 28/8 PTIN PO0505433
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Sig Her Paid Prer Use	nder penalties of jue, correct, and control in the correct of the	preparer's name L T. RIBS Denutre Block Declare that I have expressed to prepare the property of the preparety of the preparety of the preparer's name L T. RIBS DARRARI 1800 B.	RNO D, SEIBEI lankenshinn, OR	Preparer's sign RUSSELL RT, PC	nature T. RIES DLLARD & Suite 4	PRESI	DENT Date 02/08	Dest of my kr ge Date	nowledge and belief, it is

			0423398	Page
	tatement of Program Servi			.
		a response or note to any line in this I	Part III	<u> </u>
	ribe the organization's mission OTE BUSINESS IN BI	EAVERTON AREA.		
	inization undertake any significant p	rogram services during the year which were no	ot listed on the	Yes X No
If "Yes." des	scribe these new services on Sched	ule O significant changes in how it conducts, any pr	rogram	
services? If "Yes," des	scribe these changes on Schedule C)		Yes X No
expenses S		complishments for each of its three largest pro nizations are required to report the amount of n program service reported		
(Code) (Expenses \$	including grants of \$) (Revenue \$	
(Code) (Expenses \$	including grants of \$) (Revenue \$	
·				
(Code) (Expenses \$	including grants of \$) (Revenue \$	
Other progra	am services (Describe in Schedule inclu	•	(Revenue \$)
	m service expenses			

Form 990 (2017) BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?



	net N Charlist of Parsiand Cabadulan	4		ages
	art 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,"		163	140
•	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	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_	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		`.	Ċ
	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	X	
Ъ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		:	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	ŀ		
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	ŀ		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			}
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	[
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ļ	ļ	ļ
	fundraising, business, investment, and program service activities outside the United States, or aggregate		[i	l
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
_	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			۱
_	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	X
7	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
8	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	ı

Form **990** (2017)

If "Yes," complete Schedule G, Part III

Form 990 (2017) BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398 Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	}	_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	. [i
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		i	
	If "Yes," complete Schedule L, Part I	25b	,	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	1		
	disqualified persons? 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	1		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Pert IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1		
-	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1	-	
	conservation contributions? If "Yes," complete Schedule M	30	ĺ	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	1		
	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	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	1	x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1		
	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,		[1
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u> </u>		
_	19º Note. All Form 990 filers are required to complete Schedule O	38	x	}

14a

X

13b

13c

the organization is licensed to issue qualified health plans

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

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Enter the amount of reserves on hand

503-644-0123

OR 97005

BEAVERTON

									MERCE 93-042		Page 7
			Dire	cto	rs,	Tru	ste	es,	Key Employees, Hig	hest Compensated	Employees, and
	Independent Co								time in Abia Dark 1	.Au	П
Section A.									o any line in this Part ' Compensated Employee		
	s table for all persor								on for the calendar year en		
• List all of	•								individuals or organizations aid	s), regardless of amount of	
 List all of t 	he organization's cu	irrent key emplo	yees	, if a	iny.	See	ınstrı	uctio	ns for definition of "key em	ployee "	
who received re		on (Box 5 of For							er than an officer, director, rm 1099-MISC) of more tha		
\$100,000 of rep	ortable compensation	on from the orga	nızat	ion a	and a	iny r	elate	d or	•		
organization, mo	ore than \$10,000 of	reportable comp	ensa	tion	from	the	orga	niza	in the capacity as a former tion and any related organi trustees; officers, key empl	zations	
·	nployees, and forme	-									
Check this b	ox if neither the org	anization nor an	y rela	ted	orga	nıza	lion c	omi	pensated any current office		
Nam	(A) (B) Name and Title Average hours per week (list any hours for		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-21000-MIGG)	organization and related organizations
(1) SEE AT	TACHED SCI	EDULE	┼	-		-	<u> </u>	_			
(.,		5.00	1			1					
BOARD MEM		0.00	X		X	L			0	0	0
(2) LORRAI	NE CLARNO	40.00									
PRESIDENT		0.00	<u> </u>		X	L_			89,989	0	7,690
(3)											
(4)											
(5)											
(6)			-								
(7)	 		-	_	-	_	-	-			

(8)

(9)

(10)

(11)

		HAMBER OF COM	MERCE 93-042 nd Highest Compensated		Page (
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	i week	box unless person is both an	from	related	other

	(A) Name and title	(B) Average hours per week (hist any hours for	000	เบาป	Pos check ess pe	rraon i	than o	an .	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	co	(F) Estimated smount of other mpensatio from the	nn.
		related organizations below dotted line)	Individual trustoe or director	Institutional trustee	Officer	Kay employee	Highest compensated employee	Former	(W-2/1099-MISC)	(N. D. Nosaliloo)	or a	ganization nd related ganization	l
						<u> </u>							
41-	Sub-total								89,989				,690
1b c d 2	Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in	·				e lie	eted :	b boy	89,989				,690
	reportable compensation from				1108				e) who received more than				es No
3 4	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on lin organization and related organization	"complete Schelle e 1a, is the sum	<i>dule</i> of re	<i>J foi</i>	<i>suc</i> able	h ind	<i>divid</i> npen	<i>ual</i> satio	on and other compensation	from the		3	х
5	individual Did any person listed on line for services rendered to the o	rganization? If "Y								r individual		5	x
Sect 1	ion B. Independent Contractor Complete this table for your fi	ve highest comp											
	compensation from the organ Name and	(A) I business address	omp	ensa	ition	for t	the c	alen		nin the organization's tax you (B) otion of services	ear.	((Compe	C) ensation
								-					
								1					
						·		-					
2 DAA	Total number of independent received more than \$100,000								se listed above) who	0		Form !	990 (2017)

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) Reven (C) Urvelated Total revenue excluded from tax exempt function business under sections 512-514 ravenue 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 75 1f g Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f Program Service Revenue **Busn Code** 230,301 230,301 2a MEMBERSHIP DUES 25,000 25,000 Þ VISITOR INFO CENTER CONTRACT 21,000 21,000 LEADERSHIP BEAVERTON MGMT FEE 8,171 8,171 WCVA - TAX SHARE f All other program service revenue 284,472 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 35 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) 214,332 See Part IV, line 18 117,163 b Less, direct expenses 97,169 87,019 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 12,050 returns and allowances 1,395 b b Less cost of goods sold 10,655 10,655 Net income or (loss) from sales of inventory Busn Code Miscellaneous Revenue 33,007 33,007 11a CERTIFICATES OF ORIGIN 1,340 b MISCELLANEOUS INCOME 1,340 All other revenue 34,347 Total, Add lines 11a-11d 87,054 426,753 318,819 10,655 Total revenue. See instructions.

Part IX Statement of Functional Expenses

<u></u>	Check if Schedule O contains a resp	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	I			
	and domestic governments. See Part IV, line 21			17 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Same of the state of the
2	Grants and other assistance to domestic			16. S.	
	individuals See Part IV, line 22			18 90 3 20 3 3	21 3 46 5 46 25 46 6
3	Grants and other assistance to foreign				75 43 W X X X
	organizations, foreign governments, and foreign].		18.2.2. 18.2.	
	individuals. See Part IV, lines 15 and 16			\$12.0\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1, \$ 45 \$ \$ 6 \$ 5 \$ 5 \$ 5 \$ 5 \$ \$ \$ \$ \$ \$ \$ \$
4	Benefits paid to or for members			1	
5	Compensation of current officers, directors,				
	trustees, and key employees	89,989			
6	Compensation not included above, to disqualified	į.			[
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	143,910			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	6,272			
9	Other employee benefits	24,548			
10	Payroll taxes	38,787			<u></u>
11	Fees for services (non-employees)				
а	•				ļ
b				 	
C	Accounting	1,035		 	
d	, 3			· · · · · · · · · · · · · · · · · · ·	
e	,		 		
f	Investment management fees			 	
9	, ,				
	(A) amount, list line 11g expenses on Schedule ()			 	
12		0 201		+	
13	Office expenses	9,281		 	
14	Information technology	5,830		 	
15	Royalties	56,423		 	
16 17	Occupancy Travel	30,423		 	
18				 	
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,227			
20	Interest	3/22/		- 	
21	Payments to affiliates			 	
22	Depreciation, depletion, and amortization	1,152			
23	Insurance	5,184		 	
24	Other expenses Itemize expenses not covered				
-	above (List miscellaneous expenses in line 24e If				1
	line 24e amount exceeds 10% of line 25, column	1			1
	(A) amount, list line 24e expenses on Schedule O)				1
а	EQUIPMENT RENTALS	12,693		Ţ	
b	BANK FEES & CHARGES	8,429			
С	MEMBERSHIP & MARKETING	7,026			
d	TELEPHONE & COMMUNICATION	5,799			
е	All other expenses	6,000			
25	Total functional expenses. Add lines 1 through 24e	425,585		0 0	C
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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 58,270 53,981 Cash-non-interest bearing 23,175 23,209 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 47,948 34,566 Accounts receivable, net Loans and other receivables from current and former officers, directors, èξ trustees, key employees, and highest compensated employees Complete Part II of Schedule L 10.0 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 6 organizations (see instructions). Complete Part II of Schedule L. Notes and loans receivable, net 887 8 998 Inventories for sale or use 8,025 8,856 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 93,980 other basis Complete Part VI of Schedule D 10a 93,389 1,743 591 10b 10c b Less accumulated depreciation Investments—publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 135,759 126,490 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 14,612 19,294 17 17 Accounts payable and accrued expenses 18 18 Grants payable 120,775 105,656 19 19 Deferred revenue 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 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 135,387 124,950 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 372 27 27 1,540 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds 372 1,540 33 Total net assets or fund balances 33 135,759 126,490 Total liabilities and net assets/fund balances

_	1 990 (2017) BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398				Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				753
2	Total expenses (must equal Part IX, column (A), line 25)	2		42	5,	585
3	Revenue less expenses Subtract line 2 from line 1	3			1,	168
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				372
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	ŀ		1,!	540
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		[,	,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1	
	Schedule O		1	1		ľ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		İ	2a	Ì	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		Γ			
	reviewed on a separate basis, consolidated basis, or both		1	- 1	1	ĺ
	Separate basis Consolidated basis Both consolidated and separate basis		1	- 1		
b	Were the organization's financial statements audited by an independent accountant?			2ь		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		Γ]	
	separate basis, consolidated basis, or both				1	
	Separate basis Consolidated basis Both consolidated and separate basis		1		-	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		1	1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c_		
	If the organization changed either its oversight process or selection process during the tax year, explain in					-
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			I	1	
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3ь		<u> </u>
				For	n 990	(2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2017

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

Section 501(a)(4) (5) or (6) experience Complete Dest III

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

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	section 501(c)(4), (5), or (6) organizations. Complete Part III	<u> </u>			
Nam	e of organization			, , ,	ification number
	BEAVERTON AREA CHAM			93-04233	
Ra	rt I-A Complete if the organization is exen	npt under section 501(c	or is a sectio	n 527 organizatio	on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV (see ins	tructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3_	Volunteer hours for political campaign activities (see instru				
Pa	rt I-B Complete if the organization is exen)(3).		
1	Enter the amount of any excise tax incurred by the organiz	zation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 495	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organization is exen	npt under section 501(c	<u>), except secti</u>	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	ion for section 527 exempt fund	tion		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu	uted to other organizations for s	ection		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 En	iter here and on Form 1120-PO	L,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification n	• •	-	_	
	organization made payments. For each organization listed				
	the amount of political contributions received that were pro	• •	•	-	
	as a separate segregated fund or a political action commit	ttee (PAC). If additional space i	s needed, provide	information in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
]]	filing organization's funds if none, enter -0-	contributions received and promptly and directly
		1	'	idited it florid, differ o	delivered to a separate
					political organization if none, enter -0-
		 			in none, enter-o-
(1)		1			ļ
(2)		 			
(2)			[1
(2)			 		
(3)			}]
(4)			 		
(4)		}			
<u></u>		 	 		
(5)					
(6)		 	 		
(0)			!		
		•	•	ī	•

Sch	edule C (Form 990 or 990-EZ) 2017 BEAV	FRTON AREA	CHAMBER OF	COMMERC	CE 9	3-0423398	Page 2					
	art II-A Complete if the organ					orm 5768 (ele						
	section 501(h)).					•						
A	Check ▶ ☐ if the filing organization				ich affilia	ited group memb	per's name,					
	address, EIN, expens	ses, and share of ex	cess lobbying expe	nditures).								
<u>B</u>	Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply.											
		obbying Expendit			+	(a) Filing	(b) Affiliated					
	(The term "expenditures				organ	ization s totals	group totals					
	a Total lobbying expenditures to influence											
1	b Total lobbying expenditures to influence		ct lobbying)									
•	c Total lobbying expenditures (add lines 1	a and 1b)										
•	d Other exempt purpose expenditures											
•	Total exempt purpose expenditures (add											
	f Lobbying nontaxable amount Enter the	amount from the follow	ring table in both			Į.						
	columns											
	If the amount on line 1e, column (a) or (b)		ntaxable amount is:		•	Į.						
	Not over \$500,000	20% of the amour					,					
	Over \$500,000 but not over \$1,000,000		% of the excess over \$50			`	*					
	Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,									
	Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,5	00,000								
	Over \$17,000,000	\$1,000,000			·····							
_	Grassroots nontaxable amount (enter 25											
•	Subtract line 1g from line 1a If zero or le											
	i Subtract line 1f from line 1c if zero or le	•	al.al.al.a.	5la 5am 4700		···	· · · · · · · · · · · · · · · · · · ·					
	j If there is an amount other than zero on reporting section 4911 tax for this year?	eliner line in or line ii	, old the organization	file Form 4/20								
	reporting section 4311 tax for this year?						Yes No					
	/Cama annani-ati-u- that	_	ing Period Under	•	•							
	(Some organizations that ma					of the five colum	nns below.					
		See the separate i	nstructions for lin	es 2a throug	h 2f.)							
		obbying Expendit	ures During 4-Yea	r Averaging I	Period							
							<u> </u>					
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 201	3	(d) 2017	(e) Total					
		. ,	` ,			(-,	(5)					
2a	Lobbying nontaxable amount		-									
b	Lobbying ceiling amount			<u> </u>			• -					
-	(150% of line 2a, column (e))											
				†								
С	Total lobbying expenditures			ļ <u></u>								
d	Grassroots nontaxable amount											
e	Grassroots ceiling amount											
	(150% of line 2d, column (e))											
f	Grassroots lobbying expenditures			1								

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (b) (a) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). No Yes Were substantially all (90% or more) dues received nondeductible by members? X Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a b Carryover from last year 2b c Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2017 BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398

Part IV Supplemental Information (continued)

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

2017

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information Name of the organization Employer identification number 93-0423398 BEAVERTON AREA CHAMBER OF COMMERCE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b 2¢ c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

	*****	UN AREA CHAP					123336	Page
Par								ets (continued)
	Using the organization's acquisition, acception items (check all that apply)	ession, and other record	s, check	any of the foll	owing that ai	e a signifi	cant use of its	
a [Public exhibition	d 🗌	Loan or	exchange prog	grams			
ь [Scholarly research	e 🗌	Other					
c [Preservation for future generations							
	Provide a description of the organization's	s collections and explain	n how the	ey further the o	organization's	s exempt p	purpose in Part	
5 [During the year, did the organization solic							
	assets to be sold to raise funds rather that		part of the	e organization	's collection?	·		Yes N
Par	Escrow and Custodial A Complete if the organizat 990, Part X, line 21.		" on Fo	orm 990, Pa	rt IV, line 9	or rep	orted an amou	int on Form
	s the organization an agent, trustee, cusincluded on Form 990. Part X?	todian or other intermed	diary for o	contributions o	r other asset	s not		Yes N
	f "Yes," explain the arrangement in Part	XIII and complete the fo	llowing t	able				
-		and demplote in a la						Amount
c f	Beginning balance						1c	
	Additions during the year						1d	
	Distributions during the year						1e	
	Ending balance						1f	
	Did the organization include an amount o	n Form 990. Part X. line	e 21. for	escrow or cust	todial accour	nt liability?	<u> </u>	Yes N
	f "Yes," explain the arrangement in Part					-		
Par						·		
	Complete if the organizat	tion answered "Yes	on Fo	rm 990, Pa	rt IV, line	10.		
		(a) Current year) Prior year	(c) Two yes		(d) Three years be	ck (e) Four years back
1a E	Beginning of year balance							
	Contributions							
c t	Net investment earnings, gains, and osses							
d (Grants or scholarships							
е (Other expenditures for facilities and							
	orograms		 		 		 	
_	Administrative expenses		 		 			
-	End of year balance	L	٠				L	
	Provide the estimated percentage of the	•	æ (line 1	g, column (a))	held as:			
	Board designated or quasi-endowment							
_		%						
	emporarily restricted endowment	%						
	The percentages on lines 2a, 2b, and 2c							
	Are there endowment funds not in the po	ssession of the organiz	ation tha	t are held and	administere	d for the		(
	organization by							Yes N
	i) unrelated organizations							3a(i)
	ii) related organizations							3a(ii)
	f "Yes" on line 3a(ii), are the related orga							3b
_	Describe in Part XIII the intended uses of		<u>owment</u>	funds				
Pari								
	Complete if the organizat			orm 990, Pa	irt IV, line			
	Description of property	(a) Cost or other (investment		(b) Cost or (oth			Accumulated epreciation	(d) Book value
4- 1		/maesunan	·	(00)			epieciation	
1a L		<u> </u>	- 	 		 		
	Buildings			 		 		
	easehold improvements			 	02 000	 	03 330	
	Equipment			 	93,980	 	93,389	59
	Other			1		L		
otal.	Add lines 1a through 1e (Column (d) mu	ist equal Form 990, Pai	rt X, colu	ımn (B) <u>,</u> line 1	uc)		<u> </u>	59

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" or	Form 990 Part IV Jun	e 11b See Form 990 P	art X. line 12
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(5) 550% 12:55	Cost or end-of-year	
(4)			 	
(1) Financial				
_	eld equity interests		 	
(3) Other			ļ	
(A)				
(B)				
(C)			<u> </u>	
(D)			<u> </u>	
(E)				
(F)				
(G)				
(U) (H)				
	on (h) must asked Form 000. Bod V and (B) line 42.1		 	
	in (b) must equal Form 990, Part X, col (B) line 12) ▶	_1	<u> </u>	
Part VIII	Investments—Program Related.	- Farm 000 Dad IV lia	- 11- Coo Form 000 B	art V. lina 12
	Complete if the organization answered "Yes" o			
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	r market value
(1)			L	
(2)				
(3)				
(4)				
	- 			
(5)		 		
(6)			 	
(7)			 	
(8)		_ - 	}	
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<u></u>	<u> </u>	
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, Iir	ne 11d. See Form 990, F	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
				
(4)				
(5)				
_(6)				
(7)				
(8)				
(9)				
Total. (Colum	in (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, lir	ne 11e or 11f. See Form	990, Part X,
	line 25.	•		
1.	(a) Description of liability	(b) Book value	T	······································
	income taxes	1,7,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,	-1	
	income taxes		-	
(2)		_ 	-{	
(3)			4	
(4)				
(5)			_	
(6)			_	
(7)				
(8)				
(9)			7	
	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶		1	
	runcedain tay positions. In Part XIII, provide the text of the f	ootnote to the organization's	financial statements that rend	orte the

Sche	dule D (Form 990) 2017 BEAVERTON AREA CHAMBER OF	COMMERCE 93	-0423398	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 9	390. Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
ь	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2	
b	Other (Describe in Part XIII)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
đ	Other (Describe in Part XIII)	2d	i	
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	1)	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2017 BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398

Part XIII Supplemental Information (continued)

Page 5

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

20

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs gov/Form990 for the latest instructions

Open to Public trapection

Employer identification number

BEAVERTON AREA CHAP					93-04233	
Part I Fundraising Activities. Complete if to Form 990-EZ filers are not required to				ed "Yes" on Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through a	ny of the following	activ	ities.	Check all that apply		
a Mail solicitations	Solicitation	of no	n-gove	ernment grants		
b Internet and email solicitations	Solicitation	of gov	/ernm	nent grants		
c Phone solicitations	Special fun	draisii	ng evo	ents		
d In-person solicitations			_			
2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in	th any individual (in connection with	ncludi profes	ng off	ficers, directors, trustee	es,	Yes No
b If "Yes," list the 10 highest paid individuals or entities (full compensated at least \$5,000 by the organization	ndraisers) pursua	nt to a	greer	nents under which the	fundraiser is to be	
		(iii) Du			(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(II) Activity	custo	dy or ol of	(iv) Gross receipts from activity	(or retained by) fundreiser listed in col. (i)	(or retained by) organization
		Yes				
1						
2						
3						
4						
5						
						1
6						
						į.
7						
8						
9						
10		1				
Total	<u> </u>		•			
3 List all states in which the organization is registered or li	censed to solicit of	ontab	utions	or has been notified it	is exempt from	

Schedule G (Form 990 or 990-EZ) 2017 BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events IMPACT BEAVERTO MEETINGS REVENU (add col (a) through col (c)) (event type) (event type) (total number) 85,000 53,822 72,510 211,332 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 53,822 72,510 85,000 211,332 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 5,844 9 Other direct expenses 83,398 27,655 116,897 116,897 10 Direct expense summary Add lines 4 through 9 in column (d) 94,435 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col (a) through col (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities Yes No a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain

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

Yes No

b If "Yes," explain.

Sche	dule G (Form 990 or 990-EZ) 2017 BEAVERTON AREA CHAMBER OF COMMERCE 93-0	423398 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
	formed to administer charitable gaming?	Yes _ No
13	Indicate the percentage of gaming activity conducted in	1 1
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	[] 163 [] 140
~	amount of gaming revenue retained by the third party > \$	
С	If "Yes," enter name and address of the third party	
	Name ▶	
	Address ►	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions	
	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
	spent in the organization's own exempt activities during the tax year ▶ \$	
Par) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inf	ormation.
	See instructions.	

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2017

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BEAVERTON AREA CHAMBER OF COMMERCE

93-0423398

Employer identification number

Form 990, Part III, Line 4d - All Other Accomplishment N/A

Form 990, Part V - Additional Information

LINE 2A - EMPLOYEES ARE LEASED FROM ANOTHER COMPANY; NO W-3'S FOR BACC

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

THE 990 IS PREPARED BY A PUBLIC ACCOUNTING FIRM, REVIEWED BY THE PRESIDENT,

AND CIRCULATED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO IRS SUBMISSION.

Form 990, Part VI, Line 15a - Compensation Process for Top Official COMPENSATION FOR THE PRESIDENT/EXECUTIVE DIRECTOR IS PREPARED BY AN EXECUTIVE BOARD SUBCOMMITTEE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation AVAILABLE FOR BOARD REVIEW.