990 Form

Department of the Treasury Internal Revenue Service

SCANNED APR 2 5 2019.

Return of Organization Exempt From Income Tax

2949309602119

OMB No. 1545-0047

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

Open to Public Inspection

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<u>A</u> _	For the	2018 calendar year, or tax year beginning , and ending									
B	Check if appl			D Employer i	dentification number						
	Address cha		CE								
	Name chang	Doing business as Number and street (or P O box if mail is not delivered to street address)	Room/suite	93-04 E Telephone	23398						
\Box	Initial return	12600 SW CRESCENT ST STE 160	Koomaante		44-0123						
H	Final return/	City or town, state or province, country, and ZIP or foreign postal code									
	terminated	BEAVERTON OR 97005		G Gross receip	ots \$ 544,967						
\sqcup	Amended ref										
	Application p	ending LORRAINE CLARNO	H(a) is thi	s a group return for sub	ordinates? Yes X No						
		12600 SW CRESCENT ST STE 160	H(b) Are	ali subordinates includ	ed? Yes No						
		BEAVERTON OR 97005] ,	f "No," attach a list (s	ee instructions)						
_	Tax-exempt		$\Omega \alpha$								
	Website.		H(c) Grou	p exemption number	•						
ĸ	Form of orga		L Year of formation		State of legal domicile OR						
77777	art I	Summary									
	1 Bri	efly describe the organization's mission or most significant activities									
Ð	'	TO PROMOTE BUSINESS IN BEAVERTON AREA.									
a B	İ										
Ë											
Š	2 Ch	eck this box ▶ if the organization discontinued its operations or disposed of more the	an 25% of its ne	t assets							
<u>ග</u> ජේ	3 Nu	mber of voting members of the governing body (Part VI, line 1a)		3	16						
S	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4	16						
Σį	5 To	al number of individuals employed in calendar year 2018 (Part V, line 2a)		5	7						
Activities & Governance	6 To	tal number of volunteers (estimate if necessary)									
•	7a Tot	al unrelated business revenue from Part VIII, column (C), line 12	7a	37,887							
_	b Ne	t unrelated business taxable income from Form 990-T, line 38	10	7b	0						
		1 1	TIOUS FILE	or Year 75	Current Year 200						
ne	1	ntributions and grants (Part VIII, line 1h) ogram service revenue (Part VIII, line 2g) MAR 1 8 201	र् छि	284,472	404,718						
Revenue	١			35	35						
8	11 Oth	per revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		142,171	122,202						
	12 Tot	al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		426,753	527,155						
_	13 Gra	ner revenue (Part VIII, column (A), lines 3, 4, and 7d) ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) al revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) ants and similar amounts paid (Part IX, column (A), lines 1–3)			0						
	14 Be	nefits paid to or for members (Part IX, column (A), line 4)		0							
ģ	15 Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	303,506	313,500							
penses	16a Pro	fessional fundraising fees (Part IX, column (A), line 11e)	· · · · · · · · · · · · · · · · · · ·								
	b Tot	al fundraising expenses (Part IX, column (D), line 25) ▶ 0									
ω	17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		122,079	220,746						
	18 Tot	al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4	125,585	534,246						
	19 Rev	venue less expenses Subtract line 18 from line 12		1,168	-7,091						
Net Assets or Fund Balances		of course (Bod W. hop 40)		f Current Year	End of Year						
Ssel	20 lot	al assets (Part X, line 16)		126,490	128,548						
	21 Tot	al liabilities (Part X, line 26)		1,540	134,099						
	art II	assets or fund balances Subtract line 21 from line 20 Signature Block		1,540	<u>-5,551</u>						
		les of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the	a boot of my know	lodge and ballet it is						
tru	ider periali ie, correct,	and complete. Deplaration of preparer (other than officer) is based on all information of which prep	parer has any know	ledge	ledge and belief, it is						
		Walnis Sans		3/0	4/19						
Sig	ın 📗	Signature of officer		Date							
He		LORRAINE CLARNO PRE	SIDENT								
		Type or print name and title									
		int/Type preparer's name Preparer's signature	Date	Check	ıf PTIN						
Paid		SSELL T. RIES RUSSELL T. RIES		/27/19 self-emplo	yed P00505433						
-			LC	Firm's EIN	93-0623130						
Use	Only	1800 Blankenship Rd, Suite 450									
		m's address West Linn, OR 97068-4191		Phone no	<u> 503-723-7600</u>						
		discuss this return with the preparer shown above? (see instructions)			X Yes No						
For i	Paperworl	Reduction Act Notice, see the separate instructions.		626	Form 990 (2018)						

			93-0423398	Page 2
		Service Accomplishments	4L:- D4 III	X
	e organization's mission	tains a response or note to any line in	tnis Part III	
		N BEAVERTON AREA.		
-		icant program services during the year which w	ere not listed on the	□ v _{aa} 🕏 v _a
prior Form 990 or If "Yes." describe	these new services on :	Schedule O		Yes X No
		r make significant changes in how it conducts, a	any program	
services?				Yes X No
	these changes on Sche	edule O ice accomplishments for each of its three large:	st program services, as measured by	
=		l) organizations are required to report the amou	· -	
the total expenses	s, and revenue, if any, fo	or each program service reported		
4a (Code.) (Expenses \$	including grants of \$) (Revenue \$	
N/A	/ (Expenses ψ	molecular grants or \$) (Nevenue v	,
•				
			·	
4b (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
N/A				
) (Expenses \$	including grants of \$) (Revenue \$)
N/A				
4d Other program ser	vices (Describe in Sche	dule O)		
(Expenses \$	·	including grants of \$) (Revenue \$	
4e Total program serv	rice expenses >			- 000

Page 3

Part IV Checklist of Required Schedules

_£	ALT IV CHECKIIST 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,"		1	İ
	complete Schedule A	1	<u> </u>	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		1	
	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	1	_
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	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		İ	ł
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1]	1
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		İ	1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	1	1	1
	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	j		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	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,			
	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,"			1
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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	İ	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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,			
	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	Ì	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	<u>1</u> 5		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	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	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
0a	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		
1	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 12 If "Yes," complete Schedule I, Parts I and II	21		X

Form **990** (2018)

	art IV Checklist of Required Schedules (continued)	·- ·- ·-		Page
	art IV Checklist of Required Schedules (continued)		Yes	s No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	+**
	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			T
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ŀ	1	İ
	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	1_	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	4	ᆚ_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	}	i	1
	to defease any tax-exempt bonds?	24c	╁—	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	├	—
25a		ļ	1	}
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	_25a	₩	┿
þ				ļ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			Ì
	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	1	l	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			₩
27	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26_	-	X
21	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		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	- 		+
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
_	Schedule L, Part IV	28b		x
С	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	ł	X
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			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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	l		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			1
	or IV, and Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1
20	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	1 20		
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	├	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37	-	-
	19? Note. All Form 990 filers are required to complete Schedule O	38	x]
Pa	at V Statements Regarding Other IRS Filings and Tax Compliance	1.00		
, 	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 7			<u> </u>
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		l

	Statements Regarding Other INS Finnigs and Tax Compliance (Continued)		1	т—
•	Fater the number of application consisted on Form W. 3. Transmitted of Wilson and Tay.		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
		4.	1	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0-	v	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes " has it filed a Form 990 T for this year? If "No" to line 3h, provide an explanation in Schooling O	3a	X	┼
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	_	├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4-		
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a		X
b				1
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-		v
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5a</u>		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		├ <u>^</u>
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	60		x
L	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		1
ь	gifts were not tax deductible?	ر ا		į
7	Organizations that may receive deductible contributions under section 170(c).	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	70		ĺ
ь		7 <u>a</u> 7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<i>'</i> b		
,	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	''		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ĺ
f		7f		
g		7g		
h		7h	$\neg \neg$	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	ĺ	I
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Ī	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	ĺ	
11	Section 501(c)(12) organizations. Enter	- 1		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	I	2a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		3a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		1	
C	Enter the amount of reserves on hand			
	<u> </u>	4a		<u> </u>
		4b		
5	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	pe	15		<u> </u>
	If "Yes," see instructions and file Form 4720, Schedule N			
6		16		<u> </u>
	If "Yes," complete Form 4720, Schedule O	<u>.</u> l.		

Form 990 (2018) BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 16 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 Enter the number of voting members included in line 1a, above, who are independent 16 1b b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 \mathbf{x}^{-} Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a $\overline{\mathbf{x}}$ Other officers or key employees of the organization 15b if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records BEAVERTON CHAMBER OF COMMERCE 12600 SW CRESCENT ST STE 160

503-644-0123

OR 97005

BEAVERTON

(3)

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								(ey Employees, High		
Independent Co	•		,	•			•		•	
Check if Schedule	e O contains	a re	spc	nse	or	note	to	any line in this Part V	<u>′II</u>	
Section A. Officers, Directors,	Trustees, Key E	mp	oye	es, a	nd l	lighe	st (Compensated Employees	<u> </u>	
1a Complete this table for all person organization's tax year	ns required to be	e liste	ed F	Repoi	rt co	mpen	sati	ion for the calendar year e	nding with or within the	
 List all of the organization's cu compensation Enter -0- in columns 									s), regardless of amount o	f
 List all of the organization's cu 	urrent key emplo	oyee	s, if	any	See	ınstru	uctio	ons for definition of "key en	nployee "	
 List the organization's five cui who received reportable compensat organization and any related organization 	ion (Box 5 of Fo									
 List all of the organization's fo \$100,000 of reportable compensation 	on from the orga	iniza	tion	and a	any i	relate	d or	rganizations		
 List all of the organization's fo organization, more than \$10,000 of 	reportable comp	ensa	ation	from	the	orgai	nıza	ition and any related organ	ızatıons	
List persons in the following order in compensated employees, and former		s or	direc	tors,	ınst	itutioi	nali	trustees, officers, key emp	loyees, highest	
Check this box if neither the org	•	v rel:	ated	, oraa	ומוסו	tion c	omi	nensated any current office	er director or trustee	
(A)	(B)	<u>, .o.,</u>			C)			(D)	(E)	(F)
Name and Title	Average				ition			Reportable	Reportable	Estimated
	hours per week					than or		compensation	compensation from related	amount of other
	(list any	off	icer a			r/truste		the	organizations	compensation
	hours for related	or a	İnst	Officer	Ğ,	흶	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted	vidua	nstitutional	ğ	em	log es	⊞er	,		and related
	line)	2 5	nalt		Key employee	§				organizations
		Individual trustee or director	trustee		"	Highest compensated employee				
(1) SEE ATTACHED SCH	EDULE				\vdash					
	5.00	}			1	1 1				
BOARD MEMBERS	0.00	x		X				0	0	0
(2) LORRAINE CLARNO						ΙT				
	40.00									
PRESIDENT	0.00			X				90,278	0	10,415

Form **990** (2018)

Form **990** (2018)

orr									MERCE 93-042			F	age
P	art VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	loye	es, a	nd Highest Compensated	Employees (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	off	x, unl	Pos check ess pe nd a c	erson directo	than is both	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F Estim amou oth comper from	ated int of er isation	
_		related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organız and re organız	lated	
_													
		-											
	·												
					-								
											,		
	Sub-total Total from continuation shoo	te to Part VII 9	L					>	90,278			10,4	415
d d	Total from continuation shee Total (add lines 1b and 1c)								90,278			LO,4	415
	Total number of individuals (increportable compensation from				inos	e iist	eo a	DOVE	e) who received more than :	\$100,000 of 			
•	Did the organization list any for	rmer officer dur	actor	or t	ruete	aa k	- AV A	mnic	avee or highest company	ed.		Yes	No
	employee on line 1a? If "Yes,"	complete Sched	lule .	l for	suct	ınd	lvidu	al			3		X
•	For any individual listed on line organization and related organi												
	individual Did any person listed on line 1a	receive or acci	rue c	omn	ones	ation	from	ı anı	v unrelated organization or	andwiduol	4		<u> </u>
	for services rendered to the org										5		x
<u>ecti</u>	ion B. Independent Contractor Complete this table for your five		ensat	ed ır	ndep	ende	ent c	ontra	actors that received more th	nan \$100.000 of			
	compensation from the organiz	(A) usiness address	mpe	nsat	ion f	or th	e ca	lend	ar year ending with or within	n the organization's tax year (8) on of services		(C)	
	Name and b	úsiness address		-	_			<u> </u>	Description	on of services	Cor	(C) npensati	on
				<u></u>									
										· · · · · · · · · · · · · · · · · · ·			
												—	
							{						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (A) Total revenue (C) Unrelated excluded from tax exempt business function revenue under sections 512-514 revenue Program Service Revenue Contributions, Gifts, Grants 1a 1a Federated campaigns 1b b Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 200 g Noncash contributions included in lines 1a-1f 200 h Total. Add lines 1a-1f Busn Code 205,552 205,552 MEMBERSHIP DUES 2a 96,376 96,376 IMPACT BEAVERTON 27,993 27,993 BUSINESS CONFERENCES 25,000 25,000 WCVA - TAX SHARE 21,000 21,000 LEADERSHIP BEAVERTON MGMT FEE 28,797 28,797 f All other program service revenue 404,718 ▶ Total. Add lines 2a-2f Investment income (including dividends, interest, 35 35 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (II) Personal (ı) Real 6a Gross rents b Less rental exps Rental inc or (loss) Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 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) 42,763 See Part IV, line 18 Other 17,812 b Less direct expenses 24,951 18,786 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 13,350 returns and allowances b Less cost of goods sold b 13,350 13,350 c Net income or (loss) from sales of inventory Busn Code Miscellaneous Revenue 54,358 <u>54,35</u>8 CERTIFICATES OF ORIGIN 11a 900099 24,537 24,537 h IDENTOGO 5,006 5,006 MISCELLANEOUS INCOME d All other revenue 83,901 Total, Add lines 11a-11d 46,814 527,155 436,089 37,887 Total revenue. See instructions

Part X Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			implete column (A)	
Do i	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic			}	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign			ł	
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	22 272			
	trustees, and key employees	90,278			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	}			,
_	persons described in section 4958(c)(3)(B)	154 642		 	 -
7	Other salaries and wages	154,642			
8	Pension plan accruals and contributions (include	9,369			
	section 401(k) and 403(b) employer contributions)	28,616			
9	Other employee benefits	30,595	·		
10	Payroll taxes	30,333		 	
11	Fees for services (non-employees)	ĺ			
a b	· · · · · · · · · · · · · · · ·				
	Legal Accounting	1,050			
	Lobbying				
e					
f	Investment management fees				
g					
J	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	8,287			
14	Information technology	10,687			
15	Royalties				
16	Occupancy	54,508			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				·
19	Conferences, conventions, and meetings	6,592			
20	Interest				
21	Payments to affiliates	710			
22	Depreciation, depletion, and amortization	719 5,551			<u> </u>
23	Insurance ·	5,551			7
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	COGS	101,034			
b	EQUIPMENT RENTALS	9,059		· _ 	
C	BANK FEES & CHARGES	7,398			
d	TELEPHONE & COMMUNICATION	5,796	·		
e	All other expenses	10,065	· · · · · · · · · · · · · · · · · · ·		
25	Total functional expenses. Add lines 1 through 24e	534,246	0	0	0
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)				
DAA					Form 990 (2018)

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 35,291 Cash-non-interest bearing 23,209 2 Savings and temporary cash investments 2 24,244 3 Pledges and grants receivable, net 3 34,566 58,845 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 998 377 Inventories for sale or use 8 8,856 8,046 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or <u>95,853</u> other basis Complete Part VI of Schedule D 10a 94,108 591 b Less accumulated depreciation 10b 10c 1,745 11 11 investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 Investments-program-related See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 126,490 Total assets. Add lines 1 through 15 (must equal line 34) 16 128,548 16 19,294 24,904 Accounts payable and accrued expenses 17 17 Grants payable 18 18 105,656 109,195 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 124,950 134,099 26 Total liabilities. Add lines 17 through 25 26 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,540 27 Unrestricted net assets 27 -5,551 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,540 -5,551 33 Total net assets or fund balances 33 126,490 128,548 Total liabilities and net assets/fund balances

Form 990 (2018)

-om	1 990 (2018) BEAVERION AREA CHAMBER OF COMMERCE 93-0423396			<u>Pa</u>	ige 1∠			
P	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	5	<u>27,</u>	<u>155</u>			
2	2 Total expenses (must equal Part iX, column (A), line 25)							
3	3 Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,	<u>54</u> 0			
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		-5,551				
Pa	at 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		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_	_					
	Schedule O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or							
	reviewed on a separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			•				
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in							
	the Single Audit Act and OMB Circular A-133?		3a		X			
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		3h					

Form **990** (2018)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

▶ 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

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-B

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

		1(c)(4), (5), or (6) organizations. Comple	те Рап ш							
Nam	ame of organization						tification number			
	. 1011	BEAVERTON AREA					93-0423398			
<u>Pa</u>	rt I-A	Complete if the organization	<u>is exempt under se</u>	ction 501(c	c) or is a secti	<u>on 527 organizati</u>	on.			
1	Provide a	a description of the organization's direct	and indirect political cam	paign activities	s in Part IV (see ii	nstructions for				
	definition	of "political campaign activities")								
2	Political of	campaign activity expenditures (see insti	ructions)			▶ \$				
3	Voluntee	r hours for political campaign activities (s								
Pa	rt I-B	Complete if the organization i	is exempt under se	ction 501(c	:)(3)					
1	Enter the	amount of any excise tax incurred by th	e organization under sec	tion 4955		▶ \$				
2	Enter the	amount of any excise tax incurred by or	ganization managers und	der section 49	55	▶ \$				
3	If the org	anization incurred a section 4955 tax, di	d it file Form 4720 for this	s year?			Yes No			
4a	Was a co	orrection made?					Yes No			
<u>b</u>	If "Yes,"	describe in Part IV			<u> </u>					
Pa	rt I-C	Complete if the organization	is exempt under se	ction 501(c	c), except sect	tion 501(c)(3).				
1	Enter the	amount directly expended by the filing of	organization for section 5	27 exempt fun	ction					
	activities					▶ \$				
2	Enter the	amount of the filing organization's funds	s contributed to other org	anizations for	section					
	527 exempt function activities									
3	Total exe	mpt function expenditures. Add lines 1 a	nd 2 Enter here and on	Form 1120-PC	DL,					
	line 17b					▶ \$				
4	Did the fil	ling organization file Form 1120-POL for		Yes No						
5	Enter the	names, addresses and employer identif	ication number (EIN) of a	ali section 527	political organizati	ions to which the filing				
	organizat	ion made payments. For each organizati	ion listed, enter the amou	ınt paid from tl	ne filing organizati	on's funds Also enter				
		int of political contributions received that		•	•					
	as a sepa	arate segregated fund or a political action	n committee (PAC) If add	ditional space	is needed, provide	information in Part IV				
		(a) Name	(b) Ad	dress	(c) EIN	(d) Amount paid from	(e) Amount of political			
						filing organization's	contributions received and promptly and directly			
						funds If none, enter -0-	delivered to a separate			
							political organization			
						<u> </u>	If none, enter -0-			
(1)										
					ļ. 	<u> </u>				
(2)					ļ		111			
				 		<u> </u>				
(3)										
					-	ļ				
4)										
						 	<u> </u>			
5)					1					
						 				
6)			İ		1					
			I		I	1				

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

Schedule C (Form 990 or 990-EZ) 2018

, Schi	edule C (Form 990 or 990-EZ) 2018 BEAVE	RTON AREA	CHAMBER OF	COMMERC	CE 93-04	123398		Page 2
Pe	Complete if the organization section 501(h)).	ation is exemp	ot under section	501(c)(3) an	d filed Form	5768 (elec	tion under	
A	Check Inf the filing organization by address, EIN, expenses,	_			ach affiliated gr	oup membe	r's name,	
В	Check ▶ ☐ if the filing organization of	hecked box A a	nd "limited control"	provisions app	ıly			
	Limits on Lobb (The term "expenditures" m				(a) Filing organization's to	otals	(b) Affiliated group totals	
12	 Total lobbying expenditures to influence pub 	lic opinion (grass	roots lobbying)		_ 			
t	Total lobbying expenditures to influence a le	gislative body (dire	ect lobbying)					
c	: Total lobbying expenditures (add lines 1a an	d 1b)						
c	Other exempt purpose expenditures			<u> </u>			·	
e	Total exempt purpose expenditures (add line	es' 1c and 1d)		Į.			·	
1	f Lobbying nontaxable amount Enter the amo	unt from the follow	ving table in both					
	If the amount on line 1e, column (a) or (b) is:	The lobbying no	ntaxable amount is:					
	Not over \$500,000	20% of the amou	nt on line 1e					
l	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$50	00,000				
ĺ	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	% of the excess over \$1,	000,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,5	500,000				
	Over \$17,000,000	\$1,000,000						
g	Grassroots nontaxable amount (enter 25% o	f line 1f)						
H	h Subtract line 1g from line 1a If zero or less, enter -0-							
í	Subtract line 1f from line 1c If zero or less, e	enter -0-						
j	If there is an amount other than zero on either	er line 1h or line 1i	, did the organization	file Form 4720			·-	_
-	reporting section 4911 tax for this year?		_				Yes	No
		4-Year Averag	ing Period Under S	Section 501(h)			
	(Some organizations that made	_	-	•		ve column	s below.	
		•	nstructions for lin	-				
	Lobi	oying Expendit	ures During 4-Year	r Averaging P	eriod			
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d)	2018	(e) Tota	ı
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount							
	(150% of line 2a, column (e))							
С	Total lobbying expenditures	~						
đ	Grassroots nontaxable amount							
е	Grassroots ceiling amount							
	(150% of line 2d, column (e))		-4441					
	l l		i	1		1		

Schedule C (Form 990 or 990-EZ) 2018

f Grassroots lobbying expenditures

_	_		2
۲	ас	1е	•

Sch	edule C (Form 990 or 990-EZ) 2018 BEAVERTON AREA CHAMBER OF COMMERCE 93-042	339	8			Page :
Pa	Complete if the organization is exempt under section 501(c)(3) and has NOT filed (election under section 501(h)).	For	m 576	В		
	each "Yes," response on lines 1a through 1ı below, provide ın Part IV a detailed	a)		(1	o)	
	conption of the lobbying activity.	No		Amo	ount	
i ((() ()	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of. 3 Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	o If "Yes," enter the amount of any tax incurred under section 4912		<u> </u>			
	: If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ			
_	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		L			
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6).	or s	ection			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3		X
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) answered "Yes."			line	3, is	_
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	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?	4				

5 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) 2018 BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398

Page 4

Part IV Supplemental Information (continued)

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.

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

2018
Open to Public Inspection

Name of the organization Employer identification number BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398 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 1 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified transferred, released, extinguished, or terminated by the organization during the tax year 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 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X

		MBER OF COM			423398	nasta (conti		Page 2
Part III Organizations Maintaining 3 Using the organization's acquisition, accessi						sets (contin	iueu	<u>'</u>
collection items (check all that apply)		•	J					
a Public exhibition	d 🔲	Loan or exchange pr	ograms					
b Scholarly research	e	Other						
c Preservation for future generations								
4 Provide a description of the organization's co	ollections and explain	in how they further the	organization	's exempt p	ourpose in Part			
XIII								
5 During the year, did the organization solicit o								٦
Part IV Escrow and Custodial Arr		part of the organization	n's collection			Y	es	No
Complete if the organization		" on Form 990 P	art IV line	9 or repo	orted an am	ount on For	n	
990, Part X, line 21.							<u>''</u>	
1a Is the organization an agent, trustee, custodi	an or other intermed	diary for contributions	or other asse	ets not			_	_
included on Form 990, Part X?						<u> </u>	es 📗	_ No
b If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table			<u></u>			—
					<u> </u>	Amour	it	
c Beginning balance					1c			
d Additions during the year					1d	 -		
e Distributions during the year					1e			—
f Ending balance2a Did the organization include an amount on Fe	om 990. Port V. line	a 21 for accrow or cu	etadial accou	nt liability?	<u> </u>		es	No
b if "Yes," explain the arrangement in Part XIII		· ·		-		U "	²⁸ -	1 10
Part V Endowment Funds.	Oncor here it the e	Apianation has been	STOVIGEG OILL	ait XIII				Ь
Complete if the organization	answered "Yes	" on Form 990, Pa	art IV, line	10				
	(a) Current year	(b) Prior year	(c) Two ye	1	(d) Three years	back (e) Fou	ır years	back
1a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and								
losses						i		
d Grants or scholarships								
e Other expenditures for facilities and				1		T		
programs	-, <u>-</u>							
f Administrative expenses								
g End of year balance		<u> </u>	<u>i </u>					
2 Provide the estimated percentage of the curre	-	e (line 1g, column (a))) held as					
a Board designated or quasi-endowment ▶	%							
b Permanent endowment ▶ %								
c Temporarily restricted endowment ▶	%							
The percentages on lines 2a, 2b, and 2c short		-4 444 4-14		-l & &b -				
3a Are there endowment funds not in the posses	ssion of the organiza	ation that are held and	auministeret	a for the			Yes	No
organization by (i) unrelated organizations						3a(i)	162	NO
(ii) related organizations						3a(ii)		\vdash
b If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	ired on Schedule R2				3b		
4 Describe in Part XIII the intended uses of the						_55		
Part VI Land, Buildings, and Equi		William tunes						
Complete if the organization	•	" on Form 990, Pa	art IV, line	11a. See	Form 990, F	Part X, line 1	0	
Description of property	(a) Cost or other t				cumulated	(d) Book		
	(investment)	(oth	ner)	dep	reciation			
1a Land								
b Buildings								
c Leasehold improvements						<u> </u>		
d Equipment			A = ===		94,108		94,	
e Other	<u> </u>		95,853				95,8	
Fotal. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	t X, column (B), line 1	0c)		<u> </u>		<u>l, '</u>	<u>745</u>

Part VII	Investments—Other Securities. Complete if the organization answered	"Yes" on Form 990 Part IV line 1	1b. See Form 990. Part X. line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
•	(including name of security)	(.,	Cost or end-of-year market value
(1) Financial	derivatives		
	eld equity interests		
(3) Other	ola odany intorogio		
(A)			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col (B) line 12	•	
Part VIII	Investments—Program Related.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 1	Ic See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
		i	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)	-		
(5)	`		
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	>	
Part IX	Other Assets.		
	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 11	d See Form 990, Part X, line 15.
	(a) De	scription	(b) Book value
_(1)		····	
(2)	····		
_(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) T-4-1 (Oo/wee	- (b)t carrel Form 000, Dod V, and (B) line 45)		
Part X	n (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities.		
Lait V	Complete if the organization answered '	'Ves" on Form 900 Port IV line 11	o or 11f Soo Form 000 Bort V
	line 25	res on Form 990, Fait IV, line 11	e of Th. See Form 990, Falt A,
 1.	(a) Description of liability	(b) Book value	
	income taxes	(5,555,1415	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 25)	>	
	uncertain tay positions. In Part VIII, provide the text		

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 BEAVERTON AREA CHAMBER OF C	COMMERCE 93-	0423398	Page 4
	Reconciliation of Revenue per Audited Financial State		ue per Return.	
	Complete if the organization answered "Yes" on Form 990), 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			_
а	Net unrealized gains (losses) on investments	2a		
b	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		
b		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 Stat	ements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form 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		
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 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)		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) 2018 BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2018

Page 5

Department of the Treasury

Internal Revenue Service

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

Go to www irs gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Employer Identification number Name of the organization BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(v) Amount paid to (vI) Amount paid to raiser have (i) Name and address of individual (Iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col (i) Yes No 10

Total

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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 GOLF SCRAMBLE ONLINE AUCTION None (add col (a) through (event type) (total number) col (c)) (event type) Revenue 36,310 6,453 42,763 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 36,310 6,453 42,763 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 17,524 288 9 Other direct expenses 17,812 17,812 10 Direct expense summary Add lines 4 through 9 in column (d) 24,951 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 Part III than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % No 6 Volunteer labor 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 Yes No 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain

Sche	edule G (Form 990 or 990-EZ) 2018	BEAVERTON	AREA	CHAMBER	OF	COMMERCI	93-0	423398_	Page 3
11	Does the organization conduct gaming a	ctivities with nonme	mbers?						Yes No
12	Is the organization a grantor, beneficiary	or trustee of a trust	, or a mem	ber of a partners	ship or	other entity		_	_
	formed to administer charitable gaming?								Yes 📙 No
13	Indicate the percentage of gaming activi	ty conducted in						1 1	
а	The organization's facility							13a	
ь	An outside facility							13b	%_
14	Enter the name and address of the pers records	on who prepares the	organizati	on's gaming/spe	ciai ev	ents books and			
	Name ▶								
	Address ▶								
15a	Does the organization have a contract w revenue?	th a third party from	whom the	organization red	eives (gamıng			Yes No
b	If "Yes," enter the amount of gaming rev	enue received by the	e organizat	ion ▶ \$			and the		
	amount of gaming revenue retained by t		-						
С	If "Yes," enter name and address of the	hird party							
	Name >								
	Address >								
16	Gaming manager information			``\					
	Name ▶				`				
	Gaming manager compensation ▶ \$								
	Description of services provided ▶								
	Director/officer Empl	oyee 🔲	Independe	ent contractor					
17	Mandatory distributions								
а	Is the organization required under state I	aw to make charitab	le distribut	ions from the ga	mıng p	roceeds to			
	retain the state gaming license?							∪ '	res 📙 No
b	Enter the amount of distributions require spent in the organization's own exempt a				npt org	janizations or			
Pai	TEIV Supplemental Informat				i by P	art L line 2h	columns (ii	ı) and (v) and	
	Part III, lines 9, 9b, 10b,		•	•	•		•	, , , ,	
	See instructions		•	• •	•	•			

. . .

SCHEDULE Q (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.

OMB No 1545-0047

Open to Public inspection

Department of the Treasury Internal Revenue Service Name of the organization

BEAVERTON AREA CHAMBER OF COMMERCE

Employer identification number

93-0423398

Form 990, Part III, Line 4d - All Other Accomplishments 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.