

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

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.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 7/1/2014, and ending 6/30/2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization Thurston County Chamber Foundation
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 1427
 City or town State ZIP code
Olympia WA 98507-1427
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
91-1543494

E Telephone number
(360) 357-3362

G Gross receipts \$ 424,038

F Name and address of principal officer:
David Schaffert PO Box 1427, Olympia, WA 98507-1427

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ n/a

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1992 **M** State of legal domicile: WA

H(c) Group exemption number ▶

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Educate Present and Future business leaders</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,480	31,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	247,278	231,711
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6	2
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	316,482	331,644
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	94,614	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0</u>		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	226,243	332,503	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	320,857	332,503	
19 Revenue less expenses. Subtract line 18 from line 12	-4,375	-859	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,724,194	1,706,395
	22 Net assets or fund balances. Subtract line 21 from line 20	1,002,175	985,235
		722,019	721,160

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer David Schaffert Date _____
 ▶ Type or print name and title Corporate Secretary

Paid Preparer Use Only

Print/Type preparer's name <u>Kim Adney</u>	Preparer's signature <u>Kim Adney</u>	Date <u>1/16/2016</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00046204</u>
Firm's name ▶ <u>AccountSource Inc</u>		Firm's EIN ▶ <u>26-0277505</u>		
Firm's address ▶ <u>205 Erie St SE, Tumwater, WA 98501</u>		Phone no. <u>(360) 459-8118</u>		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No