

Return of Organization Exempt From Income Tax

2015

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 2015 calendar year, or tax year beginning 7/1/2015 and ending 6/30/2016

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 \$ 577,232

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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Educate Present and Future business and community leaders. Support Community Partners in creating healthy and vibrant communities.</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 2015 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	100
	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)	31,000	117,513
	9 Program service revenue (Part VIII, line 2g)	231,711	273,986
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2	1,628
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	68,931	82,681
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	331,644	475,808
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)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	332,503	464,472
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	332,503	464,472	
19 Revenue less expenses. Subtract line 18 from line 12	-859	11,336	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,706,395	End of Year 1,795,986
	21 Total liabilities (Part X, line 26)	985,235	1,063,491
	22 Net assets or fund balances. Subtract line 21 from line 20	721,160	732,495

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: _____
 Corporate Secretary

Type or print name and title

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Kim Adney	Kim Adney	11/29/2016		P00046204
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